

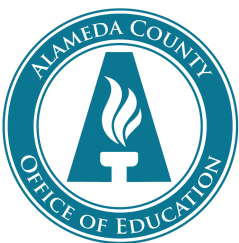
# COVID-19 School Guidance



## Alameda County School Reopening Plans



Compiled by the  
Alameda County Superintendent of Schools  
and the  
Alameda County Health Officer



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**UPDATES:** Information updated since the last edition will appear in teal throughout this document and will be marked with a star (★) within the table of contents.

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# Federal, State & Local Guidance

Advising Agency	Guidance	Summary
Centers for Disease Control (CDC)	<a href="#">Operational Strategy for K-12 Schools through Phased Mitigation</a>  <i>Updated February 24, 2021</i>	<p>This operational strategy document is intended to complement CDC's <a href="#">guidance, tools, and resources for K-12 schools</a>, including <a href="#">guidance on operating schools during COVID-19</a> and <a href="#">overview of testing for SARS-CoV-2 (COVID-19)</a>. This document is intended to complement the U.S. Department of Education's <a href="#">Handbook on Strategies for Safely Reopening Elementary and Secondary Schools</a>. This operational strategy presents a pathway to reopen schools and help them remain open.</p> <p>See also: <a href="#">CDC-California K-12 Schools Guidance Crosswalk</a></p>
State of California	<a href="#">Blueprint for a Safer Economy</a>  <i>Updated regularly</i>	<p>Statewide tiered reopening system.</p> <p>To view Alameda County's status, visit <a href="https://covid19.ca.gov">covid19.ca.gov</a>, click on County Map, select Alameda County.</p>
	<a href="#">Safe Schools For All Hub</a>  <i>Issued January 14, 2021</i>	<p>The Safe Schools For All Hub consolidates key resources and information related to COVID-19 and schools.</p> <p>New resources will be added to the Hub on a routine basis.</p>
California Department of Education (CDE)	<a href="#">Guidebook for Reopening</a>  <i>Updated August 24, 2020</i>	<p>Guidance created through the statewide reopening schools task force and informed by the technical assistance and advice of health and safety organizations to be a guide for the local discussion on safely reopening schools.</p>
California Interscholastic Federation North Coast Section	<a href="#">North Coast Section, CIF Update</a>  <i>Issued February 23, 2021</i>	<p>Update on education-based athletics, COVID-19 modifications.</p> <p>See also: <a href="#">Updates from California Interscholastic Federation North Coast Section</a></p>

# Federal, State & Local Guidance

Advising Agency	Guidance	Summary
<p>California Department of Public Health (CDPH)</p>	<p><a href="#">COVID-19 and Reopening In-Person Instruction Framework &amp; Public Health Guidance for K-12 Schools in California, 2020-2021 School Year</a></p> <p><i>Updated February 22, 2021</i></p>	<p>Comprehensive framework to support school communities as they determine how to implement in-person instruction for the remainder of the 2020-2021 school year.</p> <p>Consolidates and updates prior state public health guidance and orders related to schools, supersedes:</p> <ul style="list-style-type: none"> <li>• COVID-19 Industry Guidance: Schools and School-Based Programs</li> <li>• The COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year</li> <li>• The Elementary Education Waiver process, and associated School Waiver Letter, Cover Form, Local Health Officer Waiver Notice Form</li> <li>• CDPH Schools Frequently Asked Questions</li> </ul> <p>See also: <a href="#">K-12 Schools Reopening Framework and Guidance Q&amp;A</a></p>
	<p><a href="#">Guidance for Small Cohorts/ Groups of Children &amp; Youth</a></p> <p><i>Updated September 4, 2020</i></p>	<p>Guidance for necessary in-person child supervision and limited instruction, targeted support services, and facilitation of distance learning in small group environments for a specified subset of children and youth to operate with required health and safety practices.</p> <p>See also: <a href="#">State FAQ</a> and <a href="#">Social Services FAQ</a></p>
<p>Alameda County Public Health Department (ACPHD)</p>	<p><a href="#">Health Officer Orders</a></p> <p><i>Updated January 25, 2021</i></p>	<p>Orders of the County of Alameda’s Public Health Officer place restrictions to control the spread of COVID-19 in the County of Alameda and neighboring jurisdictions.</p>
<p>City of Berkeley Public Health</p>	<p><a href="#">Health Officer Orders</a></p> <p><i>Updated January 25, 2021</i></p>	<p>City of Berkeley Public Health Officer Orders, with reopening requirements specific to schools in Berkeley.</p>

# Federal, State & Local Guidance



Updated 2/19/21



## Additional Information & FAQs for Alameda County Schools

[Alameda County Public Health Youth & Recreational Adult Sports Document](#)  
Updated 3/4/21

Can teachers be in their classrooms to teach via Zoom (or similar) for students at home?

Health orders specify that educational institutions are essential businesses. Staff can be on-site to facilitate distance learning while students are learning from home

Is there specific guidance or allowances for Special Education?

For strategies to support this population, find the Innovations in Special Education webinar series from the CDE at <https://www.cde.ca.gov/ls/he/hn/covid19webinars.asp>.

What is the status of the state-mandated Physical Fitness Test (PFT)?

The PFT was waived for 2019-20. It has not been waived for 2020-21.



# In-Person School Reopening

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

Schools must have given all students in at least one grade the option to return for in-person instruction for at least part of the school week to be considered to “open” or “reopen.”

If a school was implementing a phased reopening while the county was in the Red Tier, the school site may continue their phased reopening if the county reverts back to the Purple Tier, if authorized by the local health officer. This is only applicable to individual school sites.

## Criteria to Reopen for In-Person Instruction

Schools must complete and post a COVID-19 Safety plan (CSP) to their website homepage before reopening for in-person instruction.

The COVID-19 Safety plan (CSP) consists of two parts:

1. [Cal/OSHA COVID19 Prevention Program \(CPP\)](#)
2. [COVID-19 School Guidance Checklist](#)



See the CDPH’s [Reopening In-Person Instruction Framework](#) for more details on the CSP.

The [California Blueprint for a Safer Economy](#) also informs the school reopening process.

Purple Tier		Red Tier	Orange Tier	Yellow Tier
Grades TK-6	Grades 7-12			
<p>If the adjusted Case Rate has been less than 25 per 100,00 population per day for at least 5 consecutive days, TK-6 may reopen for in-person instruction.</p> <p>Schools must complete and post a CSP to their website homepage and submit the CSP to their local health officer and the State Safe Schools for All Team at least 5 days prior to in-person instruction and there are no identified deficiencies.</p>	<p>Schools may not reopen for grades 7-12 if the county is in Purple Tier.</p>	<p>For those schools that have not reopened, and the county has been in the Purple Tier, the county must be in the Red Tier for 5 consecutive days before the school may reopen.</p> <p>All schools must complete and post to their website homepages a CSP for TK-12th grades 5 days prior to in-person instruction.</p>	<p>Schools may reopen at all grades.</p> <p>All schools must complete and post to their website homepages a CSP for TK-12th grades 5 days prior to in-person instruction.</p>	
<p>Note: Targeted in-person instruction may be offered pursuant to the <a href="#">Cohorting Guidance</a>.</p>				



# In-Person School Reopening

## School Reopening Eligibility Window

During the pandemic, counties move above and below an adjusted case rate of 25 (per 100K) and into and out of the Red Tier. School communities may need time to organize final Board approvals and finalize preparations for safe school opening once a county has met the relevant criterion. To address this, schools have a three-week period to open, starting the day the county meets the criterion for reopening, even if the county stops meeting the criterion during that window (i.e., case rate is  $\geq 25$  in a subsequent calculation or the county assignment goes back to the Purple Tier during the window).

Schools have a three-week period to open, starting the day the county meets the criterion for reopening, even if the county stops meeting the criterion during that window.

The window will be determined as follows: The first day a county is considered in the Red Tier is the Wednesday following the weekly county tier assignments are announced and posted on the [Blueprint website](#) (Tuesdays). Similarly, the first day that elementary schools in a county are eligible for the elementary reopening process is the Wednesday after a weekly case rate of less than 25 is posted. For example, if a county is assigned to the Red Tier on Tuesday, March 9, the first full day the county is in the Red Tier is Wednesday, March 10. The window of eligibility for re-opening would continue until the end of the day on March 30th regardless of any change to Purple tier assignment during that time. On March 31st, schools in that county would not be able to open if the county had gone back to the Purple tier. If the county is in the Red Tier on March 31st, then the schools remain eligible to re-open. The goal of the three-week window is to facilitate calm and safe school reopenings.

For those schools that have not reopened, and the county has been in the Purple Tier, schools are eligible to re-open the day the county is considered in the Red Tier (which is on the day after the assignment is posted [here](#); assignments are posted on Tuesdays, so the school may reopen on the Wednesday).

## COVID-19 School Reopening Status Reporting

Effective January 25, 2021, every LEA and private school must notify CDPH on a bi-weekly basis of its status regarding serving students in-person. For more information, see the [School Reopening Status Reporting Directive](#).



The State of California Safe Schools For All Hub offers statewide maps with the current reopening and Safety Plan submission status for:

[School Districts](#) | [Charter Schools](#) | [Private Schools](#)





# In-Person School Reopening



## Additional Information & FAQs for Alameda County Schools

What in-person instruction is permitted before schools may reopen?

Small group instruction is allowed as described in [CDPH Guidance for Small Cohorts/Groups](#).

In-school instruction is permitted for children and youth residential settings, such as psychiatric health facilities, juvenile detention facilities, or crisis housing units per the [Alameda County Health Officer Order](#).

What steps must schools in Alameda County take to reopen for in-person instruction when allowable?

Once local public health conditions meet State requirements for reopening for in-person instruction, each Alameda County TK-12 school district, Regional Occupational Program, charter school and private school may implement reopening plans in accordance with the California Department of Public Health's [Reopening In-Person Instruction Framework](#) and the [Alameda County School Reopening Guidance](#).

Alameda County Public Health strongly recommends that schools also include a reopening plan as part of the CSP in order to inform families and the community about the planned implementation of each area outlined in the [COVID-19 School Guidance Checklist](#).

Public school districts must continue to submit reopening plans to the Alameda County Office of Education before opening or expanding to include new grade bands not covered in previous re-opening submissions.

Schools reopening in Alameda County must also complete the [Alameda County Health Department Form](#). Schools that previously reopened must submit [this form](#) prior to February 1, 2021.

Schools in Berkeley must follow all requirements set by the [City of Berkeley Health Officer](#).

Local educational agencies must assign an individual or team to serve as COVID Liaison(s), who will work with public health on protocols regarding any potential positive COVID-19 cases. More information on COVID Liaisons is available at [www.acoe.org/liaisons](http://www.acoe.org/liaisons).



# In-Person School Reopening

Will all Alameda County school campuses re-open for in-person instruction as soon as allowable?

No. Each local educational agency is responsible for developing and implementing its own reopening plan and setting its reopening date.

Local educational agencies are carefully considering the safety of staff and students, and the varied and individualized needs of students and families.

