# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>SOURCE DOCUMENTS</td>
<td>3</td>
</tr>
<tr>
<td>SCHOOL FACILITIES GUIDANCE</td>
<td>5</td>
</tr>
<tr>
<td>CHILDCARE/PRESCHOOL FACILITIES GUIDANCE</td>
<td>12</td>
</tr>
<tr>
<td>NOTIFICATIONS FOR K-12</td>
<td>17</td>
</tr>
<tr>
<td>Students: Steps for Positive Cases</td>
<td>17</td>
</tr>
<tr>
<td>Staff: Steps for Employee Cases</td>
<td>17</td>
</tr>
<tr>
<td>MASKING</td>
<td>18</td>
</tr>
<tr>
<td>TYPES OF COVID-19 TESTS</td>
<td>18</td>
</tr>
<tr>
<td>MOLECULAR TESTS</td>
<td>19</td>
</tr>
<tr>
<td>ANTIGEN TESTS</td>
<td>19</td>
</tr>
<tr>
<td>ANTIGEN TESTING ALGORITHM</td>
<td>20</td>
</tr>
<tr>
<td>RECENTLY RECOVERED FROM COVID-19</td>
<td>21</td>
</tr>
<tr>
<td>INDIVIDUALS WHO HAD PRIOR COVID-19 INFECTIONS</td>
<td>22</td>
</tr>
<tr>
<td>PROTOCOLS FOR SYMPTOMS, POSITIVES AND EXPOSURES</td>
<td>23</td>
</tr>
<tr>
<td>PROTOCOL TABLE FOR K-12 STUDENTS - SYMPTOMS, POSITIVE RESULT OR EXPOSURE</td>
<td>23</td>
</tr>
<tr>
<td>PROTOCOL FOR K-12 STUDENTS - SYMPTOMS, POSITIVE RESULT OR EXPOSURE</td>
<td>25</td>
</tr>
<tr>
<td>PROTOCOL FOR CHILDCARE/PRESCHOOL - SYMPTOMS, POSITIVE RESULT OR EXPOSURE</td>
<td>26</td>
</tr>
<tr>
<td>STAFF WHO TEST POSITIVE OR ARE EXPOSED TO SOMEONE WITH COVID-19</td>
<td>27</td>
</tr>
<tr>
<td>PROTOCOLS FOR STAFF</td>
<td>28</td>
</tr>
<tr>
<td>SCENARIOS WITH CALENDARS</td>
<td>29</td>
</tr>
<tr>
<td>REPORTING POSITIVE CASES</td>
<td>32</td>
</tr>
<tr>
<td>VACCINATION</td>
<td>32</td>
</tr>
<tr>
<td>DEFINITIONS</td>
<td>35</td>
</tr>
</tbody>
</table>
INTRODUCTION

Mount Madonna School’s (MMS) highest priority is the safety and wellbeing of the students, parents, faculty, staff, and community. MMS’s goal is to provide students with access to an inclusive, high-quality, in-person education. The School’s COVID-19 document compiles up-to-date guidance from public health authorities including the California Department of Public Health, Cal/OSHA, and the CDC. **As a private school, we can choose to be more protective than the guidance.**

Within it are outlined proper procedures to follow in a range of possible scenarios of staff or student exposure or infection. This document is not intended as a static document and will be updated as guidance and circumstances evolve.

SOURCE DOCUMENTS

The following documents and resources were utilized to develop this framework:

CDPH, Guidance on Isolation and Quarantine for COVID-19 Contact Tracing - Updated 11/9/2022  

CDPH masks - Updated 9/20/2022  
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx

CDPH, Guidance for Child Care Providers and Programs - Updated 10/21/2022  
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx

CDPH, COVID-19 Public Health Guidance for K12 Schools in CA, 2022-23 School Year - Updated 9/30/2022  
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2022-23-School-Year.aspx

CDPH, Guidance on Isolation and Quarantine of the General Public - Updated 11/9/2022  

CDPH, Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting - Updated 3/12/2022  

CDPH, Testing Framework for K-12 Schools for the 2022-2023 School Year  
https://testing.covid19.ca.gov/school-testing/
CDPH California Travel Recommendations - Updated 5/12/22
https://covid19.ca.gov/travel/

CDPH California Department of Public Health Safe and Smart Events Playbook

CDPH COVID-19 and Improving Indoor Air Quality in Schools

CDPH Vaccine Verification for Workers in Schools
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx

CDPH State Public Health Officer Order of 6/08/2022
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Beyond-Blueprint.aspx

CDPH Revision Of Mandatory Reporting Of Covid-19 Results By Health Care Providers

CDPH Face Coverings Question and Answer
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Face-Coverings-QA.aspx

CDPH Employer Questions about AB685, California's COVID-19 Law
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Employer-Questions-about-AB-685.aspx

CDPH California Department of Public Health Isolation and Quarantine Q&A - Updated 11/9/2022
CDPH Isolation and Quarantine Q&A

CDPH Guidance for Child Care Providers and Programs Q&A - Updated 7/22/2022
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Child-Care-Guidance.aspx

