

Carden Academy of Whittier

Cal/OSHA COVID-19 Safety Plan (CSP)



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I. PURPOSE AND GOALS

We understand that the COVID-19 pandemic has affected the entire world and has led us to educate our students in a new manner. This policy and procedure is a written set of guidelines to help Carden Academy of Whittier prevent, prepare for and respond to the COVID-19 pandemic upon the reopening and duration of the school. This policy and procedure is not an all-inclusive step by step guide; however, it does provide guidelines for prudent responses in a variety of situations.

The goal of the policy and procedure is to provide a safe and healthy environment for all students, faculty, staff, and visitors during the reopening of Carden Academy of Whittier's campus. This document is intended to:

1. Protect the lives and well-being of our student body, faculty, staff and visitors
2. Reduce the spread of germs (COVID-19)
3. Respond to COVID-19 Cases
4. Coordinate preventative plans
5. Adhere to the CDC and State/County Sanitation Guidelines
6. Communicate with students, parents, employees, public health officials, and the Community
7. Recover and return to normal school operations

II. REOPENING DECISION

The COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year (July 17, 2020 Framework) permitted schools to reopen for in-person instruction at all grades if they are located in counties in the Red, Orange, or Yellow Tiers under the Blueprint for a Safer Economy. Operations for schools that are already open must adhere to the School Reopening Guidance section below. Schools that have already reopened for in-person instruction must, by February 1, 2021, complete and post a COVID-19 Safety Plan (CSP) to their website homepage or, in the case of schools that do not maintain websites, in another publicly accessible manner, to continue operating in-person instruction, as described in the Covid-19 Safety Plan for In-Person Instruction section. Schools that have reopened are not required to close if the county moves to the Purple Tier or goes over a CR of 25 per 100,000 population.

III. GENERAL PREVENTIVE MEASURES

a. Face Coverings

Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines. All staff and students in all grade levels K-12 are required



to always wear face coverings, while at school, unless exempted. The 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.

We have protective equipment to ensure personal health and safety in our school adhering to the CDC guidelines we are doing the following:

- Students and staff are frequently reminded not to touch the face covering and to wash their hands frequently.
- Students and staff are taught and reinforce on the importance use of face coverings, or in limited instances, face shields with drapes.
- Information is provided to all staff and families in the school community on proper use, removal, and washing of cloth face coverings.
- Information is posted in every classroom on proper use, removal, and washing of cloth face coverings.
- Students are required to bring their own mask.
- 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 will 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 sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- If a student or staff member forget to bring a mask to school, we have some available for \$1.00 purchase. We have both adult and child disposal masks available.
- Carden Academy of Whittier will 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.

Staff:

- All staff must wear face coverings at all times, except when working alone in private offices with closed doors or when eating or drinking.
- All staff must use face coverings in accordance with CDPH guidelines unless Cal/OSHA standards require respiratory protection.
- 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.
- To ensure that masks are worn consistently and correctly, staff are discouraged from eating or drinking except during their breaks when they can safely remove their masks and physically distance from others. At all times when eating or drinking, staff must maintain at least a six-foot distance from others, including other employees and visitors. Eating or drinking outdoors or individual workstation preferred to break room.
- We will provide other protective equipment, as appropriate for work assignments.
- For staff engaging in symptom screening, we will provide face coverings and disposable gloves.
- For custodial staff, we will provide the necessary tools for cleaning and disinfecting. Adhering to the CAL/OSHA regulations, custodial staff are trained on the hazardous cleaning products that are used for sanitation.
- Training has been provided to all staff and faculty and those individuals exempt from face coverings on the importance of face coverings.

b. Grade Level Groups

Carden Academy of Whittier groups students together by grade level. Together these students complete the following without integrating different grade levels:

- Each grade level adheres to their class individual schedule with their core teacher.
- Each grade level eats lunch and attend recess together.

c. Physical Distancing / Classroom Space

We have limited our enrollment for all grades, with a small number of students per class we are able to distance the students in the classroom.

