Santa Clara County
PUBLIC HEALTH

COVID-19 PREPARED:

Reopening of Santa Clara County K-12 Schools

for the 2020-2021 School Year

June 30, 2020

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Introduction and Overview

This document is designed to assist in planning for the safer reopening of schools in Santa Clara County for the 2020-2021 school year. We recognize the importance of returning students to school campuses for in-person instruction, as well as the overarching need to protect the health and safety of our students, school staff, and broader community. The goal of this document is to help schools plan for and implement measures to reduce COVID-19 transmission in the school setting, while meeting the educational needs of all students. This document is intended to be applicable to all K-12 schools, public or private, throughout Santa Clara County.

Early decisions on school closure by public health experts around the country were based heavily on knowledge and experience with influenza, a disease for which school-based transmission is a significant factor in community-wide spread of disease. While scientific data for COVID-19 is still limited, published studies suggest that the epidemiology of COVID-19 is distinct from that of influenza. Specifically, studies suggest:

- COVID-19 disease prevalence among children is lower than in adults, and children who contract COVID-19 are more likely than adults to be asymptomatic or to have very mild symptoms.
- Multisystem inflammatory syndrome in children (MIS-C), a severe condition associated with COVID-19, remains rare.
- Furthermore, in several studies, children were less likely to be the first case within a household, suggesting that child-to-adult transmission may be less common than adult-to-child transmission.
- In other countries, where schools remained open or have recently reopened, cases in schoolchildren have been associated with few secondary cases in the school, suggesting that child-to-child transmission may also not be as significant as with influenza.
- Analysis of data broken down further by age show that these trends are seen more in younger children compared to teenagers, whose disease patterns more closely parallel those of adults.

These key findings have important implications for how we think about infection risk and play an important role in guiding our recommendations for preventing transmission in schools. Specifically, these findings suggest that COVID-19 transmission in schools is likely to be less widespread than influenza transmission, that adult-to-child transmission is greater than child-to-child transmission, and that transmission risks among younger children appear to be lower than older children.

Education, just like healthcare and food provision, is an essential service in our community, and as such, the reopening of school campuses for in-person instruction with strict safety protocols should be prioritized. School closures magnify socioeconomic, racial, and other inequities among students. The students most impacted by school closures are those without access to technologies that facilitate distance learning, those whose parents comprise a disproportionate share of our community's essential workforce and may be less available to provide instructional

support, and those with special needs. Disruption of normal childhood social interactions also have a profound adverse impact on students' social and emotional well-being.

The County of Santa Clara Public Health Department's decision to reopen school campuses for in-person instruction and to keep them open will depend on a number of factors. These include, but are not limited to, continually evolving scientific understanding of COVID-19; the number of current COVID-19 cases; the degree to which schools are contributing to community spread of COVID; the capacity of our health system to identify and care for cases and prevent transmission in healthcare settings; the availability and use of widespread testing to identify new cases; county residents' ability to quickly and effectively isolate or quarantine themselves when sick; and our community's continued cooperation in practicing physical distancing, using face coverings, and taking other preventive measures.

As schools prepare to resume in-person instruction, schools should also ensure plans are in place for remote instruction for students who may need to isolate or quarantine, as well as students who are medically fragile or who have a household member who is medically fragile. Schools should also be prepared for the possibility of partial or full school closure, either short-term or for a longer period. Because the data regarding the impact of school reopening on COVID-19 transmission dynamics remains incomplete, we will continue to learn and revise our guidance accordingly.

This document contains a series of public health requirements, recommendations, and considerations for schools reopening their campuses for in-person instruction. These should be read in conjunction with all relevant local, State, and federal laws, as well as school reopening guidance from the State and federal government.

Of particular relevance to this document are Education Code sections 43503 and 43504, which are in the process of being enacted by the State Legislature as this guidance is being released. Education Code section 43504 states that schools in California "shall offer in-person instruction to the greatest extent possible" during the 2020-2021 school year. Education Code section 43503 states, "Distance learning may be offered under either of the following circumstances: (A) On a local educational agency or schoolwide level as a result of an order or guidance from a state public health officer or a local public health officer. (B) For pupils who are medically fragile or would be put at risk by in-person instruction, or who are self-quarantining because of exposure to COVID-19."