CDPH State Public Health Officer Order of 10/13/2022
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Beyond-Blueprint.aspx

CalOSHA Standards - Updated 7/14/2022
https://www.dir.ca.gov/dosh/coronavirus/

CalOSHA FAQ - Updated 9/8/2022
https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html

CDC Guidance for COVID-19 Prevention in K-12 Schools - Updated 5/27/2022

CDC Vaccine Booster Shots - Updated 9/2/2022

CDC Travel - Updated 6/13/2022

CDC Quarantine and Isolation - Updated 8/11/2022

CCR California Code of Regulations Title 17, 2500 Reporting to the Local Health Authority

CCR California Code of Regulations Title 17, 2505 Reporting by Laboratories
CCR, California Code of Regulations Title 17, 2508 Reporting by Schools

CCR, California Code of Regulations Title 5, 202 Exclusion of Pupils With a Contagious Disease
### SCHOOL FACILITIES GUIDANCE

Schools must continue to follow the requirements outlined in the State Public Health Officer Order of June 08, 2022, Cal/OSHA Workplace Safety and Health Regulations, California Code of Regulations, as well as relevant State and Federal Laws and/or Legislation.

| Close Contact Defined | For the purpose of isolation and quarantine periods for persons infected with or exposed to COVID-19, the following CDPH definitions of "Close Contact" means the following:  
- In indoor spaces 400,000 or fewer cubic feet per floor (such as home, clinic waiting room, airplane etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's infectious period.  
- In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.  
Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor to ceiling walls) must be considered distinct indoor spaces. | CDPH18 |
| Infectious Period Definition | For Symptomatic Infected Persons  
For those with symptoms, the infectious period starts 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared (or through Days 5-10 if testing negative on Day 5 or later) and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved **OR**  
For Asymptomatic Infected Persons  
For those without symptoms, the infectious period begins 2 days before the positive specimen collection date through Day 10 after positive specimen collection date after specimen collection date for their first positive COVID-19 test.  
For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 can end isolation and are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting mask through Day 10. | CDPH5 |
### Quarantine Defined
Quarantine restricts the movement of persons who were exposed to a contagious disease in case they become infected. Quarantine is a proven public health intervention fundamental to reducing COVID-19 transmission. (CDC)

### Monitoring Symptoms & Response to COVID-19 Symptoms
All faculty, staff, and students are expected to monitor for symptoms before arriving on campus. Students who display symptoms or are sick should not attend school. Symptoms include: Fever/chills, Cough, Shortness of breath/difficulty breathing, Fatigue, Muscle/body aches, Headache, New loss of taste/smell, Sore throat, Congestion/runny nose, Nausea/vomiting, and Diarrhea. We encourage you to reach out to your healthcare provider.

All persons (students and staff) with COVID-19 symptoms, regardless of vaccination status or previous infection, should:
- Self-Isolate and test* as soon as possible to determine infection status.
- Remain in isolation while waiting for testing results. If not tested, they should continue to isolate for 10 days after the day of symptom onset (Day 0).
- If testing negative with an antigen test, continue self-isolation and retest with an antigen or PCR in 1-2 days. Continue to repeat test every 1-2 days for several days until testing positive or symptoms improve.
- If the result is positive, follow recommended actions for Ending Isolation after Testing Positive.

* Symptomatic persons who have tested positive within the last 30 days, using an antigen test is recommended. (CDPH)

### Isolation Defined & Isolation Clock
Isolation separates people who have COVID-19 or symptoms of COVID-19 from those who are not infected or showing symptoms in order to prevent transmission. Students and staff who have symptoms or test positive (even if they do not have symptoms) will be instructed to isolate at home. The following steps should be followed:
- Stay at home except to get medical care.
- Separate from other people at home. Do not have visitors.
- Wear a mask over the nose and mouth in indoor settings, including at home, especially if around those who are immunocompromised, unvaccinated, or at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners and exhaust fans.
- Avoid using the same bathroom as others; if not possible, clean and disinfect after use.
- Cover coughs and sneezes.
- Wash hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol. (CDPH)
Clean or disinfect "high-touch" surfaces.
Monitor symptoms

The clock for the isolation period starts on the date of symptom onset (day 0) for people who test positive after symptoms develop, with day 1 being the first full day of isolation after symptom onset.

The clock for those who are and remain asymptomatic begins the day of the first positive specimen collection (day 0). If an asymptomatic person who has tested positive subsequently develops symptoms, the clock is restarted on the day of symptom onset, (day 0). The isolation clock continues to day 10 if the infected person tests positive on day 5 or later or does not meet the other criteria for discontinuing isolation early.

Outdoors - People do not need to wear masks outdoors.  

Indoors - CDPH strongly recommends that all persons (e.g., students and staff) wear masks in K-12 indoor settings, with consideration of exemptions per CDPH face mask guidance.

School Buses - Masks are strongly recommended on school buses. School buses serving K-12 students are considered a school setting and are subject to K-12 Guidance. CDPH recommends optimizing air quality by opening windows to create more ventilation, when practicable.