Most schools and districts have previously adopted plans for a hybrid or full distance learning model for the semester. Some may choose to continue with full distance learning for the time being to assess the implementation of plans, negotiate with labor partners and make other arrangements as needed.

What is ACOE's role in reopening campuses?

Alameda County Office of Education (ACOE) supports public TK-12 school districts, Regional Occupational Programs and charter schools in following state and local guidelines. It does not order closures or reopening of schools, and does not dictate or mandate safety measures or educational programming.

Once open, will schools have to close if the county goes back into the Purple Tier?

No. According to the California Department of Public Health, schools that have reopened may continue to serve students, with continued vigilant implementation of COVID-19 protocols that prioritize the health and safety of students and staff. Those schools may also continue their phased reopening plans by grade levels. This is applicable only to individual school sites.



# Face Coverings

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Face Covering Requirement for Students

Students in all grade levels TK-12 are required to wear face coverings at all times, while at school, unless exempted under [CDPH guidelines](#).

- A cloth face covering or face shield should be removed for meals, snacks, naptime, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean, safe area, clearly marked with the student's name and date, until it needs to be put on again.
- Participants in youth and adult sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- Face covering policies apply on school buses and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.
  - Ensure each school bus is equipped with extra unused face coverings for students who may have inadvertently failed to bring one.
- Schools must develop protocols to provide a face covering to students who inadvertently fail to bring a face covering to school.

Students in all grade levels TK-12 are required to wear face coverings at all times, while at school, unless exempted.

## Exemptions from Face Covering Requirement

The [CDPH face covering guidance](#) recognizes that there are some people who cannot wear a face covering for a number of different reasons. People are exempted from the requirement if they are under age 2, have a medical or mental health condition or disability that would impede them from properly wearing or handling a face covering, those with a communication disability, or when it would inhibit communication with a person who is hearing impaired.

- Those with communication disabilities or caregivers of those with communication disabilities can consider wearing a clear mask or cloth mask with a clear panel when appropriate.
- Persons exempted from wearing a face covering due to a medical condition, as confirmed by school district health team and therapists, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.



See the [Guidance for the Use of Face Coverings](#) from CDPH for more information.



# Face Coverings

## Exclusion of Students for Refusal to Wear Face Covering

Schools must exclude students from campus if they are not exempt from wearing a face covering under [CDPH guidelines](#) and refuse to wear one provided by the school.

Schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering.

Schools must exclude students from campus if they are not exempt from wearing a face covering and refuse to wear one provided by the school.

## Face Coverings for Staff

All staff must use face coverings in accordance with [CDPH guidelines](#) unless Cal/OSHA standards require respiratory protection.

- Employers must provide and ensure staff use face coverings and all other required personal protective equipment in accordance with [CDPH guidelines](#).
- For staff who come into routine contact with others, CDPH recommends the use of disposable 3-ply surgical masks, which are more effective than cloth face coverings.
- In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per [CDPH guidelines](#)) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.



## Additional Information & FAQs for Alameda County Schools

Per [Alameda County Face Covering Orders](#), members of the public should not purchase medical-grade masks such as N95 masks and surgical masks for use as face coverings; those medical-grade masks should be reserved for health care providers and first responders.

Any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling allows droplets to be released from the mask, putting others nearby at risk. As a result, these masks are not a Face Covering under this Order and must not be used to comply with the [Alameda County Face Covering Orders](#) requirements.

Do children need to wear masks in outdoor settings?

Yes.



# Face Coverings

Do masks present a risk of higher levels of CO<sub>2</sub>, particularly, with very young children between 2 and 6 years old?

There is only a risk of higher levels of CO<sub>2</sub> with N95 masks, which are not recommended by ACPHD. This is not a problem with cloth masks.

Should students use reusable masks or disposable masks?

Either reusable or disposable masks are fine, may be a logistics and expense decision. Encourage students to have their own reusable mask.

What are the mask cleaning implications for those who don't have access to washing machines at home?

Masks may be washed by hand or with a washing machine. Please see [CDC Guidance](#).

Are there clear masks for teachers to help students that are hard of hearing and need to read lips?

Clear masks are available to purchase. Links to patterns for making a clear mask:

- <https://www.hsdco.org/accessible-deaf-friendly-face-mask/>
- <https://www.theclearmask.com/product>



# Stable Groups (Cohorts, Pods)

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

See [Cohorting Guidance](#) for small group cohort information applicable ONLY while schools have not yet reopened.

## Overview

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

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

Stable groups provide a key mitigation layer in schools.

## Creating Stable Groups

At the elementary level:

- Students can be placed into stable groups that stay together all day with their core teacher (and any aide or student teacher who is present).
- If there are counselors or teachers of electives, they should ideally be assigned to only one group or conduct their classes / counseling virtually.
- Students should eat lunch and go to recess with their group at times that are staggered and separated from other groups.

Middle or high school groups are often larger than elementary school groups. Because middle and high school curricula differ from elementary school curricula, teachers are not usually assigned to one stable group of students, creating an opportunity for mixing across stable groups of students.



Suggestions for organizing stable groups at the elementary, middle and high school levels are included in CDPH's [Reopening In-Person Instruction Framework](#).

Additional examples of approaches to creating stable groups of students that limit the risk of transmission across large groups of students are available in the [Cohorts to Support Safe Learning guidebook from the California Collaborative for Educational Excellence \(CCEE\)](#).



# Stable Groups (Cohorts, Pods)



## Additional Information & FAQs for Alameda County Schools

How long should cohorts stay together?

Keep cohorts stable for at least 4 weeks. If 4 weeks is not practicable, 3 weeks is allowable. If new students enroll, they can be placed into an already established cohort upon enrollment.

Can staff move across cohorts?

One-to-one specialized services can be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.

Teachers will be able to teach different cohorts of children as long as they are practicing physical distancing protocols.

If a teacher remains solely with one cohort, physical distancing will be less crucial to adhere to at all times. For younger children, keeping a physical distance from teachers will be difficult, which is part of consideration of stable cohort groupings in the younger grades.

Can substitutes serve multiple cohorts?

[ACPHD's childcare guidance](#) suggests staying consistent with substitutes hired and trying to have the same substitutes with a cohort.

Can students be part of more than one cohort at one time?

Yes. Students may be in one educational cohort and one extracurricular cohort. ACPHD is no longer allowing for two extracurricular cohorts. Cohorts must be as stable as possible.

For schools operating in the City of Berkeley: Recommendation is for one educational cohort (school, child care, etc.) and one extracurricular cohort.



# Distancing

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Classroom Spaces

- Maximize space between seating and desks. Distance teacher and other staff desks at least 6 feet away from student and other staff desks. Distance student chairs at least 6 feet away from one another, except where 6 feet of distance is not possible after a good-faith effort has been made. Under no circumstances should distance between student chairs be less than 4 feet. If 6 feet of distance is not possible, it is recommended to optimize ventilation and consider using other separation techniques such as partitions between students or desks, or arranging desks in a way that minimizes face-to-face contact.
- Short-term exposures of less than 6 feet between students and staff are permitted (e.g., a teacher assisting a student one-on-one), but the duration should be minimized and masks must be worn.
- Activities where there is increased likelihood for transmission from contaminated exhaled aerosols such as band and choir practice and performances are permitted outdoors only, provided that precautions such as physical distancing and use of face coverings are implemented to the maximum extent.
  - Playing of wind instruments (any instrument played by the mouth, such as a trumpet or clarinet) is strongly discouraged. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.
- Prioritize the use and maximization of outdoor space for activities where possible.
- Consider using cleanable privacy boards or clear screens to increase and enforce separation between staff and students.

Distance teacher and other staff desks at least 6 feet away from student and other staff desks.

Under no circumstances should distance between student chairs be less than 4 feet.



Additional guidance for student practice and performance is available:

Music: [Fall 2020 Guidance for Music Education from NFHS and NAFME](#)

Theatre: [EdTA Releases Guide for Reopening School Theatre Programs](#)

Sports: [CDPH Outdoor and Indoor Youth and Recreational Adult Sports Alameda County Public Health Youth & Recreational Adult Sports Document](#)





# Distancing

## Non-Classroom Spaces

- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities. Alternatively, stagger use, properly space occupants and clean in between uses.
- Minimize congregate movement through hallways as much as practicable.
- Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms where practicable. Where cafeterias or group dining rooms must be used, keep students together in their stable groups, ensure physical distancing, hand hygiene before and after eating, and consider assigned seating.
- Consider holding recess activities in separated areas designated by group.

## Arrival and Departure

- Maximize space between students and between students and the driver on school buses and open windows to the greatest extent practicable. Two windows on a bus should be opened fully at a minimum.
- Stagger arrival and drop off-times and locations as consistently as practicable to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact between people as much as practicable.
- Minimize contact at school between students, staff, families and the community at the beginning and end of the school day. Prioritize minimizing contact between adults at all times.



Additional guidance for distancing on school buses is available in the California Department of Education's [Stronger Together guidance](#).

**Prioritize  
minimizing  
contact  
between adults  
at all times.**

## Distancing Guidance for Staff

- Ensuring staff maintain physical distancing of six feet from each other is critical to reducing transmission between adults.
- Support staff who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, where appropriate, or teaching in a distance learning context.
- Conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures in place, outside, or virtually, where physical distancing is a challenge.
- Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings. Try to provide space outside whenever possible.

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



# Distancing



## Additional Information & FAQs for Alameda County Schools

What are the recommendations for the maximum number of students in a classroom?  
Does classroom size factor into this decision?

The number of students in classrooms will be dependent on factors listed in state guidance, including physical distancing of desks and based on the localized reality of meeting the physical distancing guidance.



# Ventilation

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

Ensure sufficient ventilation in all school classrooms and shared workspaces per [American Society of Heating, Refrigerating, and AirConditioning Engineers \(ASHRAE\) guidance on ventilation](#).

- Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional, or mechanical contractor in order to evaluate your ventilation system in regards to the [ASHRAE guidance](#).
- If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons in the facility, consider alternatives.
- If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions).

**If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred.**

Ventilation considerations are also important on school buses; use open windows as much as possible to improve airflow.

Specific practices to avoid:

- Classrooms or buses with no ventilation.
- Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).



## Additional Information & FAQs for Alameda County Schools

Can we use partitions to separate our classroom spaces?

Partitions affect the air flow inside a room. The HVAC system must be designed to account for any partitions or room configuration; for example, placement of furniture such as bookshelves. Involve your building engineer or HVAC professional if you are re-configuring rooms in your building. Proper ventilation is important and must be used together with using masks and staying at least 6 feet away from each person.



# Ventilation

What can we do if our school building's HVAC system cannot accommodate MERV 13 filters?

Use a combination of methods included in this guidance to reduce potential exposure to airborne viruses inside the building. Use portable air cleaners with HEPA filters according to the supplemental equipment section above. Decrease occupancy or move outdoors if the recommended level of filtration is not achieved.

What can we do if our school building does not have an HVAC system?

Use a combination of methods included in this guidance to reduce exposure to potential airborne viruses inside the building. Follow the natural ventilation and supplemental equipment sections above to increase outside air and filter air inside the building. Decrease occupancy or move outdoors if the required level of ventilation and filtration is not achieved.