The **requirements** in this document are actions that the County of Santa Clara Public Health Department is *requiring* schools to follow as they resume in-person instruction. Only those items labeled "requirements" in this document must be in place for schools to proceed with in-person instruction.

The **recommendations** in this document are additional measures that the County of Santa Clara Public Health Department recommends schools take to protect the health and safety of students, staff, and the broader community. Recommendations from federal, state, or local public health officials is distinct from the legal orders or requirements that schools *must* follow. The guidance in this document reflects the best judgment of the County of Santa Clara Public Health Department as to practices that schools should follow, and it takes into account local conditions and considerations. The California Department of Education's "Stronger Together: A Guidebook for the Safe Reopening of California's Public Schools" (June 2020) and the California Department of Public Health's "COVID-19 Industry Guidance: Schools and School-Based Programs" (June 5, 2020) offer general guidance for the entire state, where conditions vary significantly from region to region.

Finally, the **considerations** in this document provide concrete examples of how the requirements or recommendations can be implemented and factors that school administrators may want to keep in mind when implementing them. These considerations are not requirements that schools must follow or even recommendations that the County urges schools to adopt.

Guiding Principles

Several key principles informed the creation of this document:

1. **Evidence- and Practice-Based**: This document is based on a review of the scientific research and available epidemiologic data on COVID-19. Although there continues to be limited information available on COVID-19 transmission dynamics, effectiveness of various public health interventions, and the clinical impact of COVID-19 on children and youth, we have utilized the best evidence available to create our recommendations. This included evaluation of published scientific literature, the experiences of other jurisdictions, and recommendations of experts in the United States and elsewhere.

2. **Collaborative:** In developing this document, we are grateful for the collaboration of the Santa Clara County Office of Education; the questions and concerns we have heard from school superintendents, parents, and others; and our partnership with other health officers and school officials in the San Francisco Bay Area and throughout the State of California. The input that we received has been invaluable in helping us to consider the educational needs of students and the practical constraints facing schools and families while also protecting the health and safety of students, staff, and our entire community.

3. **Iterative:** Given the evolving nature of the COVID-19 epidemic and the scientific information that we anticipate will develop in the coming months, we expect that this document may need to be updated in the future.

4. **Practical and Adaptable:** During this unprecedented pandemic, we realize that schools face significant operational constraints, parents and teachers have a range of perspectives on the reopening of school campuses, and students themselves have a variety of educational and developmental needs. These heterogenous perspectives are particularly evident when

considering the spectrum of differences across elementary, middle, junior high, and high school settings and the possibility of intermittent partial or full school closures (short-term or long-term) in the upcoming academic year. This document, therefore, was designed to provide clear direction while allowing schools appropriate flexibility based on their own constraints and resources.

Section 1: Prevention

Common public health strategies to reduce the risk of disease transmission in schools and other community settings include: (1) minimizing the number of people who come into contact with each other, (2) maximizing the physical distance between people, (3) reducing the time that people spend in close proximity to others, and (4) measures to minimize dispersion of droplets and aerosols (e.g., using face coverings and covering coughs and sneezes). Because the relative contribution of each of these measures in reducing the spread of COVID-19 is not yet clear, public health experts have generally recommended that they be used collectively where possible.

These strategies may be easier or harder to implement in different age groups or settings. For example, a school may be able to ensure that younger elementary school students have fewer contacts by having students stay in one classroom, but young students may be less able to wear face coverings consistently or maintain physical distancing during age-appropriate social and educational activities. In contrast, high school students encounter more individuals in a typical school day but are likely to have greater ability to maintain physical distancing and to more consistently use face coverings. (See Figure 1.) For these reasons, the requirements, recommendations, and considerations for minimizing disease transmission on school campuses necessarily vary by age group.

Figure 1. Organizing Principles for Preventing COVID-19 Transmission by Age Group

Organizing Principle: Stable Cohorts

Organizing Principle: Physical Distancing and Face Coverings

Less feasible to limit close contact and wear face coverings

More feasible to maintain stable cohorts

Greater need for in-person and group-based instruction with close contact to support social-emotional and academic development

More feasible to limit close contact and wear face coverings

Less feasible to maintain stable cohorts

Lesser need for in-person or group-based instruction with close contact to support social-emotional and academic development

A. Physical Distancing

1. General

Requirements

- Communicate with all staff and families regarding physical distancing requirements and recommendations.
- Train staff and students on protocols for physical distancing for both indoor and outdoor spaces.
- Post signage reminding students and staff about physical distancing in prominent locations throughout each school campus.
- Allow only necessary visitors and volunteers on the campus and limit the number of students and staff who come into contact with them.
- For outside organizations utilizing school facilities outside of school hours, ensure that they follow all required health and safety measures.