- Children in the classroom will be seated at their own desk. There will be an empty desk space in between students.
- Student desks are spaced 6 feet away from one another, if 6 feet of distance is not possible maximum distance is made. (Nothing is spaced less than 4 ft apart).
- Student desks are 6 feet away from the teacher's desk.
- "Pod" seating arrangement is avoided in the classroom.
- Face-to-face contact is limited.



- 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 are redesigned for smaller groups and rearranging furniture and play spaces to maintain separation.
- Staff has developed instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.
- Students will be eating their lunch at their desk in their classroom, outside at the picnic tables, or inside the multi-use room.

d. Non-classroom Spaces

There will only be limited access to campus for parents and other visitors. Essential workers such as but not limited to mail carriers, or delivery services etc.

- Any visitor will be required to complete temperature screening.
- Common areas such as breakroom, copy room etc. are used individually. Sanitization of these rooms will be complete after use.

e. Symptom and Exposure Screening (Campus Access / Drop Off and Arrival Procedure)

To limit exposure, we have developed a plan to minimize access to the campus, and limit nonessential visitors, and volunteers on campus. We will exclude any student, parent, caregiver, visitor, or staff showing symptoms of COVID-19 (Reference CBC and CDPH guidelines for COVID-19 symptoms). These symptoms include but are not limited to:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- persistent pain or chest pressure
- bluish lips or face
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea



If students have a history of allergies, parents or caregivers should inform the school. A physician note may be required to address the allergies.

Staff and students will be monitored throughout the day for signs of illness.

Student Entering Campus (Drop Off (Arrival) Procedure

A new drop off procedure has been implemented.

1. Passive screening.

We are asking parents to screen their child and/or children before leaving for school. A passive screen is the following:

- a. Check temperature to ensure temperatures below 100.4°F
- b. Observe for symptoms outlined by public health officials:
 - cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- c. Keep child/children at home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

2. Active screening.

We will be screening students prior to entering the classroom, consistent with public health guidance, which includes visual wellness checks and temperature checked (check temperature to ensure temperatures below 100°F), ask all parents about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. In addition, we will be asking the parent the following questions:

- Do you or your student have a cough or flu symptoms?
- Have you or your student been near someone who was sick with COVID-19 in the last 14 days?
- Have you or your student been near someone who had flu-like symptoms in the last 14 days?
- Have you traveled in the last 14 days?
- Have you been in close contact with someone who has traveled in the last 14 days?
- Is your child exhibiting any of the COVID-19 symptoms: fever, cough, shortness of breath or difficulty breathing, chills muscle pain, headache, sore throat, new loss or taste or smell, persistent pain or chest pressure or bluish face.



If you have answered YES to any of these questions, we will not let you enter the campus.

Preschool student's temperature will be taken with a no-touch thermometer. When using the thermometer requiring a touch method (for head or ear) the teacher or faculty member taking the temperature will be wearing gloves, and a mask. Thermometers will be clean and disinfected after each use.

We will be avoiding large gatherings. No Mega events will take place.

If a student is symptomatic while entering campus, they will be sent home immediately. If a student develops symptoms at school, he/she will be separated immediately, in an isolated area where others do not enter or pass. If more than one student is in an isolation area, we will ensure physical distancing is maintained. Any student or staff exhibiting symptoms will be required to continue wearing a face covering and wait in an isolation area until they can be transported home or to a healthcare facility. Students will remain in isolation with the continued supervision and care until picked up by an authorized adult. We will advise parents of sick students that the student is not to return until they have met CDC criteria to discontinue home isolation. This signifies 10 days in quarantine. We will require a written Doctor's note that the student is safe to return to school.

For students who are at higher risk for severe illness (these medical conditions that the CDC says may have increased risk) or who cannot safely distance from household contacts at higher risk will be provided the option to do virtual learning.

Staff – Entering Campus

1. Passive Screening

We are asking employees to screen their own health before leaving for work. A passive screen is the following:

- a. Check temperature to ensure temperatures below 100°F
- b. Observe for symptoms outlined by public health officials:
 - cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
- c. Stay at home if you have symptoms consistent with COVID-19 or if you have had close contact with a person diagnosed with COVID-19.