Carbon dioxide measurement is a useful screening method for determining whether adequate quantities of outside fresh air have been introduced and distributed into the building. Carbon dioxide measurements should be conducted by an indoor air quality or environmental professional qualified to perform this evaluation according to Occupational Safety and Health Administration (OSHA), ASHRAE and USEPA guidance.

What can we do if our school building does not have an HVAC system and windows in the classrooms?

Confirm with the local building and fire departments that your building is compliant with building and fire codes. If there is no ventilation in the classrooms, move outdoors or find another space with proper ventilation. Obtain funding to achieve indoor air quality that promotes occupant health and well-being.



# Hand Hygiene

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

- Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
  - Teach students and remind staff to use tissue to wipe their nose and to cough/sneeze into a tissue or their elbow.
  - Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
  - Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application.
  - Soap products marketed as “antimicrobial” are not necessary or recommended.
  - Develop routines enabling students and staff to regularly wash their hands at staggered intervals.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trash cans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.

## Hand Sanitizers

- Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl alcohol-based hand sanitizers are more toxic when ingested or absorbed into skin.
- Do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.
- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

Ethyl alcohol-based hand sanitizers are preferred.  
Do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.



# Hand Hygiene



## Additional Information & FAQs for Alameda County Schools

How often should we have students wash their hands while in the classroom? What is recommended for classrooms with no access to water?

Teach and reinforce handwashing with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students and staff. Frequent handwashing is recommended, especially before and after meals, after using the restroom, and after touching your face. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Do we need to provide handwashing stations outside during recess?

This is not a requirement, but frequent handwashing is encouraged, and hand sanitizer or hand washing should be used/done prior to returning to class.



# Cleaning and Disinfecting

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

“Cleaning” involves water and soap or a detergent, does not use disinfecting agents, and significantly decreases germs on surfaces and decreases infectious risks.

“Disinfection” kills germs on surfaces using specific agents (see below for those approved for use). If a case has been identified, the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator’s office if an administrator) should be disinfected.

Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified.

Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and is not recommended in the school setting unless a case has been identified.

- Staff should clean frequently-touched surfaces at school and on school buses daily. Frequently touched surfaces in the school include, but are not limited to:
  - Sink handles.
  - Shared tables, desks, or chairs. If a school has morning and afternoon stable groups, the desks and tables are considered shared and should be cleaned before the next group arrives. Desks or chairs do not need daily cleaning if only used by one individual during the day.
  - Door handles.
  - Shared technology and supplies.
- If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning of outdoor play structures is not required between cohorts.
- Buses should be thoroughly cleaned daily and after transporting any individual who is exhibiting symptoms of COVID-19. Drivers should be provided cleaning materials, including but not limited to wipes and disposable gloves, to support cleaning of frequently touched surfaces during the day.
- When choosing disinfection products after an in-school COVID-19 case has been identified, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list “N” and follow product instructions.
- Custodial staff and any other workers who clean and disinfect the school site must be equipped with proper personal protective equipment, including gloves, eye protection,

When hand hygiene is emphasized, cleaning of outdoor play structures is not required between cohorts.



# Cleaning and Disinfecting

respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of the reach of children and stored in a space with restricted access.

- Establish a cleaning schedule in order to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible for example by opening windows where practicable. When disinfecting, air out the space before students arrive; disinfection should be done when students are not present.
- [Take steps](#) to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.



Additional guidance on [Cleaning and Disinfecting in School Classrooms](#) is available from the CDC.

When disinfecting, air out the space before students arrive; disinfection should be done when students are not present.

## Limit Sharing

- Consider suspending or modifying use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.
- Limit use and sharing of objects and equipment, items such as electronic devices, clothing, toys, games, and art supplies to the extent practicable, or limit use of supplies and equipment to one group of children at a time and clean between uses.
  - Cleaning shared objects between uses (for example with microfiber cloths or baby wipes) can help to physically remove germs on surfaces.
  - Ensure adequate supplies to minimize sharing of high-touch materials.
- Keep each student's individual belongings separated and in individually labeled storage containers, cubbies or areas.

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





# Cleaning and Disinfecting



## Additional Information & FAQs for Alameda County Schools

How do we handle shared classroom items (stapler, in class library books, tape, etc.)?

It is recommended that you do not share common items. Students should have their own supplies. Items that can be cleaned between uses can be used if cleaned.

How long should teachers wait before touching papers from students? How long should you wait before touching plastic learning materials after use if you aren't able to clean and disinfect them between uses?

It's sufficient for papers and other similar materials to sit for 24 hours before they are handled. A NEJM study found the virus could survive in viable form on cardboard for up to about 24 hours. This would also be safe to assume for paper, and probably wooden beads and puzzles. PLASTICS should be cleaned and disinfected between uses. If this is not possible, we recommend letting them sit for 72 hours based on information from the same study.

Will students be able to check out books from the school library?

Students will be able to check out books. When students return books to the library, let them stay in a return box for at least 24 hours before re-shelving them.

Do bathrooms need to be wiped down after every use?

This is not required, but frequent cleaning is recommended. At a minimum bathrooms should be cleaned thoroughly daily.



# Symptom and Exposure Screening

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

Actively encourage staff and students who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home. Develop policies that encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies.

Develop policies that encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies.

Implement symptom and exposure screening for all staff and students at home each day before leaving for school.

Students or staff exhibiting symptoms of COVID-19 at school (fever, cough, difficulty breathing, or other COVID-19 symptoms) must be immediately isolated in a private area until they can leave school or be picked up by a parent or guardian. Ill students and staff should be recommended to be tested for COVID-19 as soon as possible.



Please note: [ACPHD's COVID-19 Health Screening in TK-12 Schools and Extracurricular Programs Serving School-Age Children and Youth](#) defines a fever as 100°F/37.8°C or higher.

Policies should not penalize students for missing class. Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.

Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.

Maintain communication systems that allow staff and families to self report symptoms and receive prompt notifications of exposures, exclusions, and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records.

## Symptom and Exposure Screening

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



See [ACPHD's COVID-19 Health Screening in TK-12 Schools and Extracurricular Programs Serving School-Age Children and Youth](#) for the required screening process.



# Symptom and Exposure Screening

CDPH recommends that:

1. Parents be provided with the list of [COVID-19 symptoms](#) and instructed to keep their child at home if the child is feeling ill or has symptoms of COVID-19, even if symptoms are very mild, and to get their ill child tested for SARS-CoV2.
2. Staff members be provided with the list of COVID-19 symptoms and be instructed to call in sick and stay home if having symptoms of COVID-19 and to get tested for SARS-CoV2.



ACOE and ACPHD have developed health screening forms for daily use by every student/family prior to in-person program participation:

- [English Health Screening](#)
- [Spanish Health Screening](#)
- [Chinese Health Screening](#)

Note: If a student or staff member has chronic allergic or asthmatic symptoms (e.g., cough or runny nose), then a change in their symptoms from baseline would be considered a positive symptom.

Schools do not need to monitor compliance with home screening.

## Symptoms at School

- Staff and students should self-monitor throughout the day for signs of illness; staff should observe students for signs or symptoms of illness to support students who are less able to self-monitor or less likely to self report.
- If a student is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- Identify an isolation room or area to separate anyone who exhibits 1 or more symptoms of COVID-19 while at school.
  - Any students or staff exhibiting 1 or more symptoms should be required to wait in the previously identified isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- Unless the local health department recommends otherwise, there is no need to exclude asymptomatic contacts (students or staff) of the symptomatic individual from school until test results for the symptomatic individual are known.

Any students or staff exhibiting 1 or more symptoms should be required to wait in the isolation area.

## Return to School After Exclusion for Symptoms

Testing of symptomatic students and staff can be conducted through local health care delivery systems or other testing resources, as fits the context of the local health jurisdiction.

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 discontinue home isolation for those with symptoms.



See [ACPHD's COVID-19 Health Screening in TK-12 Schools and Extracurricular Programs Serving School-Age Children and Youth](#) for criteria that must be met before a student can return to a school program after experiencing symptoms of COVID-19 or a positive test.



## Additional Information & FAQs for Alameda County Schools

To assist with logistics, separate entrances for students and staff who have completed self-screenings and those who will be screened on-site may be used, but is not required.

See also: [Protocols for the Onset of COVID-19 Symptoms, and for Close Contact with an Individual Testing Positive for SARS-CoV-2 in a School, Child Care Setting or Extracurricular Setting.](#)



# Surveillance or Screening Testing

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

Used in conjunction with other mitigation strategies, testing for SARS-CoV-2 provides an additional tool to support safe and successful TK-12 in-person instruction. Testing can allow for early identification of cases and exclusion from school to prevent transmission. However, it should not be used as a stand-alone approach to prevent in-school transmission. A negative test provides information only for the moment in time when the sample is collected. Individuals can become infectious shortly after having a negative test, so it is important to maintain all other mitigation strategies even if a recent negative test has been documented.



The state of California has put into place support for specific testing cadences for TK-12 schools, see Table 3 in CDPH's [Reopening In-Person Instruction Framework](#).

## Minimum Testing Requirement Standards

Any school currently open is subject to the minimum testing requirement standards established by [Cal/OSHA](#).

## Definitions

**Symptomatic testing:** This testing is used for individuals with symptoms of COVID19, either at home or at school.

**Response testing:** This testing is used to identify positive individuals once a case has been identified in a given stable group. Response-based testing can be provided for symptomatic individuals or for asymptomatic individuals with known or suspected exposure to an individual infected with SARS-CoV-2.



See also: [Testing Considerations for LEAs and School Communities](#) from CDPH and the California COVID-19 Testing Task Force.

**Asymptomatic testing:** This testing can be used for surveillance, usually at a cadence of every 2 weeks or less frequently, to understand whether schools have higher or lower rates of COVID19 rates than the community, to guide decisions about safety for schools and school administrators, and to inform local health departments about district level in-school rates. Asymptomatic testing can also be used for screening, usually at a higher cadence (weekly or twice weekly) than surveillance testing, to identify asymptomatic or pre-symptomatic cases, in order to exclude cases that might otherwise contribute to in-school transmission. Screening testing is indicated for situations associated with higher risk (higher community transmission, individuals at higher risk of transmission (e.g., adults and high school students transmit more effectively than elementary aged students)).



# Surveillance or Screening Testing

## Asymptomatic Testing Considerations

The science regarding the extent to which asymptomatic testing will achieve the goal of safe and successful schools is still under development. Empirically, schools that have successfully implemented the core mitigation strategies outlined in the School Guidance are operating safely, with limited or no inschool transmission, under a range of asymptomatic testing approaches.

Students or staff who have tested positive for active infection with SARS-CoV-2 virus within the last 90 days are exempt from asymptomatic testing.

Empirically, schools that have successfully implemented the core mitigation strategies outlined in the School Guidance are operating safely, with limited or no inschool transmission, under a range of asymptomatic testing approaches.



## Additional Information & FAQs for Alameda County Schools

What testing frequency is recommended for school staff in Alameda County?