2. Arrival and Departure

Requirements

- Minimize close contact between students, staff, families, and the broader community at arrival and departure through the following methods:
    - Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
    - Instruct drivers to remain in their vehicles, to the extent possible, when dropping off or picking up students. When in-person drop-off or pick-up is needed, only a single parent or caregiver should enter the facility to pick up or drop off the child.
    - Require adults entering campus for in-person pick-up or drop-off to wear a face covering.
    - Provide supervision to disperse student gatherings during school arrival and departure.

Considerations

- Place markings on the ground to facilitate physical distancing of six feet or more at all school entry and exit points and crosswalks near the school.
- If crowding of students is occurring during arrival or departure, consider staggering arrival or departure times and designating multiple pick-up and drop-off locations to

maximize physical distancing while minimizing scheduling challenges for students and families.

3. Classroom Settings

Requirements

- Elementary schools
  - Ensure students and staff remain in stable classroom cohorts by keeping the same students and teacher or staff together for the entire school day.[1] Students should not mix with other stable classroom cohorts.
- Middle schools/junior high schools and high schools
  - Reduce disease transmission risk by maximizing the space between student desks.
- All schools
  - Distance teacher and staff desks at least six feet away from students to minimize adult-to-child disease transmission.
  - Assign stable seating arrangements for students to ensure that close contacts within classrooms are minimized and easily identifiable

Recommendations

- Elementary schools
  - Prioritize stability of stable classroom cohorts over physical distancing or face covering use. Given the social and educational needs of this age group, physical distancing and face coverings may be difficult to enforce for this age group. Therefore, strict maintenance of a stable classroom cohort, which minimizes the total number of contacts, is the primary mechanism of risk reduction.
- Middle schools/junior high schools and high schools
  - Space students at least six feet apart, if possible in existing facilities. If that is not possible, consider placing barriers between students.
  - Establish stable classroom cohorts for the entire school day, if feasible.
- In all settings
  - Class sizes should be as small as practicable.
  - Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, electronic devices, etc.) to the extent practicable, or limit use of supplies and equipment to one group of students at a time and clean and disinfect between uses.
  - Keep students' belongings separate so that students do not come in contact with other students' belongings.
  - Reduce the amount of furniture and equipment in the classroom to facilitate distancing and reduce high-touch surfaces.

- Increase ventilation by increasing outdoor air circulation (e.g., by opening windows) or using high-efficiency air filters and increasing ventilation rates.[1]

Considerations

- Use non-classroom space for instruction (including regular use of outdoor space, gyms, or cafeterias), if doing so will allow for greater distancing between students.
- Place markings on classroom floors to facilitate physical distancing.
- For middle schools/junior high schools and high schools, stable classroom cohorts can be facilitated by having different teachers rotate into the classroom to teach different subjects.

4. Non-Classroom Settings

Recommendations

- *Restrooms*: Stagger restroom use by groups of students to the extent practicable, and/or assign certain groups of students to use certain restrooms.
- *Libraries*: Stagger group use of libraries.
- *Cafeterias*: Serve meals in classrooms or outdoors, instead of cafeterias or group dining rooms, wherever practicable.
- *Playgrounds and Recess*: Consider holding recess activities in separated areas designated by class and/or staggered throughout the day. Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces and allow for greater physical distancing.
- *Physical Education*: Conduct physical education classes outdoors whenever possible, maintaining separation of classes and with appropriate physical distancing within groups to the extent practicable. Face coverings should not be worn during exercise.
- *Lockers*: Minimize use of lockers to avoid unnecessary mixing and congregation of students in hallways.
- *Hallways*: Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, stagger passing times when necessary or when students cannot stay in one room, and establish designated one-way walking/passage areas.
- *Staff Break Rooms*: Consider closing break rooms or limiting the number of staff who can be in the break room at a given time (particularly rooms that are small) to allow for physical distancing. Encourage or require staff to eat meals outdoors or in large, well ventilated spaces.

[1] Increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals using the facility (e.g., allowing in pollen or smoke or exacerbating asthma symptoms). If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (ideally with a targeted filter rating of at least MERV 13).