3. Active screening.

We will be screening employees prior to entering the classroom, consistent with public health guidance, which includes visual wellness checks and temperature



checked with no touch thermometers (check temperature to ensure temperatures below 100°F), ask all employees about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. In addition, we will be asking the following questions:

- Do you or your student have a cough or flu symptoms?
- Have you or your student been near someone who was sick with COVID-19 in the last 14 days?
- Have you or your student been near someone who had flu-like symptoms in the last 14 days?
- Have you traveled in the last 14 days?
- Have you been in close contact with someone who has traveled in the last 14 days?
- Is your child exhibiting any of the COVID-19 symptoms: fever, cough, shortness of breath or difficulty breathing, chills muscle pain, headache, sore throat, new loss or taste or smell, persistent pain or chest pressure or bluish face.

f. Symptoms at School

All staff must wash or sanitize hands at the worksite frequently. Employees who are exhibiting symptoms will be excluded from the workplace. Staff members who developed symptoms of illness will be sent to medical care or home. Sick Employees will not return to work until they have met the CDC or criteria to discontinue home isolation and have a signed Doctor's note.

g. Ventilation

In accordance with CDC, we have ensured that ventilation systems and fans operate properly. Staff and faculty are encouraged to keep classroom doors and windows open to increase circulation. Additionally, outdoor activities are encouraged. For custodial staff, we encourage doors and windows to remain open throughout sanitization.

h. Hygiene

We have ensured that our campus is clean for the safety of our students and faculty

Handwashing

In accordance with CDPH and Cal/OSHA guidelines in consultation with local public health officials they have developed a handwashing plan. There are plenty of handwashing and sanitizer stations, each classroom is equipped with a hand sanitizer device and a handwashing station. We are utilizing a fragrance-free hand sanitizer (with a minimum of 60% alcohol). We have trained



all staff and faculty members on the proper handwashing techniques: scrub with soap for at least 20 seconds or use hand sanitizer if soap and water are not accessible. Staff and students will use paper towels (or single use cloth towels) to dry hands thoroughly. Wash hands when arriving and leaving home, arriving and leaving school, after playing outside, after having close contact with others, after using shared services or tools, before and after using restroom, after blowing nose, coughing, and sneezing, and before and after eating in preparing meals.

Guidelines

- Teachers and students are to use tissue to wipe their nose and cough and sneeze inside the tissue.
- Teachers and students should avoid touching their face or face covering.
- Teachers and students should be able to use touch less hand sanitizer dispensers located in various places on campus: including entrance/exit and in every classroom.
- We encourage students and staff to 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).
- We do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.
- Children under age 9 only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

i. Cleaning and Disinfection

We have invested in the professional cordless Electrostatic Sprayer. This device sanitizes surfaces up to 23,000 ft.² by spraying an ecofriendly safe chemical. There is no need to touch or wipe the surfaces of the classroom. Anything left out in the classrooms or exposed will be sanitized. It is a fast and effective application method that uses less solution and reduces cross-contamination. This device is safe, students can enter the room immediately after sanitation. Custodian staff will be on site to sanitize routinely daily after break lunch after school or as needed. This device will sanitize all classrooms, restrooms, offices, and playgrounds.

Disinfecting surfaces between uses such as:

1. Desks and tables
2. Chairs
3. Keyboards, phones headsets, copy machines, pens/pencils
4. Playground equipment

Disinfecting frequently- the high tough surfaces such as:



1. Door handles
2. Handrails
3. Drinking fountains
4. Sink handles
5. Restroom surfaces
6. Toys, games, art supplies, instructional materials
7. Playground equipment

To ensure the safety of our custodian we do the following:

- Provide custodial staff with personal protective equipment which include: gloves, eye protection, respiratory protection and all other appropriate protective equipment required by the product instructions.
- Doors and windows of sanitization room is to remain open during sanitization. This ensures proper ventilation.
- Chemicals that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthmatic attacks are avoided.
- Custodial staff must follow label directions for appropriate dilution rates and contact times.
- Custodial staff is trained on the chemical hazards, manufacturer's directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.
- All products are kept out of the reach of children and stored in a space with restricted access.
- A daily cleaning schedule has been put in place in order to avoid both under- and over-use of cleaning products.
- All water systems have been properly inspected. They are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water. However, to reduce the use of the water fountains Carden Academy of Whittier provides reusable water bottles for purchase.

j. Staff to staff interactions

- We ensure that staff maintain physical distancing of six feet from each other, this is critical to reducing transmission between adults.
- All staff use face coverings in accordance with CDPH guidelines and Cal/OSHA standards.
- We 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.
- We conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures or virtually.



- We have minimized the use of staff rooms, break rooms, and other common areas. If needed, outside space is available.

k. Limit sharing

We have limited the use and sharing of objects, equipment, and supplies items to all students, staff and faculty.

- Each student has their individual school supplies in their desk.
- Each student's individual belongings are separated individually and labeled in storage containers, cubbies or individual area.
- If objects are shared, staff or faculty will clean shared object with (wipes, microfiber cloths, or baby wipes).
- Each faculty member or staff has their own supplies to use. As well as own work station.

l. Staff Training

Carden Academy of Whittier employees are annually, quarterly or monthly trained in the following:

1. Proper use, removal, and washing of face covering
2. COVID- 19 Symptoms and how it is spread
3. Disinfecting frequency and tools and chemicals used in accordance with Cal/OSHA regulations. Our custodial staff will be additionally trained to work with hazardous chemicals (for sanitizing),
4. Physical distancing of staff and students
5. Symptom screening, including temperature checks
6. Proper use of protective equipment
7. Cough and sneeze etiquette
8. Frequent handwashing and proper technique
9. Confidentiality around health recording and reporting
10. COVID-19 SAFETY PLAN
11. Staying at home or seeking medical attention if they are having symptoms



IV. WHAT TO DO IF THERE IS A CONFIRMED OR SUSPECTED CASE OF COVID-19 AT CARDEN ACADEMY OF WHITTIER

	Student, Staff, or Faculty with:	Action	Communication with school community
1	<p>CDC Symptom of COVID-19 List: People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:</p> <ul style="list-style-type: none"> • Fever or chills • Cough • Shortness of breath or difficulty breathing • Fatigue • Muscle or body aches • Headache • New loss of taste or smell • Sore throat • Congestion or runny nose • Nausea or vomiting • Diarrhea <p>This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/symptom-screening.html#symptoms</p>	<ul style="list-style-type: none"> • Send home if at school. • Recommend testing (If positive, see #3, if negative, see #4). • School testing programs should use an FDA- authorized viral COVID-19 test, including a Nucleic Acid Amplification Test (NAAT, such as PCR) or an Antigen test, that is collected and performed in a healthcare setting or certified testing site. It is recommended that the first test be conducted on or after Day 5 from the date of last exposure. • Recommended testing for fully vaccinated persons with an exposure to get a viral test 5-7 days after the date of last exposure. • School/classroom will remain open. 	<ul style="list-style-type: none"> • No action needed.
2	<p>Close contact with a confirmed COVID-19 case.</p>	<ul style="list-style-type: none"> • Send home if at school. • Exclude from school for 10 days from last exposure, per CDPH quarantine recommendations. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages 	<ul style="list-style-type: none"> • No action needed if exposure did not happen in school setting. Director and Assistant Director will decide if notification of