The Alameda County Public Health Department currently recommends teachers and other staff working in school settings with in-person education receive screening testing at least monthly.

This is in addition to the minimum testing requirement standards established by [Cal/OSHA](#).

How can employees access COVID-19 testing?

Employees can access [testing sites throughout Alameda County](#). Testing is also available through healthcare providers.

View the [California COVID-19 Testing Task Force Lab List](#) for a directory of laboratories willing to receive samples to provide COVID-19 testing for a variety of sectors.



# School Closure Determinations

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

Individual school closure, in which all students and staff are not on campus, is recommended based on the number of cases and stable groups impacted, which suggest that active in-school transmission is occurring.

Closure should be done in consultation with the local health officer.

## Situations That May Indicate the Need for School/District Closure

Once schools have reopened for in-person instruction, the following may indicate the need for school closure in consultation with the local health officer:

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



CPHD's [COVID-19 Outbreak Definitions](#) defines a school outbreak as 3 or more confirmed or probable cases of staff or students occurring within a 14-day period who are epidemiologically linked in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).

A school district should close if 25% or more of schools in a district have closed due to COVID-19 within a 14-day period, in consultation with the local health department.

## Process for Reopening After Closure

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

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

Districts may typically reopen after 14 days, in consultation with the local health officer.



# School Closure Determinations



## Additional Information & FAQs for Alameda County Schools

Local educational agencies must contact Alameda County Public Health at [safelearning@acgov.org](mailto:safelearning@acgov.org) if there are more than three positive COVID-19 cases at a school.

See also: [Confirmed COVID-19 and SARS-CoV-2 Positive Testing Process for Schools, Child Care Programs and Extracurricular Programs.](#)





# Vaccines

Guidance from [CDPH Reopening In-Person Instruction Framework](#)

## Overview

CDPH strongly recommends that all persons eligible to receive COVID-19 vaccines receive them at the first opportunity.

Currently, people under 16 are not eligible for the vaccine since trials for that group are still underway.

Currently, people under 16 are not eligible for the vaccine since trials for that group are still underway.

In addition to [vaccines required for school entry](#), CDPH strongly recommends that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:

- Protect the school community.
- Reduce demands on health care facilities.
- Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the school and public health authorities.



Vaccine implementation for schools is rapidly evolving. Find updated vaccine guidance from CDPH at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccines.aspx>.



## Additional Information & FAQs for Alameda County Schools

The Alameda County Office of Education is committed to supporting the Alameda County Public Health Department's efforts to swiftly vaccinate educators against COVID-19 so that in-person learning can resume in a way that is safe for all. As we prepare for a hopeful vaccine rollout in February, ACOE will be providing frequent updates at <https://www.acoe.org/vaccines>.

Are California immunization requirements still in place?

Yes. Immunization requirements for admission to school or child care for the 2020-21 school year remain in place. Please refer to the following resources:

- [Immunization Program - ACPHD](#)
- [Shots for Schools](#)
- [Immunization Infographic](#)



# Cohorting (Small Group) Guidance

Guidance from [CDPH Guidance for Small Cohorts/Groups of Children & Youth](#) and [CDPH Small Group Guidance FAQs](#)

ALL guidance regarding [Distancing](#), [Face Coverings](#), [Health Screenings](#) applies to schools offering services to small groups of students.

## Overview

Small Group Guidance for cohort information for specific models applicable ONLY while schools have not yet opened under a reopening plan permitted by health order.

## Cohorting Guidance Questions & Answers

Which student groups can be served?

Specialized student groups of all grades. State guidance cites special education students, English Learners and student groups of high-need as examples.

What services may be offered?

In-person child supervision and limited instruction, targeted support services and facilitation of distance learning for specified subsets of children/youth. Specialized services determined by LEAs include, but not limited to: occupational therapy, speech and language; other medical services, behavioral services, educational support as part of a targeted intervention strategy or assessment; SAT and PSAT testing may also be offered under this guidance.

What agencies must approve plan before offering program?

None.

What is the maximum size of groups participating in programming?

Cohorts must be limited to no more than 16 participants total. The maximum cohort size applies to all children and youth in the cohort, even when all children are not participating at the same time.

In-person participants may not exceed 25% of the school's building capacity.

What limits are placed on teacher and student cohort mixing?

Supervising adults should be assigned to one cohort and must work solely with that cohort, but one-to-one specialized services can be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.



# Cohorting (Small Group) Guidance

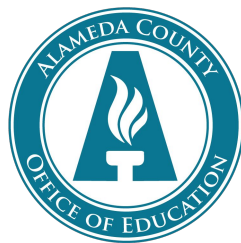
Substitute providers who are covering for short-term staff absences must only work with one cohort of children per day.

Keep cohorts stable for at least 4 weeks. If 4 weeks is not practicable, 3 weeks is allowable. If new students enroll, they can be placed into an already established cohort upon enrollment.

# Mandated Assessment Health Guidance

COVID-19 Reopening

Version 4  
January 28, 2021





# Addendum 1: Mandated Assessment Health Guidance COVID-19 Reopening

## Overview

While schools are currently closed to in-class instruction and community transmission rates of COVID-19 remain high, there are some small-group assessments of student populations, including English Language Learners\* and students with disabilities, that remain mandatory for schools and districts.

*\*The Initial English Language Proficiency Assessments for California (ELPAC) is available as an online, computer-based test as of August 20, 2020.*

## CDE Health Guidance for Mandated Assessments

The California Department of Education (CDE) and Educational Testing Service developed [Suggested Guidelines for Physically Distancing Test Administrations](#) to support local educational agencies (LEAs) in the safe administration of assessments. The guidelines are suggestions only and not a mandate for how to assess students.

## ACPHD Supplemental Guidance for Mandated Assessments

1. Students and staff should ALL [undergo screening](#) on the day of testing. If COVID-19 symptoms or fever are present, or if the person should be in quarantine because of close contact with a COVID-19 case in the prior 14 days, the testing session must be deferred.
2. [Masks must be worn](#) by students and staff during testing. Schools must have face coverings available for those who may not have one, or who may be found wearing one that fits poorly or is deemed substandard for the environment.
3. School staff should monitor the correct use of face coverings by all participants.
4. Face shields should be required for staff in this environment and face shields should be offered to any student who wants it.
5. Outdoor spaces, if suitable and safe, are preferred. If testing is to be performed indoors, it should be performed in a well-ventilated room.
6. Adequate time for cleaning should be allowed between testing sessions, including opening of all windows and doors (for indoor spaces) to air out the room between sessions.
7. Printed materials and scratch paper should be stored securely in a closed box for 48 hours, and then shredded.
8. If gloves are to be used, they should be latex-free, and anyone using gloves should perform hand hygiene before donning and after doffing the gloves.
9. Classrooms should be [disinfected](#) before and after each assessment session.

## ACPHD/ACOE Vision and Hearing Protocols for in Person Assessment

While schools are currently closed to in-class instruction and community transmission rates of COVID-19 remain high, vision and hearing screening for students with disabilities are mandatory. The health and safety of students and staff is the top priority, according to the [CDE](#).

[Best practices](#) for conducting hearing and vision screening necessitate in-person contact between the school nurse and the student. No evidence-based options for conducting remote hearing and vision screenings currently exist. The purpose of this document is to provide recommended protocols to conduct vision and hearing screenings during the COVID-19 pandemic for school



# Addendum 1: Mandated Assessment Health Guidance COVID-19 Reopening

nurses. Qualified personnel who conduct hearing and/or vision screening are encouraged to use these protocols.

## US Department of Education Guidelines

The US Department of Education suggests that, when appropriate, evaluations may be conducted through a review of existing evaluation data, unless it is determined additional assessments are needed.

### Vision Testing

In accordance with EDC § 49452 and 49455, schools shall continue to provide vision testing and refer students, as needed, using [protective strategies and appropriate social-distancing measures](#) in light of COVID-19. The publication, [A Guide for Vision Testing in California Public Schools](#) provides district and school health personnel with guidelines for a school vision testing program as related to EDC § 49455. The guidelines facilitate the planning and implementation of vision assessment programs so that all students in California public schools may benefit from optimal use of their sense of sight throughout their school years.

### Hearing Testing

Schools shall continue to provide hearing testing as required by EDC § 49452, using [protective strategies and appropriate social-distancing measures](#) in light of COVID-19. The [School Audiometrist Manual](#) from the California Department of Health Care Services (DHCS) provides information concerning the school hearing conservation program as related to EDC § 49452. The manual is intended for persons who have had formal training in audiometry and is not intended as a substitute for such training.

Vision and hearing screening activities should not exceed 15 minutes. Maintaining social distancing of at least 6 feet may not be possible. Therefore, limiting contact to less than 15 minutes along with mask and face shield is essential to reduce the risk of transmission.

School district and local guidelines, as well as federal and state infection-control recommendations, should be closely followed. Conducting vision and hearing screening in school and community settings, while adhering to physical distancing requirements, may be challenging. Adhering to evidence-based vision and hearing screening procedures is best practice.

## Preliminary Considerations

- Prior to scheduling an in-person hearing and/or vision screening, the school nurse should make all reasonable efforts to obtain prior screening or medical records within one year of the triennial/initial assessment. In the absence of screening or medical records, an in-person appointment with the student to conduct a vision and/or hearing screening should be scheduled.
- Provide information about physical distancing and infection control practices that are in place prior to scheduled screening.
- Instrument-based vision screening is performed at a testing distance of about one meter from the examiner. This method of screening may be permitted by local health authorities as long as masks and face shields are worn by the school nurse.



# Addendum 1: Mandated Assessment Health Guidance COVID-19 Reopening

- [Prevent Blindness](#) recommends that color deficiency and near vision screening be avoided, if possible, in order to minimize [screening time](#).
- Total screening time should not exceed [15 minutes](#).

## Guidelines for Screenings

### Vision Screening

- Vision screening equipment should be disinfected before and after each screening day according to manufacturer's guidelines.
- Consider using disposable matching cards and eye occluders or individual adhesive eye patches to cover the non-tested eye during vision screening.
- Children should not touch equipment directly.

### Hearing Screening

- Consider using separate covers for each earphone. Covers must be replaced after each test. Headphones with or without optional covers require cleaning, using non-alcohol based disinfectants on the [EPA approved list](#) or manufacturer recommended disinfectant after each student.
- Disconnect audiometer from power source before cleaning. Disinfect the audiometer using a disinfectant on the EPA approved list between users. Be sure to include often-used buttons.

## Preparation for Screenings

### Step 1: Selecting the screening location

- Verify that the screening site has assigned a well-lit room where the ventilation is working properly per guidelines from the [CDC](#). Optimize ventilation as advised by [ACPHD](#).
- Separate entrance and exit doors are preferred.
- Confirm that the assigned room was deep-cleaned and disinfected within 24 hours prior to use per [CDC guidelines](#). If it has not, use another location that meets criteria or reschedule the appointment.
- Every effort should be made to locate the screening room near sinks and running water for handwashing. Handwashing with soap and water is [preferred by the CDC](#) over using hand sanitizer. Verify that handwashing facilities are fully stocked with hand towels, soap, and no-touch trash receptacles.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol can be used.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that staff and students remain at least 6 feet apart in lines and at other times.
- [Outdoor spaces](#), if suitable and safe, may be used.