- *School Offices*: Space staff at least six feet apart.

5. Bus Transportation to and from School

Requirements

- Ensure at least six feet of distance between the bus driver and students when seated. These may include use of physical partitions or visual cues (e.g., floor decals, colored tape, or signs to indicate to students where they should not sit or stand near the bus operator).
- Ensure bus drivers and students wear face coverings at all times while awaiting and riding on buses.
- Maximize physical distancing between students on the bus by limiting available seats to the extent practicable (e.g., every other row available for seating).
- Students from the same family and/or the same classroom should be instructed to sit together whenever possible to minimize exposure to new contacts.
- Buses should be thoroughly cleaned and disinfected daily and after transporting an individual who is exhibiting COVID-19 symptoms.

Considerations

- Maximize physical distancing between students at bus stops by placing ground markings at bus stops.
- Provide bus drivers with extra masks for students who lose or forget to bring their masks.
- Provide bus drivers with disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.

B. Hygiene Measures

1. Face Coverings

Requirements

- Teachers and staff
  - All adults must wear a cloth face covering at all times while on campus, except while eating or drinking.
  - Staff excluded from this requirement are those that require respiratory protection according to Cal/OSHA standards.
- Students
  - All students (transitional kindergarten through 12th grade) are required to wear cloth face coverings:
    - while arriving and departing from school campus;
    - in any area outside of the classroom (except when eating, drinking, or engaging in physical activity);[1]
    - while waiting for or riding on a school bus.
  - Elementary school students should be encouraged, but are not required, to wear a cloth face covering within their stable classroom cohort.
  - Middle school/junior high school and high school students must use cloth face coverings when in the classroom even if they are in a stable classroom cohort.
  - Students excluded from face covering requirements include: (1) anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the covering without assistance and (2) students with special needs who are unable to tolerate a face covering.
- Post signage in high visibility areas to remind students and staff of (1) when and where face coverings are required and (2) appropriate use of face coverings.
- Communicate with all staff and families regarding expectations for use of face coverings at school and how to wash face coverings.
- Educate students, particularly younger elementary school students, on the rationale and proper use of face coverings.

Recommendations

- Do not exclude students from the classroom if they occasionally fail to wear a face covering, or if a few students in the classroom are consistently unable to wear a face covering, when required. The small increase in risk of disease transmission does not justify classroom exclusion, but students without face coverings should maintain physical distance to the extent feasible.
- If a student or staff experiences difficulty wearing his/her face covering, allow the individual to remove his/her face covering for a short period of time.

- Provide face coverings for students and staff who lose their face coverings or forget to bring them to school.
- Face shields are not recommended as a replacement for face coverings given concerns over their ability to minimize droplet spread to others. Teachers may consider using face shields with an appropriate seal (cloth covering extending from the bottom edge of the shield and tucked into the shirt collar) in certain limited situations: during phonological instruction to enable students to see the teacher's mouth and in settings where a cloth face covering poses a barrier to communicating with a student who is hearing impaired or a student with a disability.

2. *Handwashing and Other Hygiene Measures*

Requirements

- Teach and reinforce proper handwashing technique, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes.
- Post signage in high visibility areas to remind students and staff of proper techniques for handwashing and covering of coughs and sneezes and other prevention measures.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings and hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses.
- Minimize staff's and students' contact with high-touch surfaces (e.g., propping open building or room doors, particularly at arrival and departure times).

Recommendations

- Model, practice, and monitor handwashing, particularly for lower grade levels.
- Develop routines to ensure students wash their hands or use hand sanitizer upon arrival to campus; after using the restroom; after playing outside and returning to the classroom; before and after eating; and after coughing or sneezing.
- Have students and staff wash hands at staggered intervals to minimize congregation around handwashing and hand sanitizer stations.
- Proper handwashing is more effective at preventing transmission, but hand sanitizer is an acceptable alternative if handwashing is not practicable.
- Provide hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat.
    - Students under the age of 9 should use hand sanitizer only under adult supervision.
- Suspend or modify use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and installing hydration stations; encourage the use of reusable water bottles.

Considerations

- Consider installing additional temporary handwashing stations at all school entrances and near classrooms to minimize movement and congregation in bathrooms.