		<p style="text-align: center;">/COVID-19/COVID-19-Quarantine.aspx</p> <ul style="list-style-type: none"> • Recommend testing, 5 – 7 days from last exposure (but will shorten 10-day exclusion if negative). • Students may be released from quarantine after Day 7 from the date of last exposure if a test specimen is collected on Day 5 or later, the test is negative, and the student remains without symptoms. • School/ classroom will remain open. 	<p>known exposure is needed.</p>
3	Confirmed COVID-19 case infection.	<ul style="list-style-type: none"> • The Los Angeles Department of Health will be notified. • Student, staff, or faculty member will be excluded from school for 10 days from symptom onset date or, if asymptomatic, for 10 days from specimen collection date. • Close school contacts will be identified, the Los Angeles Department of Health will be notified of identified contacts, and identified contacts will be excluded from school for 10 days after the last date the case was present at school while infectious. • Testing will be recommended for asymptomatic contacts 5-7 days from the last exposure and immediate testing of symptomatic contacts (negative test results will not shorten 10-day exclusion). 	<ul style="list-style-type: none"> • School community will be notified of a known case. • Any student/staff/faculty individual with potential exposure will be notified if case was present in school while infectious.



		<ul style="list-style-type: none"> • Disinfection and cleaning of classroom and primary spaces where (student/staff/faculty) spent significant time. • School remains open. 	
4	Symptomatic person tests negative or a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition.	<ul style="list-style-type: none"> • May return to school after 24 hours have passed without fever and symptoms have started improving. • School/classroom will remain open. 	<ul style="list-style-type: none"> • Director and Assistant Director will decide if notification of known exposure is needed.

Definition

Contact: A contact is defined as a person who is within 6 feet from a case for more than 15 minutes cumulative within a 24-hour period, regardless of face coverings. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire stable group, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors

CONFIRMED COVID-19 CASE

Although the Local Health Department (LHD) may know of a confirmed or probable case of COVID-19 in a student or staff member before the school does, it is possible that the school may be made aware of a case before the LHD via a parent or staff member report.

The following are the interim COVID-19 case definitions from the Council of State and Territorial Epidemiologists'.

Confirmed case: Meets confirmatory laboratory evidence (detection of SARSCoV-2 RNA in a clinical or autopsy specimen using a molecular amplification test).

Probable case: Meets clinical criteria AND epidemiologic linkage with no confirmatory lab testing performed for SARS-CoV-2; OR meets presumptive laboratory evidence (detection of SARS-CoV-2 by antigen test in a respiratory specimen); OR meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2. Epidemiologically-linked cases include persons with close contact with a confirmed or probable case of COVID-19 disease; OR a member of a risk group as defined by public health authorities during an outbreak. This includes persons with identifiable connections to each other such as sharing a defined physical space e.g., in an office, facility section or gathering, indicating a higher likelihood of linked spread of disease than sporadic community incidence.

Local Health Department Actions



1. Interview the case to identify the infectious period and whether case was infections while at school; identify household and community close contacts, particularly any close contacts at school.
2. It may be necessary to consider the entire class or members of the group exposed, as it can be challenging to determine who may have had contact with the case within 6 feet for at least 15 cumulative minutes in a 24-hour period. In some situations, case investigations may be able to determine individual members of a stable group are close contacts and allow those who are not identified as close contacts to continue in-person instruction.
3. Notify the school COVID-19 coordinator or point person at the school that a case of COVID-19 in a student or staff member has been reported and provide guidance to identify and generate a line list of close contacts at the school.
4. Notify all close contacts at the school and instruct them to follow CDPH COVID-19 Quarantine Guidance. (or follow LHO orders, if relevant and/or more stringent).
5. Recommend that all close contacts be tested; symptomatic contacts should be prioritized for immediate testing, and asymptomatic contacts should be recommended to be tested 5-7 days from last exposure.
6. Contacts who test negative must still complete the required quarantine as defined in the CDPH guidance.
7. Contacts who test positive are required to isolate until at least 10 days 34 have passed since symptom onset; and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and other symptoms have improved. If asymptomatic, cases should be isolated for 10 days after the specimen collection date of their positive test.
8. Investigate COVID-19 cases in school students and staff to determine if in school transmission likely occurred and whether any school-related factors could have contributed to risk of infection. Assist schools to update protocols as needed to prevent additional cases.