School-Based Sports and Extracurricular Activities The following applies to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, performing arts, and clubs. Masks are strongly recommended indoors at all times for teachers, referees, officials, coaches and other support staff, and for all spectators and observers. Masks are also strongly recommended indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms, as well as while actively practicing, conditioning, performing, or competing indoors, even during heavy exertion, as practicable.

Notifications: Mandated COVID-19 Reporting by Schools

Title 17 California Code of Regulations- 17 CCR § 2508. It shall be the duty of anyone in charge of a public or private school, kindergarten, boarding school, or day nursery to report at once to the local health officer the presence of any communicable diseases, including COVID-19.

Notifications: Employers

The law requires under AB 685:

- Employers to notify employees who may have been exposed to COVID-19 within 1 business day of receiving notification of potential exposure.
- Employers to report COVID-19 outbreaks to Public Health (3 or more COVID-19 cases among workers within a 14 day
### Ending Isolation After Testing Positive

Students and staff who have tested positive for COVID-19, (with or without symptoms) may discontinue isolation if all the following conditions are true:

- After staying home (PDF) for at least 5 days
- Symptoms are not present or are resolving
- A test specimen* is collected on day 5 or later with a negative result (Antigen Preferred).
- At least 24 hours have passed since resolution of fever without fever reducing medications.
- If unable to test OR if symptoms are not resolving, continue to isolate until after day 10.
- If an asymptomatic case develops symptoms after testing positive, the isolation period should start over. Day 0 is the first day of symptoms.
- Masking: Per CDPH masking guidance, it is strongly recommended that persons wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. Per CalOSHA, staff must follow this recommendation.

*COVID testing must be performed or observed by a qualified professional. (such as a healthcare provider, laboratory or a CLIA-certified school staff member) Self-collected, OTC home based antigen test results are not accepted at this time.

### Ending Isolation After Developing Symptoms

Students and staff who develop symptoms must isolate. They may discontinue isolation if ALL the following conditions are true:

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Other symptoms improve; AND
- Negative COVID test(s) 1 PCR test OR 2 Antigen Tests with at least 24-48 hours in between tests. (Antigen recommended for those who had COVID in the last 30 days.) Testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis, OR at least 10 days have passed since symptom onset.*

*May use Return to School Form
<table>
<thead>
<tr>
<th>SCHOOL FACILITIES GUIDANCE (CONT.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>■ If unable to test isolate for 10 days from date of symptom onset.</td>
</tr>
<tr>
<td>■ If a student or staff member tests positive, follow the guidance for Ending Isolation after testing positive above.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exposed Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Staff (regardless of vaccination status) who are exposed may continue to attend work if all the following is true:</td>
</tr>
<tr>
<td>■ A negative test is obtained within 3-5 days after last exposure. (Staff infected within the prior 90 days do not need to be tested unless symptoms develop.)</td>
</tr>
<tr>
<td>■ Employee wears a mask around others for a total of 10 days and</td>
</tr>
<tr>
<td>■ Employee continues to have no symptoms.</td>
</tr>
<tr>
<td>■ If employees test positive, they must follow isolation recommendations above.</td>
</tr>
<tr>
<td>■ If employees develop symptoms, they must be excluded pending the results of a test.</td>
</tr>
</tbody>
</table>

**Employees who choose not to test must quarantine from the workplace and may return after Day 10, as long as no symptoms are present.**

<table>
<thead>
<tr>
<th>Exposed Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>As strongly recommended by CDPH, Schools of Santa Cruz County are adhering to the Group Tracing Approach for exposures</td>
</tr>
<tr>
<td>■ Exposed students may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19.</td>
</tr>
<tr>
<td>■ Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 30 days.</td>
</tr>
<tr>
<td>■ Exposed students who had COVID-19 within the last 30 days should monitor for symptoms. If symptoms develop, they should isolate and get tested (antigen recommended).</td>
</tr>
<tr>
<td>■ Wearing masks is strongly recommended for 10 days indoors and outdoors..</td>
</tr>
<tr>
<td>■ PCR and antigen testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ventilation</th>
</tr>
</thead>
<tbody>
<tr>
<td>For indoor spaces, indoor air quality should be optimized, which can be done by following CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools (PDF), produced by CDPH Air Quality Section.</td>
</tr>
</tbody>
</table>
### Cleaning & Disinfecting

In general, routine cleaning is enough to sufficiently remove the virus that causes COVID-19 from surfaces. If disinfectants are used, use asthma-safer products. [Cleaning for Asthma-Safe Schools](CLASS)

Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.

### Food Service

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

### Employee List of Vaccine Status

Employers may maintain a list of employees who are/are not fully vaccinated. This can be done using a Self Reporting Tool where users upload their vaccination card (see [COE version](COE version)), or [State Website](State Website). In addition, a State Public Health Officer Order concerning [Vaccine Verification for Workers in Schools](Vaccine Verification for Workers in Schools) remains in effect.