C. Cleaning and Maintenance

Requirements

- At least daily, and more frequently if feasible, clean and disinfect frequently touched hard surfaces (e.g., tables, desks, chairs, door handles, light switches, phones, copy/fax machines, bathroom surfaces (toilets, countertops, faucets), drinking fountains, and playground equipment) and shared objects (toys, games, art supplies, books) pursuant to CDC guidance. See:
    - Cleaning and Disinfecting Your Facility
- Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes

Recommendations

- When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" and follow product instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can exacerbate asthma.
- Provide employees training on manufacturer's directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before students arrive; plan to do thorough cleaning when students are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Ensure that all water systems are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other waterborne diseases.
- After an illness, limit access to areas used by the sick person (e.g., a student's desk or a staff member's office) until cleaned and disinfected.

Considerations

- Limit use of items that are difficult to clean and sanitize.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.

D. Food Services

Requirements

- Refer to Distancing Section above for requirements regarding physical distancing in cafeterias and food service areas.
- Follow all requirements issued by the County's Department of Environmental Health to prevent transmission of COVID-19 in food facilities.

Recommendations

- Serve meals in classrooms or outdoors instead of in cafeterias or group dining rooms where practicable. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.

E. Electives, Extracurricular Activities, Athletics, and School Events

2. Electives and Extracurricular Activities

Requirements

- Do not allow electives and extracurricular activities in which physical distancing (at least six feet) and face covering use cannot be maintained at all times.
- Do not allow aerosol generating activities, including in-person choir, band, and vocal cheerleading activities (cheers and chants) due to increased risk of disease transmission

Considerations

- Consider whether extracurricular activities can be conducted outdoors or virtually (e.g., remote broadcasting of musical and theatrical practice and performances) or while maintaining stable classroom cohorts.

3. Athletics

School athletics will be addressed in detail in forthcoming guidance.

4. School Events

Requirements

- For elementary schools:
  - Field trips, assemblies, and other gatherings are permitted if (1) students of different classroom cohorts do not mix and (2) classroom cohorts remain at least 25 feet apart from each other.
- For middle schools/junior high schools and high schools:
  - Field trips, assemblies, and other gatherings will be permitted to the extent allowed under any applicable requirements for gatherings occurring in the community.
- In all schools:
  - Attendance at school events should be limited to students and staff or those participating in a presentation only (no visitors).

Recommendations

- Maximize the number of school events that can be held virtually or outside.
- Events involving on-campus visitors interacting with staff or students should be minimized.

Section 2: Monitoring

A. Health Screenings

Health screenings refer to symptom screening, temperature screening, or a combination of both. Although temperature screening for COVID-19 has become a widespread practice in a variety of business and community settings, its limited effectiveness may be outweighed by potential harms. With respect to COVID-19, the CDC acknowledges that "fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals." This is because people with COVID-19 can infect others before they become ill (pre-symptomatic transmission), some people with COVID-19 never become ill but can still infect others (asymptomatic transmission), and fever may not be the first symptom to appear.

There are also several drawbacks and limitations to temperature screening including inaccurate results, potential risks to the personnel who are measuring temperatures, potential risks to screened populations, and significant logistical challenges and costs. Temperature screening may additionally lead to delays in the start of the school day and may also inadvertently increase risk of disease transmission if students congregate in long lines while waiting to be screened. For these reasons, temperature screening is not a requirement for schools.

Requirements

- Post signs at all entrances instructing students, staff, and visitors not to enter campus if they have any COVID-19 symptoms. COVID-19 symptoms include fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, recent loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea.
- All students and staff should be screened for symptoms each day. Staff and students' parents or guardians can conduct symptom screening at-home, prior to arrival. Alternatively, symptom screening can occur on-site via self-reporting, visual inspection, or a symptom screening questionnaire. Symptom screenings do not need to be performed by a nurse or other health professional.
- Temperature screening of students and staff is not required. If temperature screening is performed, contact-less thermometers should be used.
- Contact thermometers should only be used when a fever is suspected and if appropriate PPE can be used (facemask, eye protection, and disposable gloves). Contact thermometers must be properly cleaned and disinfected after each use.
- Students or staff with any identified COVID-19 symptoms and/or a temperature of 100.0 or higher must be sent home immediately until testing and/or medical evaluation has been conducted.
- Communicate screening requirements to all staff and families. Provide periodic reminders throughout the school year.