School Actions

1. School will adhere to required reporting requirements and notify, as indicated, the LHD of any newly reported case of COVID-19 in a student or staff member if the LHD has not yet contacted them about the case.
2. If the case is present at school at the time the school is notified, the case must go home and be excluded from school for at least 10 days from symptom onset date or, if asymptomatic, 10 days from the date the specimen was collected for the positive test.



3. Send a notice, developed in collaboration with the LHD, to parents/guardians and staff to inform them that a case of COVID-19 in a student or staff member has been reported and that the school will work with the LHD to notify exposed people.
4. Arrange for cleaning and disinfection of the classroom and primary spaces where case spent significant time. This does not need to be done until students and staff in the area have left for the day.
5. Implement online/distance learning for student cases if they are well enough to participate.

School closure determinations should be made in consultation with the LHO according to the section “School Closure Determinations.” A school with confirmed cases and even a small cluster of COVID-19 cases can remain open for in-person education as long as contact tracing identifies all school contacts for exclusion and testing in a timely manner, any small cluster is investigated and controlled rapidly, and the LHO agrees that the school can remain open.

MEASURES FOR WHEN A CLUSTER OR OUTBREAK IS BEING INVESTIGATED AT A SCHOOL

When either a school or LHD is aware that an outbreak may be underway, the LHD will investigate, in collaboration with the school, to determine whether these cases had a common exposure at school (e.g., a common class or staff member or other common exposures outside of school).

CDPH 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).

The objectives of a school outbreak investigation are to identify and isolate all cases and to identify, quarantine, and test contacts to prevent further transmission of COVID-19 at the school. In addition, the investigation will attempt to ascertain whether the cases had a common exposure at school (e.g., a common class or teacher or other common exposures in the school setting). The investigation may also reveal common exposures outside of the school setting.

As noted above, an outbreak investigation is also an opportunity to understand the circumstances that may have allowed for transmission in the school setting. It is recommended that investigations determine whether there is adherence to key mitigation strategies to prevent school transmission. If gaps are identified, schools should take steps to strengthen strategies to prevent future outbreaks.

Local Health Department Actions



1. Review interviews (or re-interview as needed) of clustered cases to identify common exposures and determine whether the cluster suggests an outbreak with transmission at the school. If data suggest an outbreak, then notify the school about starting an investigation.
2. Provide the school with guidance on identifying and creating a line list of all school cases and contacts, including illness onset date, symptoms, date tested, test results, etc.
3. Consult with CDPH as needed for technical assistance, testing, and other resources.
4. Form an outbreak investigation team with a lead investigator and including one or more school staff members to assist with the investigation.
5. Identify all potential exposures and close contacts and implement testing of contacts, prioritizing symptomatic contacts for testing.
6. Testing may be recommended for those who were not identified as close contacts but could potentially have been exposed; the fastest pathway to get test results rapidly should be used.
7. All symptomatic contacts should be considered probable cases and be interviewed to identify prioritized close contacts and exposures while awaiting their test results.
8. Implement isolation of all cases and symptomatic contacts and quarantine of all asymptomatic contacts of confirmed and probable cases.
9. Investigate to determine if in-school transmission likely occurred and whether any school-related factors could have contributed to risk of transmission. Assist schools to update and strengthen protocols as needed to prevent additional cases.
10. Determine, in collaboration with the school, whether the school meets closure criteria.
11. Determine, in collaboration with the school, when the school should be closed for 14 days even if the conditions outlined in School Closure Determinations below have not been reached. This may be when: 1) the investigation shows that cases or symptomatic students or staff members continue to be identified and school-based transmission of SARS-CoV2 is likely ongoing despite implementation of prevention and control measures; or 2) other local epidemiologic data support school closure.