### Visitors

- Schools should not limit access for essential direct service providers who comply with school visitor policies due to a concern about mitigating spread of COVID-19.

### Music

- Certain activities that involve increased and forceful exhalation can pose increased risk for getting and spreading COVID-19, particularly if conducted indoors, in poorly ventilated settings, and/or without the use of masks.
- Schools may consider implementing additional resources to mitigate transmission in these settings, including screening testing and vaccination, particularly during COVID-19 outbreaks or surges.

### Power Outages and School Closures

During recent power outages, Public Health and CDPH confirmed there is no recommendation to dismiss schools when unable to use air cleaners and HVAC filters due to a power outage. Ventilation and filtration are just one of many measures schools have available to them to reduce COVID-19 transmission risk. Temporary school closures should be considered only after conferring with local health officials and should be a last resort and considered only after all available resources have been exhausted to preserve in-person education.
### Extra Curricular Activities

- Certain activities that involve increased and forceful exhalation can pose increased risk for getting and spreading COVID-19, particularly if conducted indoors, in poorly ventilated settings, and/or without the use of masks.
- Schools may consider implementing additional resources to mitigate transmission in these settings, including screening testing and vaccination, particularly during COVID-19 outbreaks or surges.

### Considerations for Large Events at K-12 Schools

During surges of COVID-19, school dances, large assemblies, and other school-based crowded events, especially those held indoors, all have the potential to cause substantial spread of COVID-19 within and beyond the scope of the community. Prior to hosting large events, Mount Madonna School will review the Safe and Smart Events Playbook [PDF](#) for mitigation strategies that should be considered.

The following general considerations (not requirements) may optimize the health and safety for all attendees:

- Host such events outdoors whenever possible.
- Separate the event into smaller cohorts (by grade, for example) whenever possible.
- Recommend eligible attendees (students and adults) be vaccinated and/or Conduct pre-entry testing for all unvaccinated attendees at or just prior to the event.
- Plan in advance how to identify close contacts or exposed groups if it is later discovered that someone with COVID-19 attended the event. Consider requiring pre-registration with CA Notify and maintaining a log of all attendees (even those arriving pre-event) at the door/entrance to the event.
- Consider requiring the use of masks at school-based large, crowded events.
- Serve food and drinks outdoors whenever possible and/or place them away from other areas to clearly designate spaces where masks are recommended to be worn.
- Schools can choose to be more protective than these CDPH general recommendations.

### Travel Guidance

- Whether your travel is domestic or international, follow CDC travel guidelines [here](#) for testing, masking, and quarantine:
  - Delay travel until you are [up to date](#) with your COVID-19 vaccines
  - Regardless of vaccination status, if you choose to travel, get tested before and after.

*CDPH*
Licensees and other child care providers should continue to follow COVID-19 requirements and guidance in all applicable California Department of Social Services (CDSS) and Community Care Licensing (CCL) Provider Information Notices (PIN), in addition to guidance or requirements from California Department of Public Health (CDPH), California Department of Industrial Relations Division of Occupational Safety & Health (Cal/OSHA), and local public health departments, as applicable to the particular facility. If there are different requirements between the most current CDPH, CCL, Cal/OSHA, and local health department guidance or health orders, licensees and providers should follow the strictest requirements. This guidance is for a childcare setting, i.e. a worksite where children are present. When students are not present see the Workplace Guidance. CALOSHA requires more restrictions if there are multiple COVID-19 infections and/or COVID-19 outbreaks.

<table>
<thead>
<tr>
<th>Exposure Defined</th>
<th>For the purpose of isolation and quarantine periods for persons infected with or exposed to COVID-19, the following CDPH definitions of “Close Contact” means the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>● In indoor spaces 400,000 or fewer cubic feet per floor (such as home, clinic waiting room, airplane etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's infectious period.</td>
</tr>
<tr>
<td></td>
<td>● In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.</td>
</tr>
<tr>
<td></td>
<td>● Spaces that are separated by floor-to-ceiling walls(e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor to ceiling walls) must be considered distinct indoor spaces.</td>
</tr>
</tbody>
</table>

| Quarantine Defined | Quarantine restricts the movement of persons who were exposed to a contagious disease in case they become infected. Quarantine is a proven public health intervention fundamental to reducing COVID-19 transmission. |

| Masks | **Outdoors** - People do not need to wear masks outdoors. |
|       | **Indoors** - CDPH strongly recommends that all persons (e.g., students and staff) wear masks in K-12 indoor settings, with consideration of exemptions per CDPH face mask guidance. |

| COVID-19 Testing | Diagnostic Screening Testing is regular testing at a frequency of at least once a week for the purpose of identifying individuals who are asymptomatic but COVID positive so that measures can be taken to prevent further transmission. In child care programs, diagnostic screening testing can help promptly identify and isolate people who have COVID-19, identify exposed people so appropriate action can be taken, and identify clusters of cases to reduce the risks to staff and |