Recommendations

- Any on-campus temperature screening (for students or staff) should be conducted using a contact-less thermometer with a physical barrier in place to separate the screener from individuals screened. Specifically,
    - Screening stations should be set up at least six feet apart from each other.
    - A physical barrier, such as a glass window or clear plastic barrier on a table, for the person taking the temperature to stand behind, should be put in place.
    - If a barrier cannot be put in place, the person measuring temperatures should be trained and wear appropriate PPE (facemask, eye protection, and disposable gloves) .
    - When using a non-touch (infra-red) or temporal thermometer, gloves do not need to be changed before the next check if the individual screened was not touched.

Figure 2. Recommended Health Screening for Students and Staff

Ask these questions. A person who answers "Yes" to any one of these questions must not be allowed to enter the school facility.

1. **Within the last 14 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?**

   Yes – STAY HOME and seek medical care.

2. **Do you live in the same household with, or have you had close contact with, someone who in the past 14 days has been in isolation for COVID-19 or had a test confirming they have the virus? Close contact is less than 6 feet for 15 minutes or more.**

   Yes – STAY HOME and seek medical care and testing.

3. **Have you had any one or more of these symptoms today or within the past 24 hours? Are these symptoms new or not explained by another reason?**

   - Fever
   - Cough
   - Shortness of breath/trouble breathing
   - Chills
   - Night sweats
   - Sore throat
   - Muscle/body aches
   - Loss of taste or smell
   - Headache
   - Confusion
   - Vomiting
   - Diarrhea

   Yes – STAY HOME and seek medical care and testing.

B. COVID-19 Testing and Reporting

Requirements

- Require students and staff to get tested as soon as possible after they develop one or more COVID-19 symptoms or if one of their household members or non-household close contacts tested positive for COVID-19.[1]
- Positive test results:
  - Require that parents/guardians and staff notify school administration immediately if the student or staff tested positive for COVID-19 or if one of their household members or non-household close contacts tested positive for COVID-19.
  - Upon receiving notification that staff or a student has tested positive for COVID-19 or been in close contact with a COVID-19 case, take actions as required in Section 3 below.
- Negative test results:
  - Symptomatic students or staff who test negative for COVID-19 should remain home until at least 72 hours after resolution of fever (if any) and improvement in other symptoms.
  - Asymptomatic non-household close contacts to a COVID-19 case should remain at home for a total of 14 days from date of last exposure even if they test negative.
  - Asymptomatic household contacts should remain at home until 14 days after the COVID-19 positive household member completes their isolation.
  - Documentation of negative test results must be provided to school administration.

Recommendations

- In lieu of a negative test result, allow symptomatic students and staff to return to work/school with a medical note by a physician that provides alternative explanation for symptoms and reason for not ordering COVID-19 testing.
- Encourage routine monthly testing of all staff. Testing is now widely available at testing sites and through healthcare providers throughout the community.

Considerations

- Provide parents and staff with information regarding nearby testing sites, which is available through www.sccfreetest.org.

Section 3: Response to Suspected or Confirmed Cases and Close Contacts

Requirements

Suspected COVID-19 Case(s):

- Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits COVID-19 symptoms.
- Any students or staff exhibiting symptoms should immediately be required to wear a face covering and wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable. For serious illness, call 9-1-1 without delay.

Confirmed COVID-19 Case(s):

- School administrators should notify the County of Santa Clara Public Health Department immediately of any positive COVID-19 case by emailing coronavirus@phd.sccgov.org and calling (408) 885-4214. Notify all staff and families in the school community of any positive COVID-19 case while maintaining confidentiality as required by state and federal laws. (Information concerning confidentiality can be found here.)
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation as recommended in Section 1.C.
- For elementary schools and other settings in which stable classroom cohorts have been maintained: All students and staff should be instructed to get COVID-19 testing and remain quarantined at home for 14 days.
- For middle schools/junior high schools, high schools, and any settings in which stable classroom cohorts have NOT been maintained: Utilize class seating rosters and consultation with teachers/staff to identify close contacts to the confirmed COVID-19 case in all classrooms and on-campus activities. A close contact is someone who has been within six feet of the case for a prolonged period of time (at least 10-15 minutes) regardless of face covering use. Close contacts should be instructed to get COVID-19 testing and should remain quarantined at home for 14 days.
- For all settings: Provide information regarding close contacts to the County of Santa Clara Public Health Department via secure fax or email.