### Step 2: Health Screening

- [Students](#) and [adults](#) must all undergo self-screening on the day of testing, prior to entering the building. If a student or adult exhibits COVID-19 symptoms or answers yes to a health screening question, refer to healthcare provider and follow [isolation instructions](#). If COVID 19 symptoms or fever are present, or if the person should be in quarantine because of close contact with a COVID-19 case in the prior 14 days, the testing session must be deferred. Reschedule assessment following isolation period and/or healthcare provider clearance.



# Addendum 1: Mandated Assessment Health Guidance COVID-19 Reopening

## Step 3: [Cleaning and Disinfecting](#)

- Screening equipment should be [disinfected](#) before and after each student to include:
  - frequently touched areas and any surfaces touched by the child
  - time to dry before next use to reduce risks of any breathing, skin and eye irritation problems
- Students and adults must wash hands and/or use hand sanitizer before entering and leaving the testing area.

## Safety Protocols, PPE

### Hand Hygiene

- Students and adults must wash hands per [CDC guidelines](#) for 20 seconds before and after screening.
- Staff must wash hands per [CDC guidelines](#) before screening, after any child contact, and at regular intervals throughout the day.
- If soap and water are unavailable, hand sanitizer that contains at least 60% alcohol may be used. (CDC, 2020).
- Gloves are not necessary (CDC, 2020).
- CDC handwashing guidelines recommend drying hands with paper towels or air drying.

### Face Coverings/Eye Protection

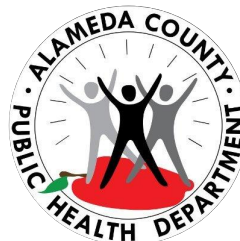
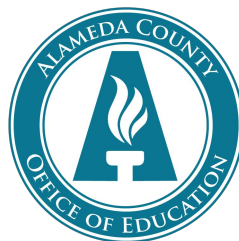
- [Face shields](#) combined with a mask are required for school nurses when screening.
- [Face shields are not a substitute for face coverings.](#)
- [Goggles](#) may be used in place of face shields, and must fit snugly over and around the eyes. Personal glasses or contacts are not considered acceptable eye protection.
- To fit properly, a face shield should extend below the chin anteriorly, to the ears laterally, and there should be no gap between the forehead and the device frame (Perencevich, Diekema, & Edmond, 2020).
- Cloth face coverings are [required](#) for students (TK and up) and adults. Cloth face coverings should fit snugly, covering the mouth and nose during screening per [CDC guidelines](#). The CDC provides instructions on [how to properly wear a mask](#).
- Schools must have face coverings available for those who may not have one, or who may be found wearing one that fits poorly or is deemed substandard for the environment. Disposable masks should be provided and should be put on by the child prior to entering the screening area.
- Students and adults must [wash their hands](#) before putting on a cloth face coverings and after removing it.



# Confirmed COVID-19 and SARS-CoV-2 Positive Testing Process for Schools, Child Care Programs and Extracurricular Programs

COVID-19 Reopening

Version 6  
January 28, 2021





# Addendum 2A: Confirmed COVID-19 and SARS-CoV-2 Positive Testing Process for Schools, Child Care Programs and Extracurricular Programs

## 1. Preparedness Guidance

Assign staff within your district, school, child care or extracurricular program to track and report confirmed COVID-19 cases. This assigned staff (i.e. school nurse(s) or student service(s) staff) will be your COVID Liaisons with Alameda County Public Health Department (ACPHD). Develop a communication protocol for the COVID Liaisons to notify the relevant program, school, and district staff of a confirmed COVID-19 case.

Prepare a letter that communicates this information to your school, child care programs, and extracurricular programs community, such as the parents and staff at the impacted site and partner organizations. When you develop your communication, be mindful of:

- Confidentiality when releasing details about the case. Balancing privacy with transparency is critical.
- Prepare a template notification letter that can be easily tailored to different cases. Translate the template letter into languages based on the identified need of each school site, district, child care programs, and extracurricular programs. Have proper messaging for different audiences: messages to those at impacted sites may differ somewhat from public messages.
- Avoid messages that stigmatize a site or group of people.
- Decide who will be informed and in what order, such as:
  - The District's Senior Leadership team
  - Board Members
  - Union leadership (if applicable)
  - Staff at the impacted site
  - Families of students at the impacted site
  - The School, Child Care or Extracurricular programs partner organizations.

## 2. Confirmation

- Obtain medical documentation that a confirmed COVID-19 case has occurred.

## 3. Internal notification

- The school, child care program, extracurricular program and partner organization staff should immediately notify the COVID-19 Liaisons of confirmed COVID-19 cases.
- The COVID Liaisons should notify the relevant child care program, extracurricular program, school, district staff, and school Superintendent about confirmed COVID-19 cases.

## 4. Notification to ACPHD

- COVID Liaisons can notify ACPHD by email or phone, Monday-Friday 8:30am-5:00pm.
  - Advise the COVID Liaisons to email [safelearning@acgov.org](mailto:safelearning@acgov.org) and/or call (510) 268-2101 if the district, school, childcare program or extracurricular program has a confirmed COVID-19 case.
  - ACPHD will provide guidance and will answer any questions you have about the ACPHD COVID-19 contact investigation process.
  -



# Addendum 2A: Confirmed COVID-19 and SARS-CoV-2 Positive Testing Process for Schools, Child Care Programs and Extracurricular Programs

- Please use this form to report a confirmed or suspected COVID-19 case in a child and/or youth setting (school, childcare, organization, etc.), and any associated contacts:



[ACPHD Report Form](#)

- ONLY report COVID-19 cases that have been onsite at the facility during their infectious period within the past 14 days.
  - Cases are infectious from 2 days before symptoms begin and remain infectious for 10 days after the date that symptoms began.
  - If a case did not have any symptoms, they are infectious from 2 days before and 10 days after the date that the specimen was collected which later tested positive for SARS-CoV-2 (SARS-CoV-2 is the virus that causes COVID-19).
- Please complete a separate form for each confirmed or suspected COVID-19 case. Before completing this form be sure to have a list of the COVID-19 case's close contacts ready to either input into the form or upload. In accordance with [HIPAA Privacy and Security Rules](#), all the information provided in this form will remain confidential. Note the information you provide will NOT impact immigration status.

## 5. Identify the exposed cohort and group(s) that must receive contact notification.

- Please refer to the [Protocols for the Onset of COVID-19 Symptoms, and for Close Contact with an Individual Testing Positive for SARS-CoV-2 in a School, Child Care Setting or Extracurricular Setting](#).
- Identify the dates that the case was at the school and/or program facility while infectious.
  - Cases are infectious from 2 days before symptoms begin and remain infectious for 10 days after the date that symptoms began.
  - If a case did not have any symptoms, they are infectious from 2 days before and 10 days after the date that they had a specimen collected (usually a swab) for SARS-CoV-2 testing (SARS-CoV-2 is the virus that causes COVID-19).
- Determine when the quarantine period begins for exposed contacts.
  - Quarantine should begin the day after the last exposure to the case, while the case was infectious.
  - Quarantine is required for a minimum of 10 days. Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option. Furthermore, all individuals ending quarantine before Day 14 should adhere strictly to all recommended non-pharmaceutical interventions, including wearing face coverings at all times, maintaining a distance of at least 6 feet from others, and self-monitor for COVID-19 symptoms through Day 14.
  - If the child, student or staff member has regular close contact with anyone at [high risk for severe disease](#), then 14 days of quarantine is required.

## 6. Prepare the exposure letter to send to parents and staff. Provide the date for when the quarantine period begins. Please see [Appendix A for the Exposure letter template](#).

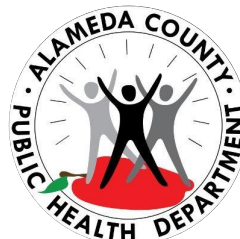
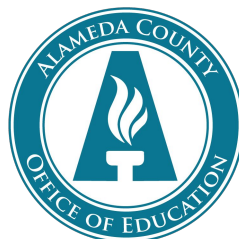
# School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

COVID-19 Reopening

Protocols for the Onset of COVID-19 Symptoms, and for Close Contact with an Individual Testing Positive for SARS-CoV-2 in a School, Child Care Setting or Extracurricular Setting

Version 5

January 28, 2021



# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

## Definition of Frequently Used Terms

A Medical Evaluator is defined as a Physician, Nurse Practitioner, or Certified Physician Assistant

SARS-CoV-2 is the virus that causes COVID-19

**Exposed Group:** The exposed group includes all members of the COVID-19 positive case's ("Case") stable cohort(\*) (children, students and staff) and any additional individuals known to have been in close contact(\*\*) with the case (within 6 feet for  $\geq 15$  minutes) during the case's infectious period.

\*A cohort is a stable group with a fixed membership that stays together for all courses and activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts.

\*\*Close contact: Close contact means that the child or student was within 6 feet of a COVID positive person for 15 minutes or longer (this includes multiple shorter periods in the same day that add up to 15 minutes) EVEN IF both the child or student and the other person were wearing masks. Close contact can also mean that the child or student had a briefer but major exposure to the COVID positive person's respiratory droplets. For example, the sick person coughed directly on the child or student. Note that in some school situations, it may be challenging to determine if individuals have met these criteria, and an entire cohort, classroom, or group may need to be considered exposed. This is especially true if time together was spent indoors.

Isolation separates sick people with a contagious disease from people who are not sick. (Centers for Disease Control and Prevention, "CDC" definition.) An infographic that explains Isolation can be viewed [here](#).

Quarantine is used to keep someone who might have been exposed to COVID-19 away from others. (Centers for Disease Control and Prevention, "CDC" definition.). Frequent Asked Questions (FAQ) about Quarantine can be viewed [here](#).