CDPH

CDC

CDPH

CalOSHA

CDPH

CalOSHA

CDPH

CalOSHA

CDPH
| Isolation Defined | Isolation separates those infected with a contagious disease from people who are not infected. It is a proven public health intervention fundamental to reducing COVID-19 transmission. Students and staff who test positive or have COVID-19 symptoms will be instructed to isolate at home. The following steps should be followed:

- Stay at home except to get medical care.
- Separate from other people at home. Do not have visitors.
- Wear a mask over the nose and mouth in indoor settings, including at home, especially if immuno-compromised or around those who are immunocompromised, unvaccinated, or at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners and exhaust fans.
- Avoid using the same bathroom as others; if not possible, clean and disinfect after use.
- Cover coughs and sneezes.
- Wash hands often with soap and water for at least 20 seconds, or use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces.
- Monitor symptoms |

| Isolation for children with illness | Children who are ill should not attend child care programs. If students do not test:

- Children 2 years of age and older with COVID-19 infection may discontinue isolation after day 5.
  - Testing is recommended at day 5. impact isolation/quarantine protocols.

If student tests negative: They may return to Childcare if

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Symptom improvement. AND
- Either PCR or antigen testing is acceptable

If they test positive see Isolation of children after testing positive for COVID-19 below. |

| Isolation of children after testing positive for COVID-19 | Children who have tested positive for COVID-19 must isolate for 5 days from date of symptom onset or positive test result

- Testing is highly recommended on Day 5 (antigen preferred)

They may return on Day 6 if

- At least 24 hours have passed since resolution of fever without fever reducing medications; AND
- No Symptoms/Symptom improvement |
### Ending Isolation After Testing Positive

Staff who have tested positive for COVID-19 may discontinue isolation if all the following conditions are true:

- After **Staying home** (PDF) for at least 5 days
- Symptoms are not present or are resolving
- A test specimen* is collected on day 5 or later with a **negative result** (Antigen Preferred).
- No Fever is present
- If unable to test OR If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after day 10
- Asymptomatic cases who subsequently develop symptoms during their isolation period must begin a new isolation period symptom onset.
- Per [CDPH masking guidance](https://example.com), it is strongly recommended that persons wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

### Ending Isolation After developing symptoms

Staff who develop **symptoms** must leave the workplace and isolate. They may discontinue isolation if all the following conditions are true:

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Other symptoms are improving; AND
- They have a Neg test: 1 PCR test OR 2 Antigen Tests with at least 24-48 hours in between tests (must be performed or observed by a CLIA certified healthcare provider, laboratory, or a CLIA certified program) OR a healthcare provider has provided documentation that they symptoms are typical of their underlying chronic condition (e.g., allergies, asthma) OR a healthcare provider has confirmed an alternative named diagnosis e.g., strep throat, Coxsackie virus).
- Per [CDPH masking guidance](https://example.com), it is strongly recommended that persons wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

### Exposed Children

Children, regardless of COVID-19 vaccination status, who are exposed to a positive case

- Providers can consider allowing asymptomatic children to continue to attend Childcare following an exposure
- Exposed children should get tested on Day 5 or later after last exposure, unless they had COVID-19 within the last 90 days.
- Wearing a well fitting mask indoors for students older than 2 is strongly recommended during the 10 day period after exposure.
- Do not wear masks while sleeping
- Monitor for symptoms for 10 days from exposure. If symptoms develop, they should isolate and get tested.
| Exposed Staff | All Staff (regardless of vaccination status) who are exposed may continue to attend work if all the following is true:  
- A negative test is obtained within 3-5 days after last exposure. (Staff infected within the prior 90 days do not need to be tested unless symptoms develop.)  
- Employee wears a mask around others for a total of 10 days and  
- Employee continues to have no symptoms.  
- If employees test positive, they must follow isolation recommendations above.  
- If employees develop symptoms, they must be excluded pending the results of a test.  