Close contacts to confirmed COVID-19 Case(s):

- Close contacts (household or non-household) of confirmed COVID-19 cases should be sent home immediately, instructed to get COVID-19 testing, and, immediately and on day 10 of last day of exposure to the case. They should even if they test negative, remain in quarantine for a full 14 days after (1) date of last exposure to COVID-19

positive non-household contact or (2) date that COVID-19 positive household member completes their isolation.

- No actions need to be taken for persons who have not had direct contact with a confirmed COVID-19 case, and instead have had close contact with persons who were in direct contact.
- Those who test positive should not return until they have met County of Santa Clara criteria to discontinue home isolation (see Table 1, Scenario 3).

Return to Campus after Testing:

- Symptomatic individuals who test negative for COVID-19 can return 72 hours after resolution of fever (if any) and improvement in symptoms.
    - Documentation of a negative test result should be provided to school administrators.
    - In lieu of a negative test result, allow students and staff to return to work with a medical note by a physician that provides alternative explanation for symptoms and reason for not ordering COVID-19 testing.
- Symptomatic individuals who test positive for COVID-19 can return 14 days after symptom onset OR 7 days after resolution of fever and improvement in other symptoms, whichever is longer.
- Asymptomatic individuals who test positive for COVID-19 can return 14 days after their positive test result.
- If they test positive, close contacts to confirmed COVID-19 cases can return after completing the required isolation period described above.
- If they test negative, close contacts to confirmed COVID-19 cases can return a full 14 days after (1) date of last exposure to COVID-19 positive non-household contact or (2) date that COVID-19 positive household member completes their isolation.

Table 1. Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts

Scenario	Immediate Actions	Communication
Scenario 1: A student or staff member either exhibits COVID-19 symptoms, answers "yes" to a health screening question, or has a temperature of 100.00 or above.	• Student/staff sent home • Student/staff instructed to get tested	No action is needed
Scenario 2: A family member or someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19	• Student/staff sent home • Student/staff instructed to get tested • Student/staff instructed to quarantine, even if they test negative, for a full 14 days after (1) date of last exposure to COVID-19 positive non-household contact or (2) COVID-19 positive household member completes their isolation • If student/staff test positive, see Scenario 3 below • School administration notified	*For the Involved Student Family or Staff Member*: Template Letter: Household Member or Close Contact With COVID-19 Case

Scenario 3: A student or staff member tests positive for COVID-19.	• Student/staff sent home if not already quarantined
	• Student/staff instructed to isolate for 14 days after symptom onset OR 7 days after resolution of symptoms, whichever is longer. (If never symptomatic, isolate for 14 days after positive test.)
	• School-based close contacts identified and instructed to test & quarantine for 14 days
	  ○ In stable elementary classroom cohorts: entire cohort
	  ○ In other settings: use seating chart, consult with teacher/staff
	• School administration notified
	• Public Health Department notified
		For Positive Case Student Family/Staff: Template Letter: COVID-19 Case
		
		For Student Families and Staff Members Identified as Close Contacts: Template Letter: Household Member or Close Contact With COVID-19 Case
		
		For All Other Student Families and Staff Members: Template Letter: COVID-19 Case in Our Community

Table 2. Steps to Take in Response to Negative Test Result

Scenario	Immediate Actions	Communication
A student or staff member tests negative for COVID-19 after Scenario 1 (symptomatic)	• Student/staff may return to school 72 hours after resolution of fever and improvement in other symptoms	Student family/staff to bring evidence of negative COVID-19 test or medical note if testing not performed
A student or staff member tests negative after Scenario 2 (close contact)	• Student/staff must remain in quarantine for a full 14 days after (1) date of last exposure to COVID-19 positive non-household contact or (2) date that COVID-19 positive household member completes their isolation	No action is needed
A student or staff member tests negative after routine surveillance testing (no symptoms and no close contact to a confirmed COVID-19 case)	• Can return to school/work immediately	No action is needed

Section 4: Distance/Remote Learning for Particular Students

Considerations

- Regardless of on-site school conditions, distance/remote learning should be made available for the following students:
    - Students who are medically fragile or would be put at risk by in-person instruction, or who are isolating or quarantining because of exposure to COVID-19
    - Students who live in a household with anybody who is medically fragile

  Families requesting distance learning due to medical fragility must provide a physician's note supporting such request.