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

Scenario	Action	Communication/ Notification
<b>HAS SYMPTOMS</b>		
<p><b>1</b></p>	<p>A child, student or staff member exhibits COVID-19 symptoms, such as answering yes to a health screening question or has a temperature of 100°F (37.8°C) or above.</p> <ul style="list-style-type: none"> <li>● Send child, student or staff member home.</li> <li>● Isolate child, student or staff member in a separate room or designated area, away from other children, students and staff, pending pick up from the facility.</li> <li>● Advise the staff member, or the parent or guardian of the child, or student to contact their healthcare provider and consider SARS-CoV-2 testing.</li> <li>● Advise staff member, or the parent or guardian of the child, or student to share their test results with the school administrator as soon as possible: <ul style="list-style-type: none"> <li>○ If <b>positive</b>: follow Actions in <a href="#">Scenario 3</a></li> <li>○ If <b>negative</b>: follow Actions in <a href="#">Scenario 4</a></li> </ul> </li> <li>● Advise symptomatic staff member or parent of symptomatic child or student to follow isolation instructions unless COVID-19 is ruled out by a Medical Evaluator. Isolation instructions can be found <a href="#">here</a>.</li> <li>● <a href="#">Refer symptomatic individuals to find community testing resources here.</a></li> </ul>	<p><b>Cohort/School remains OPEN</b></p> <p><b>Communication: No action needed</b></p>
<b>CLOSE CONTACT TESTS POSITIVE</b>		
<p><b>2</b></p>	<p>A member of the child, student, or staff's household, or someone in close contact with child, student, or staff member tests positive for SARS-CoV-2.</p> <ul style="list-style-type: none"> <li>● Send the child, student or staff member home.</li> <li>● Advise the parent or guardian of the child, student, or staff member to follow quarantine instructions for a minimum of 10 days. Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option. Furthermore, all individuals ending quarantine before Day 14 should adhere strictly to all recommended non-pharmaceutical interventions, including wearing face coverings at all times, maintaining a distance of at least 6 feet from others, and self-monitor for COVID-19 symptoms through Day 14.</li> <li>● If the child, student or staff member has regular <b>close contact</b> with anyone at <a href="#">high risk for severe disease</a>, then 14 days of quarantine is required. Quarantine instructions from ACPHD can be viewed <a href="#">here</a>.</li> <li>● Advise the parent or guardian of the child, student, or staff member to contact their healthcare provider and consider SARS-CoV-2 testing.</li> <li>● Advise staff or parent of student to <a href="#">follow quarantine instructions</a>.</li> <li>● <a href="#">Refer individuals to find community testing resources here.</a></li> </ul>	<p><b>Cohort/School remains OPEN</b></p> <p><b>Communication: No action needed</b></p>

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

Scenario	Action	Communication/ Notification
<b>TESTS POSITIVE</b>		
<p><b>3</b></p> <p>A child, student or staff member tests positive for SARS-CoV-2</p>	<ul style="list-style-type: none"> <li>• Contact Alameda County Public Health Department and let them know, email <a href="mailto:safelearning@acgov.org">safelearning@acgov.org</a> or call 510-268-2101</li> <li>• Advise the SARS-CoV-2 positive child, student, or staff member to follow isolation instructions. Isolation instructions can be viewed <a href="#">here</a>.</li> <li>• Advise <b>cohort members, close contacts, and household members</b> of the SARS-CoV-2 positive child, student or staff member to <a href="#">follow quarantine instructions</a> for a minimum of 10 days, to contact their healthcare provider and and to consider SARS-CoV-2 testing. Note that though a quarantine period of 10 days is the minimum required, 14 days of quarantine is still the safest option. If the child, student or staff member has regular <b>close contact</b> with anyone at <a href="#">high risk for severe disease</a>, then 14 days of quarantine is required. Quarantine instructions from ACPHD can be viewed <a href="#">here</a>.</li> <li>• <a href="#">Find community testing resources here</a>.</li> <li>• <b>Properly clean and disinfect classroom and primary spaces where the SARS-CoV-2 positive child, student or staff member spent significant time( ≥15 minutes)</b>. Cleaning and disinfecting guidance can be found <a href="#">here</a>.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cohort quarantines for at least 10 from the date of last exposure.</b></li> <li>• <b>Close contacts quarantine for at least 10 days from the date of last exposure.</b></li> <li>• <b>School/Program remains open</b></li> </ul> <p><b>Communication:</b></p> <ul style="list-style-type: none"> <li>• <b>Complete and send template <a href="#">exposure letter</a> to cohort</b></li> <li>• <b>Consider school wide or program notification of a known case (<a href="#">see process document</a>)</b></li> <li>• <b><a href="#">See AB 685 - Notification Requirements</a></b></li> </ul>
<b>CURRENTLY ISOLATED &amp; TESTS NEGATIVE BEFORE 10 DAYS</b>		
<p><b>4</b></p> <p>Child, student, or staff member is isolated because of COVID-19 symptoms. While they are isolating, they receive a negative test result for SARS-CoV-2 and want to return to school or the program before 10 days of isolation have passed.</p>	<p>They may return if:</p> <ul style="list-style-type: none"> <li>• The child, student, or staff member is feeling better (symptoms do not have to be completely resolved), <b>AND</b></li> <li>• There have been at least 24 hours with no fever, without the aid of taking medicines to lower a fever, such as acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), <b>AND</b></li> <li>• The child, student, or staff member consults a medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) to determine the significance of their symptoms. The medical evaluator will need to provide a letter indicating that (1) the symptoms are <b>NOT</b> due to COVID- 19, <b>AND</b> (2) the SARS-CoV-2 test was negative (the program is <u>not allowed</u> to require disclosure of the alternative diagnosis), <b>BUT</b></li> <li>• If it is <b>not</b> possible for the child, student, or staff member to consult a medical evaluator, <b>then they must obtain a SARS-CoV-2 negative test result indicating that a molecular test or a PCR was performed.</b></li> </ul>	<p><b>Cohort/School Remains Open</b></p> <p><b>Communication:</b> <b>No action needed</b></p>

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

Scenario	Action	Communication/ Notification
<b>CURRENTLY ISOLATED &amp; WANTS TO RETURN BEFORE 10 DAYS</b>		
<b>5</b>	<p>Child, student or staff member has been isolated because of symptoms and wants to return to school or program before 10 days have passed without a SARS-CoV-2 test.</p> <p><b>If no SARS-CoV-2 test they may return if:</b></p> <ul style="list-style-type: none"> <li>● The child, student, or staff member is feeling better (symptoms do not have to be completely resolved), <b>AND</b></li> <li>● There have been at least 24 hours with no fever, without taking medicines to lower a fever, like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin), <b>AND</b></li> <li>● The child, student, or staff member consults a medical evaluator (a doctor, a nurse practitioner, or a certified physician assistant) to determine the significance of their symptoms. The medical evaluator will need to provide a letter indicating that the child, student, or staff member’s symptoms are <b>NOT due</b> to COVID- 19 (the program is <u>not allowed</u> to require disclosure of the alternative diagnosis).</li> </ul>	<p><b>Cohort/School Remains Open</b></p> <p><b>Communication: No action needed</b></p>
<b>CURRENTLY QUARANTINED &amp; TESTS NEGATIVE</b>		
<b>6</b>	<p>While a child, student, or staff member is in quarantine following exposure to a case, they receive a negative test result for SARS-CoV-2.</p> <ul style="list-style-type: none"> <li>● The child, student or staff member needs to follow quarantine instructions. Quarantine instructions from ACPHD can be viewed <a href="#">here</a>.</li> </ul> <p><b>If the child, student or staff member has not had symptoms, gets tested and the SARS-CoV-2 test is negative:</b></p> <ul style="list-style-type: none"> <li>● They must still remain in quarantine for 10 days, because they may develop symptoms and/or become infectious to others at any time during the 10 days. However, if they are in regular <b>close contact</b> with anyone at <a href="#">high risk for severe disease</a>, then 14 days of quarantine is required. Quarantine instructions from ACPHD can be viewed <a href="#">here</a>.</li> </ul> <p><b>For those who do not develop symptoms:</b></p> <ul style="list-style-type: none"> <li>● For children and students testing is recommended but not required.</li> <li>● Advise Parents to discuss the pros and cons of testing with their child’s healthcare provider.</li> <li>● For teachers and staff ACPHD recommends testing for SARS-CoV-2 4-10 days after the last exposure to the COVID-19 case</li> </ul>	<p><b>Cohort/School Remains Open</b></p> <p><b>Communication: No action needed</b></p>



# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

## Frequently Asked Questions

1. What should a school or childcare program do while an ill staff or student is waiting for COVID-19 test results?

In this situation, a school cohort, child care program, or extracurricular program should only be closed if there is strong clinical suspicion that the person undergoing testing will test positive for SARS-CoV-2. All members of the same cohort should be told to self-quarantine until test results are available. It is advised that you quarantine the cohort and close contacts if:

- The suspected case is symptomatic following exposure to a confirmed case.
- There is no known exposure, but there are two of the following symptoms:
  - Fever (measured or subjective)
  - Chills
  - Rigors
  - Myalgia
  - Headache
  - Sore throat
  - Nausea or vomiting
  - Diarrhea
  - Fatigue
  - Congestion or runny nose
- There is no known exposure, but there is one of the following symptoms:
  - Cough
  - Shortness of breath
  - Difficulty breathing
  - New olfactory disorder
  - New taste disorder

You can decide to either quarantine the cohort and close contacts or not if:

- There are symptoms, but they do not meet the above criteria and there is no known exposure.

Please refer to the close contact definition above for determining exposure. If the child, student or staff member has highly specific symptoms of COVID-19, please call the department of public health for a consult. Email [safelearning@acgov.org](mailto:safelearning@acgov.org) or call Alameda County Public Health Department (ACPHD) at 510-268-2101 with any questions that you may have. Closing decisions should be made in consultation with ACPHD.

2. Does a sibling of a child who is home with COVID-19 symptoms need to Quarantine?

No, not necessarily. If the child or student that is home with symptoms meets the above criteria for a strong clinical suspicion of a positive case than yes, the sibling of the child or student and all close contacts should quarantine. However, if the child or student that is home does not meet the above criteria for a strong clinical suspicion of a positive case, then the siblings does not need to quarantine.

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

## AB 685 - Notification Requirements as of January 1, 2021

Situation	Who is Notified	Notification	Timing	Retention
Staff are exposed to a person with a positive test result	All employees, and the employers of all subcontracted employees, who were at the worksite within the infectious period* who may have been exposed to COVID-19  Bargaining units, if applicable	Written exposure notification that: <ul style="list-style-type: none"> <li>Includes COVID-19 related benefits that employees may be entitled to under federal, state, or local laws, such as:               <ul style="list-style-type: none"> <li>Workers' compensation and COVID-19 leave</li> <li>Paid sick leave</li> <li>The company's anti-discrimination and anti-retaliation policies</li> </ul> </li> <li>Must not disclose the identity of the infected employee</li> </ul> Quarantine/Isolation guidance	Within one business day of receipt of notification of a positive case.	Employers are required to maintain records of these notices for at least three years.
	All employees and subcontracted employees  Bargaining units	Written notice to all employees that includes the disinfection and safety plan the employer plans to implement and complete per the federal Centers for Disease Control (CDC) guidelines		
Positive case among students or staff	ACPHD	The names, the number of positive individuals, the occupation, worksite for the individuals, and the employer's business address, and North American industry Classification System code of the worksite.		

Key Feature	Current ACOE Notification Process	AB 685 Notification Process as of January 1
Notice Timing		One business day of notification within receipt of a positive case.
Notification Recipients	Exposed staff  Staff with positive test result	<ul style="list-style-type: none"> <li>All employees, and the employers of all subcontracted employees, who were at the worksite within the infectious period* who may have been exposed to COVID-19</li> <li>Exclusive representation (unions) if applicable</li> </ul>
Notification Content	Exposure notification  Quarantine/ Isolation guidance	<ul style="list-style-type: none"> <li>Written exposure notification that includes:               <ul style="list-style-type: none"> <li>COVID-19 related benefits that employees may be entitled to under federal, state, or local laws, such as workers' compensation and COVID-19 leave, paid sick leave, as well as provide the company's anti-discrimination and anti-retaliation policies</li> </ul> </li> <li>Written notice to all employees that includes               <ul style="list-style-type: none"> <li>Notice of the disinfection and safety plan the employer plans to implement and complete per the federal Centers for Disease Control (CDC) guidelines</li> </ul> </li> </ul>
Record Keeping		Employers are required to maintain records of these four notices for at least three years.
Notification to ACPHD	Positive case  Line lists	When contacting ACPHD, let them know of the names, the number of positive individuals, the occupation, worksite for the individuals, and the employer's business address, and North American industry Classification System code of the worksite.