Employees who choose not to test must quarantine from the workplace and may return after Day 10, as long as no symptoms are present. | CalOSHA³ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ventilation</td>
<td>For indoor spaces, indoor air quality should be optimized, which can be done by following CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools (PDF), produced by CDPH Air Quality Section.</td>
<td>CDPH⁴</td>
</tr>
</tbody>
</table>
| Cleaning & Disinfecting | ■ Routine cleaning is usually enough to sufficiently remove potential viruses that may be on surfaces. When choosing cleaning products, consider using those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-Approved List "N" and follow product instructions.  
■ Follow recommended procedures for cleaning, sanitizing, and disinfection, such as after diapering, feeding, and exposure to bodily fluids. Train and monitor staff to follow the infection control practices related to requirements for cleaning and disinfection, housekeeping and sanitation principles, and universal health precautions. (See cleaning and disinfection requirements pursuant to Title 22 CCR sections 101216(e)(2), 102416(c), 101238(a) and 102417(b).)  
■ If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.  
■ Drinking fountains may be open and used by students and staff. Routine cleaning is recommended. | CDPH⁴ |
| Food Service | ■ Changes may be made during meal times to help mitigate the spread of COVID-19.  
■ Moving tables to spread children out or the use of name cards to provide adequate spacing of children is recommended.  
■ Providers should follow proper handwashing, cleaning, and disinfection practices before and after eating.  
■ Maximize physical distance as much as possible while eating, especially indoors. When possible, consider using additional spaces for meal time seating, including eating outdoors or in well-ventilated spaces. | CDPH³ |
<table>
<thead>
<tr>
<th>Employee List of Vaccine Status</th>
<th>Employers may maintain a list of employees who are/are not fully vaccinated. This can be done using a Self Reporting Tool where users upload their vaccination card (see COE version), or State Website.</th>
<th>CalOSHA&lt;sub&gt;3&lt;/sub&gt;</th>
</tr>
</thead>
</table>
| Visitors                      | ■ Review and update rules for visitors and family engagement activities to reduce the risk of infection, including the strongly recommended use of face masks while indoors unless required by the local public health department, and any other health and safety protocols that have been established.  
■ The responsible parent or guardian of a child receiving services in a child care facility has the right to enter and inspect the facility without advance notice during the normal operating hours of the facility or at any time that the child is receiving services in the facility as specified in Health and Safety Code Section 1596.857.  
■ Provide access for direct service providers (DSPs), such as paraprofessionals, therapists, early intervention specialists, and mental health and healthcare consultants.  
■ Ensure direct service providers are following currently recommended prevention strategy guidance including vaccination, COVID-19 testing, and contact tracing in combination with isolation/quarantine.  
■ Provide access to essential visitors, including CDSS staff. (Title 22 CCR sections 101200 and 102391). | CDPH<sub>3</sub> |
| Travel Guidance               | Recommendations for those who travel domestically or internationally:  
■ follow CDC travel guidelines. Visit [link for testing, masking, and quarantine]:  
  ○ Delay travel until you’re fully vaccinated  
  ○ If you’re not fully vaccinated, but choose to travel, get tested before and after  
  ○ Non-U.S. citizens and non-U.S. immigrants must be vaccinated to enter the U.S.  
  ○ No matter your vaccination status, wearing a mask while on public transportation or in a transportation hub is recommended  
  ○ Wearing a mask outdoors while traveling is no longer required  
  ○ Whether you’re vaccinated or not, get tested 3-5 days after returning to California | CDPH<sub>8</sub> |
# NOTIFICATIONS FOR SCHOOLS

## STUDENTS or SCHOOL STAFF: STEPS FOR POSITIVE CASES

<table>
<thead>
<tr>
<th>Case</th>
<th>Known As</th>
<th>Steps*</th>
<th>Additional Action</th>
<th>Authority</th>
</tr>
</thead>
</table>
| 1 student or school-staff tests positive no school exposure | Single Case with No School Exposure | - Track case to determine return to school/work date  
- No exposure notification required. | Exclude individual and track for return date | Title 5 202  
Local Practice CLIA |
| 1 student or school-staff tests positive with school exposure | Single Case with School Exposure | - Track case to determine school/work exposures  
- **Student** exposures: provide Individual Notification or, General Notification of Exposure to all students during times of elevated community transmission, as defined by [CDC](https://www.cdc.gov). (see samples notifications below)  
- **Staff** exposures: Provide Individual Exposure Notification to staff  
- Report test results to CDPH on Primary.health if tests conducted on-site by school staff | Exclude individual and track for return date  
Employee must Isolate. Exposed staff must test 3-5 days after exposure | Title 17 2500  
CLIA  
Title 17 2508  
CalOSHA ETS  
Title17 3205.1, AB685 |
| 3 or more tests positive within a classroom, group or cohort within a 14-day period | Outbreak | - Track case to determine school/work exposures  
- Report all exposures to PH on SPOT  
- **Student** exposures: provide Individual Notification or, General Notification of Exposure to all students during times of elevated community transmission, as defined by [CDC](https://www.cdc.gov). (see samples notifications below)  
- **Staff** exposures: Provide Individual Exposure Notification to staff  
- Must continue to report each additional case on that campus until school is no longer in outbreak status  
- Report test result to CDPH on Primary.health if tests conducted on-site by school staff | Exclude individuals, monitor and track for return date  
Provide employees with Testing, Masks, Review Protocols/hazards. Exposed workers must test 3-5 | Title 17 2508  
(all individuals)  
CLIA  
CalOSHA ETS  
Title17 3205.1, AB685 |
| 10%* of school population in a group of 100 or more, test positive in a 14 day period | Outbreak Exposure Threshold  
*10% threshold subject to change by Public Health) | - Track cases to determine school/work exposures  
- Report all exposures to PH on SPOT  
- **Student** exposures: provide Individual Notification or, General Notification of Exposure to all students during times of elevated community transmission, as defined by [CDC](https://www.cdc.gov). (see samples notifications below)  
- **Staff** exposures: Provide Individual Exposure Notification to staff  
- Report test result to CDPH on Primary.health if tests conducted on-site by school staff | Exclude individuals and track for return dates | Title 17 2508  
CLIA |
| 20 or More COVID-19 Cases among staff in a 30 day period | Major Outbreak | - Track cases to determine school/work exposures  
- Provide Individual exposure notifications  
- Report test result to CDPH on Primary.health if tests conducted on-site by school staff | Provide employees with Testing, Masks, Review Protocols/hazards. Exposed workers must test 3-5 days after exposure | CalOSHA ETS  
Title17 3205.2, AB685  
CLIA |
# REPORTING FOR CHILDCARE SETTINGS