School Actions

1. Notify parents/guardians and school staff of a cluster/outbreak investigation related to the school and encourage them to follow public health recommendations



2. Identify, as part of the CSP, one or more school staff member who can liaise with the LHD regarding the cluster/outbreak investigation by confirming which classes and stable groups included confirmed cases or symptomatic students and staff members, and if recent events or gatherings involved any cases or symptomatic persons.
3. Identify absenteeism among those in affected classes or stable groups, and coordinate with the LHD to contact these absentees to screen for symptoms of COVID-19 if they were exposed to a case during the cases infectious period.
4. Coordinate with the LHD to share a line list of cases and contacts with dates present at or absent from school.
5. Arrange for cleaning and disinfection of classrooms or other areas where cases or symptomatic students or staff members spend significant time.
6. Coordinate with the LHD on notifications to the school community, including specific notifications of stable groups or classrooms regarding their exclusion status and instructions.
7. Coordinate with the LHD on whether and when the school should be closed and reopened.
8. Notify the school community if the school is to be closed for 14 days due to widespread and/or ongoing transmission of SARS-CoV2 at the school or in the general community, and repeat recommendations for prevention and control measures.
9. Implement online/distance teaching and learning during school closure.
10. Arrange for cleaning and disinfection of entire school before reopening in the case of closure.

V. SCHOOL CLOSURE DETERMINATIONS

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 LHO. Situations that may indicate the need for school closure:

- 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 LHO may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

Length of closure: 14 days, or according to a decision made in consultation with the LHO. The State Safe Schools for All Technical Assistance teams (TA teams), comprised of experts across multiple state agencies, will be available to assist schools with disease investigation for those with outbreaks that cannot find resources to investigate the outbreaks. The TA teams will also be available to help schools that close in order to identify and address any remediable safety issues. If a school is closed, when may it reopen? Schools may typically reopen after 14 days and if the following have occurred:

- Cleaning and disinfection
- Public health investigation
- Consultation with the LHD

VI. SCHOOL TESTING

Used in conjunction with other mitigation strategies, testing for SARS-CoV-2 provides an additional tool to support safe and successful K-12 in-person instruction. Testing can allow for early identification of cases and exclusion from school to prevent transmission. However, it is 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. There are several circumstances under which a student or staff member might undergo testing. Below, we outline these circumstances and considerations for testing implementation in K-12 schools.

Symptomatic testing: This testing is used for individuals with symptoms of COVID19, either at home or at school. In this situation, the school guidance requires that these individuals stay home and isolate in case they are infectious. The Guidance includes the possibility of return to school in the case of a negative test for SARS-CoV-2 and 24 hours after fever is resolved and symptoms are improving. **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.

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 LHDs 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, 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).

If testing is required by the school parents/guardians and staff will be notified.

VII. VACCINES FOR SCHOOL

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. 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. Because vaccine implementation for schools is rapidly evolving, we are providing a separate vaccine guidance document that will be available.

VIII. COMMUNICATION WITH STUDENTS, PARENTS, GUARDIANS, AND EMPLOYEES

Our school leaders, Director Minerva Carrion and Assistant Director Jacquie Munnerlyn will communicate with students, parents, and employees about new and all COVID-19 related protocols including:

1. Cleanliness and disinfection
2. Transmission prevention
3. Guidelines for families about when to keep students from school
4. Passive and active health screenings
5. Virtual learning
6. Addressing positive COVID-19 cases

Communication if there is a positive COVID-19:

We will do the following:

1. Document, report, track and trace infections in coordination with public health officials.



2. Notify staff and families immediately of any possible cases of COVID-19.
3. Provide guidance to parents, teachers and staff reminding them of the importance of community physical distancing measure while a school is closed, including discouraging students or staff from gathering elsewhere.
4. Provide information to parents and staff regarding labor laws, Disability Insurance, Paid Family Leave, and Unemployment Insurance.
5. Advise sick staff members and students not to return until they have met CDC criteria to discontinue home isolation
6. Inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and to follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.

IX. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

Our Director Minerva Carrion and Assistant Director Jacquie Munnerlyn are responding to COVID-19 concerns. For any questions or concerns please contact them at jmunnerlyn@cardenacademyofwhittier.com or mcarrion@cardenacademyofwhittier.com. School telephone number is (562) 694-1879.