\*ACPHD defines exposure as when someone comes in close contact with a case during their infectious period which is:

- 2 days before symptoms begin and remain infectious for 10 days after the date that symptoms began.
- If a case did not have any symptoms, they are infectious from 2 days before and 10 days after the date that the specimen was collected which later tested positive for SARS-CoV-2 (SARS-CoV-2 is the virus that causes COVID-19).

**CDPH:**  
**Employer**  
**Questions**  
**about AB 685**

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

## Appendix A: Template Letter for Staff, Parent/Guardian of Student/Child

<Date>

Dear <Insert staff name, or name of student's parent or guardian here>:

<Insert you or your child here> may have been exposed to a person with COVID-19 who was present at <insert school name here> from <date> to <date>. We are working closely with the Alameda County Public Health Department (ACPHD).

### WHAT YOU SHOULD DO

- **Stay home and do not have any visitors.** You or the child or student will be under home quarantine through the dates of <date>. Quarantine is for at least 10 days after the date of exposure at <enter text>, unless there is regular **Close Contact** with someone at [high risk for severe disease](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html) (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>), then 14 days of Quarantine after the date of last exposure is required. View the quarantine FAQ [here](https://covid-19.acgov.org/covid19-assets/docs/isolation-quarantine/how-long-should-i-stay-in-quarantine-eng-2020.12.30.pdf) (<https://covid-19.acgov.org/covid19-assets/docs/isolation-quarantine/how-long-should-i-stay-in-quarantine-eng-2020.12.30.pdf>) for quarantine instructions.
- Monitor **yourself or the child or student** for fever or COVID-19 symptoms through the **dates of <enter text>**.  
**Please monitor for:**
  - Fever (Alameda County defines a fever as greater than 100°F/37.8°C)
  - Cough
  - Shortness of breath
  - Any other symptoms such as chills, body aches, fatigue, sore throat, headache, runny nose or nasal congestion, loss of taste or smell, nausea, vomiting or diarrhea. For more information about symptoms, see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- If <insert text> becomes sick, has a fever, or develops any of the symptoms listed, contact your healthcare provider to see if testing for SARS-CoV-2 is recommended.
- Even if no symptoms are developed, ACPHD recommends that teachers, school, or program staff obtain SARS-CoV-2 testing 4-10 days following exposure.
  - If you, the child or student test NEGATIVE for SARS-CoV-2, you must still stay in home quarantine for a minimum of 10 days through the **dates of <enter text>**.
  - If you, the child or student test POSITIVE for SARS-CoV-2, follow isolation instructions and stay home and away from others for 10 days with at least 24 hours of symptom improvement.
  - More information about what to do if you are sick with COVID-19 symptom can be viewed at <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
  - Parents and Guardians of children or students are advised to discuss the pros and cons of testing with the child's healthcare provider.
- If <insert text> requires urgent medical attention, please call the healthcare facility where you will be seen **BEFORE** you leave home and tell them that you may have been exposed to COVID-19. If you have a medical emergency and you need to call 911, notify the dispatcher that you may have been exposed to COVID-19.

### **PEOPLE AT HIGHER RISK OF SEVERE COVID-19 INFECTION**

- Older adults and people with **serious medical conditions like heart disease, diabetes, lung disease, or a weakened immune system** may become seriously ill with COVID-19.
- If <enter text> is in a higher risk group, please review the CDC guidance: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

If you have questions, please call the Alameda County Public Health Department at 510-268-2101.

# Addendum 2B: School Scenarios and Protocols for Symptoms, Close Contacts and Positive Cases

## Appendix B: Isolation Graphic and Quarantine FAQ

### Tips When Can I Leave Isolation?

If you are sick or think/you have COVID-19:

**Stay home in isolation, away from others for at least 10 days**

On day 10 ask yourself if both of these are true:

- In the past 24 hours:
  - I have had no fever
  - My symptoms have improved

If both are true then you can leave isolation on day 11\*

If not true, stay in isolation until it is true

If you tested positive for COVID-19 but never had ANY symptoms:

**STAY HOME**

Stay home in isolation away from others for 10 days

On day 11 you can leave isolation

\*A small number of people should isolate for 20 days when told to do so by their doctor

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT**

Colleen Chavala - Agency Director  
Kara Winkler - Director  
Nicholas Moran, MD - Health Officer

Public Health Department  
(510) 267-8000 Main Line  
COVID-19 Information:  
(510) 268-2101

[www.acphd.org](http://www.acphd.org) 01/09/2021

## When do I self-release from isolation?

[English](#) | [Spanish](#) | [Arabic](#)

[Chinese \(Traditional\)](#) | [Khmer](#)

[Swahili](#) | [Vietnamese](#)

### FAQs How Long Should I Stay in Quarantine?

The California Department of Public Health has released updated **COVID-19 quarantine guidance** based on the CDC's guidance. The Alameda County Health Officer Order on quarantine can be found [here](#).

**What is quarantine?**  
Quarantine keeps someone who might have been exposed to SARS-CoV-2, the virus that causes COVID-19, away from others.

**Who needs to quarantine?**  
Close Contact means that you were within 6 feet of a COVID-19 positive person for a total of 15 minutes or longer, EVEN if both of you were wearing masks. Shorten periods that add to 15 minutes on the same day also count. Close Contact can also mean that you had a brief but major exposure to the COVID-19 positive person's respiratory droplets. For example, the sick person coughed directly on you.

A person who has had COVID-19, or tested positive for SARS-CoV-2, does NOT need to quarantine or get tested again for up to 3 months after the end of isolation, as long as they don't have symptoms. Anyone who develops symptoms within 3 months may need to be tested again and should contact their healthcare provider.

**Should I get testing during quarantine?**  
If symptoms develop during quarantine, you should get tested. Even if you do not develop symptoms, ACPHD recommends testing for SARS-CoV-2 between 4 and 10 days after a Close Contact.

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT**

Colleen Chavala - Agency Director  
Kara Winkler - Director  
Nicholas Moran, MD - Health Officer

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[www.acphd.org](http://www.acphd.org) 01/09/2021

### FAQs How Long Should I Stay in Quarantine?

**Who can end quarantine after 10 days?**  
If you are not in regular Close Contact with anyone at high risk for severe disease AND you have not had any symptoms, you may end quarantine 10 days after your last exposure. For example, if your last Close Contact was on January 1st, the first day of a 10-day quarantine is January 2nd and the last day is January 11th.

If you quarantine for less than 14 days, you MUST:

- Monitor yourself for COVID-19 symptoms for the full 14 days. If you develop symptoms, immediately self-isolate, contact your healthcare provider, and get tested.
- Use a face covering and stay at least 6 feet from others when outside your home for the full 14 days.

**Who can end quarantine after 7 days?**  
During a critical staffing shortage\* health care personnel (HCP), emergency response workers, and social service workers who work face-to-face with clients in the child welfare system or in assisted living facilities may return to work 7 days after their last exposure. You MUST have a negative PCR test performed after Day 5 AND not have had any symptoms of COVID-19. For example, if the last Close Contact was on January 1st, the first day of a 7-day quarantine is January 2nd and the last day is January 8th, with testing done after January 6th.

\*Critical staffing shortages occur when there are no longer enough staff to provide safe patient, resident, or inmate care. When a critical staffing shortage occurs in a health care setting, facilities should strongly consider canceling non-essential visits and procedures, adjusting staff schedules, canceling, or delaying employee leave, hiring additional HCP, and rotating HCP to positions that support patient care activities. More information on critical staffing shortages can be found in CDC's [Guidance to Minimize Staff Shortages, Personnel Staffing Shortages](#).

Health Care Personnel are defined as persons, both paid and unpaid, working in patient care areas who could be exposed to infectious agents (e.g., blood, tissue, body fluids) as well as contaminated equipment, surfaces, or air. HCP should be considered exposed as working under CDC's [Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19](#).

**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY PUBLIC HEALTH DEPARTMENT**

Colleen Chavala - Agency Director  
Kara Winkler - Director  
Nicholas Moran, MD - Health Officer

Public Health Department  
(510) 267-8000 Main Line  
COVID-19 Information:  
(510) 268-2101

[www.acphd.org](http://www.acphd.org) 01/09/2021

## How long should I stay in quarantine?

[English](#)

## Addendum 3

# Supporting School-Age Child Care

During COVID-19



## ALAMEDA COUNTY EMERGENCY CHILD CARE RESPONSE TEAM



Hively



This document is intended to help schools and school districts understand how they can support school-age child care programs operating on their school sites during the COVID-19 pandemic. It is critical that families have access to child care while schools provide distance learning and remain closed for in-person instruction.

Version 2

January 28, 2021

<https://www.acgov.org/ece/>

# Addendum 3: Supporting School-Age Child Care During COVID-19

## County Child Care Response Team Partnership

The [Alameda County Emergency Child Care Response Team](#) formed in response to the COVID-19 pandemic to help ensure that families have access to child care during this time and to support child care providers in managing the crisis. The team consists of:

- Resource and Referral Agencies: 4 Cs of Alameda County, BANANAS, and Hively
- Alameda County Early Care & Education Program
- First 5 of Alameda County
- Alameda County Social Services Agency
- Alameda County Office of Education
- Alameda County Public Health Department

## Health and Safety Guidelines for Child Care

Child care programs are operating based on strict health and safety guidelines throughout the pandemic, which are being frequently updated by State and County agencies.

[Alameda County Early Care and Education Program: Growing Back Stronger: Resources for Reopening Your Alameda County Child Care Program](#)

## Importance of Child Care During COVID-19

School districts and schools already partner with child care providers before and after school to ensure that parents have support from 7am to 6pm. During the COVID-19 pandemic, child care programs are important because:

- School-age child care programs keep children safe
- Full-day care is critical for many families, particularly essential workers
- Many students will need support with distance learning, including internet access
- Parents prefer school-age care based on school campuses
- If schools and districts don't help retain existing before and after school programs now, they will be at risk of closing permanently before schools reopen

School districts and schools can support child care by:

- Engage with your existing contracted licensed care partners to ensure sites can open and be operational
- Identify ways to help contracted partners increase capacity:
  - Additional classroom, outdoor, library, and multi-purpose space
  - Janitorial support and PPE
  - Technology and internet connection
  - Other financial support where possible

# Addendum 3: Supporting School-Age Child Care During COVID-19

## What is allowed under current guidance?

Licensed child care programs have operated throughout the pandemic.

- Allowed to operate on school sites even if schools are closed for in-person instruction

License-exempt extended day before and after school programs run by public or private schools can operate while schools are closed for in-person instruction.