<table>
<thead>
<tr>
<th>Case</th>
<th>Known As</th>
<th>Steps*</th>
<th>Additional Action</th>
<th>Authority</th>
</tr>
</thead>
</table>
| 1 child or childcare staff tests positive with no site exposure | Single Case with No Exposure at Childcare Site | ● Track case to determine return to school/work date  
● No exposure notification required. | Exclude individual and track for return date | Local Health Jurisdiction guidance |
| 1 or 2 child/ren or child care staff tests positive with child care site exposure | 1 or 2 Cases with Exposure at Childcare Site | ● Track case to determine site exposure  
● Child exposures: Notify parent/families of exposure at the site  
● Staff exposures: Provide Individual Exposure Notification to staff  
● Report within 1 day to CDSS-CPLL with Unusual Incident Report ([LIC 624](#) for centers & [LIC 624b](#) for home daycares)  
● Report test results to CDPH on Primary.health, if test conducted onsite by childcare provider | Exclude child or staff and track for return date  
Child or staff must Isolate. Exposed staff must test 3-5 days after exposure | CDSS  
CalOSHA  
ETS  
Title 17  
3205.1, AB685 CLIA |
| 3 or more cases (children and/or staff) test positive within a 14-day period | Outbreak | ● Track cases to determine site exposures  
● Report all exposures to PH on SPOT  
● Child exposures: Notify parent/families of exposure at the site  
● Staff exposures: Provide Individual Exposure Notification to staff  
● Report within 1 day to CDSS-CPLL with Unusual Incident Report ([LIC 624](#) for centers & [LIC 624b](#) for home daycares  
● Must continue to report each additional case onsite until no longer in outbreak status  
● Report test results to CDPH on Primary.health, if test conducted onsite by childcare provider | Exclude individuals, monitor and track for return date  
Provide employees with Testing, Masks, Review Protocols/hazards. Exposed staff must test 3-5 days after exposure | CDSS  
CalOSHA  
ETS  
Title 17  
3205.1, AB685 CLIA |
| 3 or more staff test positive within a 14-day period | Outbreak | ● Track cases to determine site exposures  
● Report all exposures to PH on SPOT  
● Staff exposures: Provide Individual Exposure Notification to staff  
● Notify parent/families of exposure at the site  
● Report within 1 day to CDSS-CPLL with Unusual Incident Report ([LIC 624](#) for centers & [LIC 624b](#) for home daycares  
● Must continue to report each additional case onsite until no longer in outbreak status  
● Report test results to CDPH on Primary.health, if test conducted onsite by childcare provider | Exclude individuals, monitor and track for return date  
Provide employees with Testing, Masks, Review Protocols/hazards. Exposed staff must test 3-5 days after exposure | CDSS  
CalOSHA  
ETS  
Title 17  
3205.1, AB685 CLIA |
MASKING

To best protect students and staff against COVID-19, CDPH strongly recommends that all individuals, regardless of vaccine status, wear a mask indoors in school settings, consistent with their Guidance on the Use of Face Coverings. California affirms the authority of local health departments and local educational agencies to maintain or establish masking requirements for their K-12 school settings, as outlined in local considerations for maintaining or establishing universal indoor masking requirements in K-12 schools. CDPH requires K-12 school and childcare settings to allow any individual to wear a mask if they desire to. No student can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports). Schools shall provide masks to students who do not bring a mask to school and desire to use one.

In workplaces, employers are subject to CalOSHA COVID-19 Emergency Temporary Standards, which provide additional requirements of staff. CalOSHA defines a “face covering” as a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers (i.e., fabrics that do not let light pass through when held up to a light source) that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

Masks, particularly high-quality and well-fitting masks, have no gaps between the face and mask, such as above the nose or at the sides. Examples of less effective face coverings are two-layer cotton masks, bandanas, and gaiters.

TYPES OF COVID-19 TESTS

Tests for SARS-CoV-2 tell you if you have an infection at the time of the test. This type of test is called a “viral” test because it looks for a viral infection. Antigen and Molecular tests are viral tests.
MOLECULAR TESTS
Molecular tests amplify and then detect specific fragments of viral RNA. A positive result means the test found the COVID-19 virus. Examples of this method include polymerase chain reaction (PCR), loop-mediated isothermal amplification (LAMP), and Nucleic Acid Amplification Test (NAAT). PCR is the most commonly used molecular test, is considered to be the “Gold Standard” and the most sensitive test for COVID-19. PCR is typically performed in a laboratory and results typically take one to three days. Point-of-care (POC) molecular tests, such as the CUE Health (also a NAAT) test, are also available and can produce results in 30 minutes but may have a slightly lower sensitivity (might not detect all active infections) compared with laboratory-based PCR tests.