- Programs are allowed to serve children who are not students of that school without obtaining a waiver. This may include children of staff members or children of essential workers who attend other schools.

Program	Allowed Under Current Guidance
<b>After School Education and Safety, 21st Century Community Learning Centers on School Sites</b>	<ul style="list-style-type: none"> <li>• ASES programs can operate full-day, in-person care with restrictions on the number of hours per week – to exceed these hours, the program will have to apply for a waiver with Community Care Licensing.</li> <li>• Programs are allowed to operate in person if they receive permission from their associated school district.</li> </ul>
<b>District-Run Extended Care Programs on School Sites</b>	<ul style="list-style-type: none"> <li>• While these programs vary, they often run for the entire school year and summer, as well as from 7am to 6pm.</li> <li>• District-run programs are license-exempt and are thus subject to license-exempt regulations as noted above.</li> </ul>
<b>District Contracted Extended Care Programs on School Sites</b>	<ul style="list-style-type: none"> <li>• Licensed programs in partnership with a community-based organization(s) and operate for similar hours and time periods as district-run programs.</li> <li>• These licensed programs can operate for the full school day even while schools are closed for in-person instruction, as noted above.</li> </ul>
<b>Private School Extended Care Programs</b>	<ul style="list-style-type: none"> <li>• Private schools may run their own license-exempt child care programs or contract with licensed child care providers.</li> <li>• These licensed programs can operate for the full school day even while schools are closed for in-person instruction, as noted above.</li> </ul>

## When is a waiver required for programming?

According to Community Care Licensing ([PIN 20-22-CCP](#)), school-age child care programs must have a waiver if:

- Licensed providers wish to provide care beyond the current conditions that qualify for child care facility licensure
- License-exempt providers wish to operate beyond the bounds of the current exemption requirements

Contact [Community Care Licensing](#) for more information on waivers:

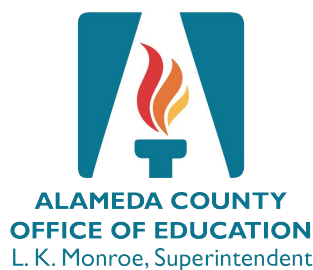
- Oakland North Regional Office: Loretta Dyson, (510) 695-0243
- Oakland Southeast Regional Office: Melanie Otsuji, (559) 341-5559

# School Communicator Resources

COVID-19 Reopening

School communication professionals from Alameda County schools partnered in the development and compilation of the strategies, advice, tools and tips in this guide to help address essential questions as schools plan for reopening. Thank you to our partners for your role in this work.

Version 1  
July 21, 2020





# Addendum 4: School Communicator Resources

## Introduction

Communicating with stakeholders is critical at all stages of reopening to relay important information and take in feedback and input to guide planning and preparation. Communities need to be heard during this process as much as they need to hear from districts.

## Seek Out, Create Opportunities



A comprehensive communications strategy offers your audience reliability. Actively and authentically engaging stakeholders builds trust and credibility for any plans that are implemented.



Look for opportunities to address equity issues and further strategic and longer-term goals with this stakeholder engagement, as feedback is solicited, collect specific data points over time to identify trends.

## Involve, Inform Partners



Consider which internal and external stakeholders can be included in decision-making, and take advantage of opportunities to build trusting relationships with certificated and classified staff, management, parents/guardians, students, education partners, and wider community.



Determine the risk management practice and protocol modifications that must be communicated clearly to all stakeholders.



Work with regional partners, including neighboring LEAs, to develop regional standards, best practices and messaging in alignment with public health guidance.

## Organize, Plan Ahead



Determine timelines for decision-making and map backwards to find when stakeholder input must be solicited using mechanisms such as:

- Town halls, focus groups, listening sessions for specific needs, topics, languages
- Qualitative and quantitative stakeholders surveys
- Steering committees and task forces with representative stakeholders charged with handling specific issues



Include plans from all areas of focus, set up structures for all work groups to report updates/messages to a single contact.



Clearly communicate how guidance and decisions regarding public health, safety, and education policy and funding from local, state and federal agencies will be incorporated, prioritized and applied.

# Addendum 4: School Communicator Resources

## Key Considerations

### Consistency

- Design and refine key messages throughout reopening process, share internal talking points with all frontline staff
- Clarify expectations regarding who will issue information on behalf of the agency, perhaps with a single dedicated web page that includes answers to common questions and designated contact
- Firmly establish a cadence for messages; stakeholders expect proactive, clear and frequent updates
- Implement clear, consistent, and specific communication protocols differentiated as needed for internal and external stakeholder groups - including certificated and classified staff, management, parents/guardians, students, education partners, and the wider community
- Determine and reliably use the same channels, platforms, format that best suits each audience (email, text, push alerts, website posts, social media, news media outlets, printed mailings, etc.)
  - Use existing school resources to amplify messaging (campus signage, marquees, existing handouts, etc.)
- Make communication accessible, minimally in all languages required by [Ed Code 48985](#) and accommodating for persons with hearing and visual impairments

### Inform & Engage Stakeholders

- Provide detailed updates and information to internal and external stakeholder groups about the decision-making process and factors considered, emphasizing opportunities for stakeholder involvement and next steps
- Gather feedback with specificity on participants' roles in the process, how and when feedback will be used; share the feedback received and how it was acted upon
- Partner with community organizations, local government, health officials, and education partners to reach a broader audience and align services for family and student services
- Be transparent: have as much information as possible publicly accessible, offer a clear apology and resolution when missteps happen

### Messaging

- Frame safety as a priority and as a community responsibility, we each have a role in keeping a school site a safe place: we're all in this together
- Highlight employee and student successes
- Proactively communicate changes that will be needed in response to developing situations, and outline indicators for increasing and easing restrictions
  - Have bank of resources prepared for emerging situations
- Share challenges and obstacles to develop a wider view of considerations the LEA is grappling with

# Addendum 4: School Communicator Resources

## Appendix B: Show up for School Flyers and Infographics

The following resources are available for download in multiple languages at:  
<https://www.acoe.org/showup>



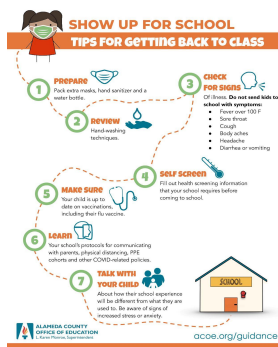
### What to Expect When Schools Reopen

Covers elements that will be included in reopening plans that each district or school will develop and implement.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** General Public

**Size:** 8.5" H x 11" W



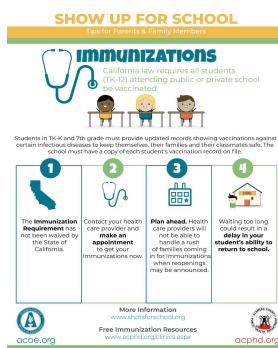
### Tips for Getting Back to Class

Covers steps to prepare for a return to in-person instruction with COVID-19 precautions in place.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** Parents/Guardians

**Size:** 8.5" H x 11" W



### Immunizations

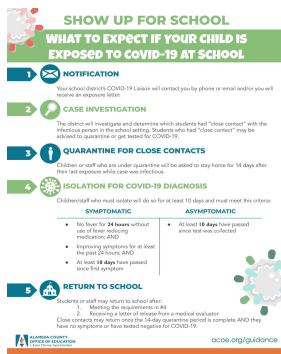
Reminders and tips for compliance with California's immunization requirement for student health and an easier return to school.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** Parents/Guardians

**Size:** 8.5" H x 11" W

# Addendum 4: School Communicator Resources



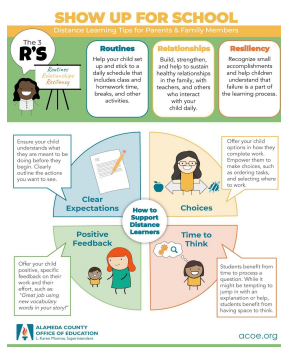
## What to Expect If Your Child is Exposed to COVID-19 at School

Covers steps from initial notification to a return to school.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** Parents/Guardians

**Size:** 8.5" H x 11" W



## Distance Learning Tips for Parents & Families

Includes tips for parents/guardians and family members to support students during distance learning.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** Parents/Guardians, Students

**Size:** 8.5" H x 11" W



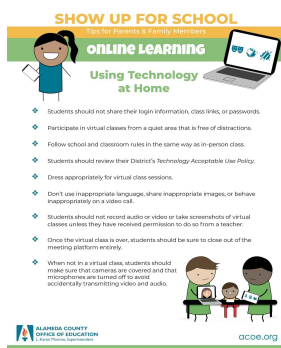
## Daily Distance Learning Routine

Provides a sample daily routine for parents/guardians and family members to support students during distance learning.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

**Audience:** Parents/Guardians, Students

**Size:** 8.5" H x 11" W



## Online Learning: Using Technology at Home

Tips and best practices for use of audio and video technology during distance learning.

**Languages:** [English](#) | [Español](#) | [Chinese \(Mandarin\)](#) | [Farsi](#)

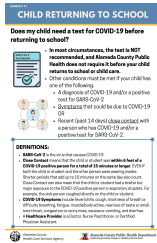
**Audience:** Parents/Guardians, Students

**Size:** 8.5" H x 11" W

# Addendum 4: School Communicator Resources

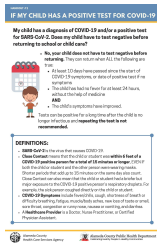
## Appendix C: Student Returning to School FAQ Handouts

These handouts can help answer common questions from parents/guardians as students return to in-class instruction.



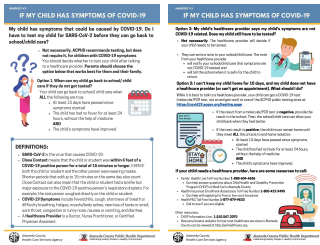
**Handout 1:** Does my child need a test for SARS-CoV-2 before returning to school?

[Click here to download.](#)



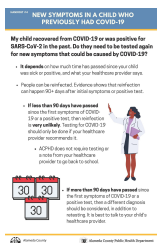
**Handout 2:** My child has a diagnosis of COVID-19 and/or a positive test for SARS-CoV-2. Does my child have to test negative before returning to school or child care?

[Click here to download.](#)



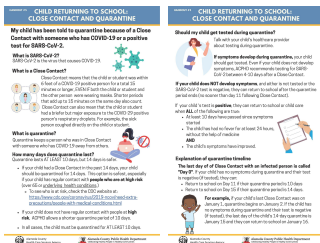
**Handout 3:** My child has symptoms that could be caused by COVID-19. Do I have to test my child for SARS-CoV-2 before they can go back to school/child care?

[Click here to download.](#)



**Handout 4:** My child recovered from COVID-19 or was positive for SARS-CoV-2 in the past. Do they need to be tested again for new symptoms that could be caused by COVID-19?

[Click here to download.](#)



**Handout 5:** My child has been told to quarantine because of a Close Contact with someone who has COVID-19 or a positive test for SARS-CoV-2. How many days does quarantine last? Should my child get tested during quarantine?

[Click here to download.](#)