ANTIGEN TESTS
Antigen tests identify viral protein fragments. They typically produce results in approximately 10-30 minutes. A positive result means the test found COVID-19 virus proteins. Antigen tests are less sensitive than PCR tests, which means they require more of the virus to be present and may not detect all active infections, but are similar in specificity (likelihood of a negative test for those not infected with SARS-CoV-2).

Antigen tests are acceptable to determine both the presence or absence of active infection with SARS-CoV-2 in individuals with or without symptoms. Repeat antigen testing and/or confirmatory molecular testing should be performed 24-48 hours later in students and staff who receive a negative result with an antigen test but have symptoms specific for COVID-19.
Antigen Testing Algorithm

**Antigen Test Results**

- **Positive Result**
  - Whether Symptomatic or Asymptomatic
  - Isolate at home

- **Negative Result**
  - asymptomatic
  - Can go to school or work
  - Need confirmation (Either a 2nd antigen taken 24-48 hours later OR a CUE or PCR taken immediately/same day)

**Antigen tests must be performed or observed by a qualified professional** (such as a healthcare provider, laboratory or a CLIA-certified school staff member).

Self-collected home based antigen test results are not accepted at this time.

Further testing is not required after a positive test (antigen of PCR). A single test confirms a positive COVID-19 case; subsequent negative tests taken the same day or soon after do not invalidate the result or impact isolation/quarantine protocols.

Source:
RECENTLY RECOVERED FROM COVID-19

Verification of a positive viral test must be provided by students verifying infection was within the past 90 days in order to be excused from screening testing or quarantine.

Asymptomatic students who had a positive viral test in the past 90 days are not required to test or quarantine if they are exposed, as long as they remain asymptomatic. However, they should self monitor for COVID-19 symptoms and strictly adhere to all recommended interventions (e.g., masks, social distancing, hand hygiene, avoid crowds and poorly ventilated areas) for 10 days following exposure. If they develop symptoms during this 10-day period, they should isolate, contact their healthcare provider and get tested.

Participation in surveillance testing is not required, yet should resume 90 days after the onset of their COVID-19 infection, or if symptoms occur.

Regardless of vaccination or exposure status, students who develop COVID-19 symptoms during the three months after testing positive should immediately isolate, contact their healthcare provider and get tested. PCR or antigen may be used for testing. However, antigen tests are recommended for detection of an active infection for those who have recovered from COVID-19 within the past 90 days. PCR testing is highly sensitive and very low levels of the viral genetic fragments can be detected for up to 90 days after infection, but not associated with the live virus. Antigen tests detect proteins and are less sensitive which means they require more of the virus to be present - a positive antigen test means the virus is actively replicating in your body.

What should persons do if they experience COVID-19 rebound, such as after a Paxlovid treatment?

Per CDPH guidance, for COVID-19 rebound (characterized by a recurrence of symptoms or a new positive viral test after having tested negative) following Paxlovid treatment persons should re-isolate for at least 5 days and follow CDPH recommendations for isolation.
Individuals Who Had Prior COVID-19 Infections

Schools should treat individuals who have recovered from COVID-19 in the last 90 days as if they are vaccinated. If exposed, not required to quarantine or test for 90 days (unless they develop symptoms).

- **Recovered Individual Tests Positive and Asymptomatic**
  - Has it been 90 days since positive test date or symptom onset?
    - Less than 90 days: Consider to be Persistent Positive. No need to repeat isolation (unless symptoms develop).

- **Recovered Individual has COVID19 Symptoms**
  - Has it been 90 days since positive test date or symptom onset?
    - More than 90 days: Isolate, contact healthcare provider for consideration of alternate diagnosis, and test (antigen recommended). Follow Isolation for COVID-19 guidance.
    - Less than 90 days: No need to quarantine or test. If symptoms develop, isolate, contact healthcare provider, test, follow isolation guidance.

- **Recovered Individual identified as a Close Contact**
  - Has it been 90 days since positive test date or symptom onset?
    - Less than 90 days: Follow Quarantine guidance for Staff Students.
    - More than 90 days: No need to quarantine or test. If symptoms develop, isolate, contact healthcare provider, test, follow isolation guidance.

Modified from Santa Clara Public Health. Updated 7/21/2022
### STUDENTS WHO DEVELOP SYMPTOMS OF COVID-19 (ISOLATION)

<table>
<thead>
<tr>
<th>Students Who Develop Symptoms of COVID-19 (Isolation)</th>
<th>Recommended Action</th>
</tr>
</thead>
</table>
| All Students, regardless of vaccination status or previous infection. | Students who develop symptoms must isolate. They may discontinue isolation if ALL the following conditions are true:  
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; **AND**  
- Other symptoms improve; **AND**  
- Negative COVID test(s) 1 PCR test **OR** 2 Antigen Tests with at least 24 hrs in between tests. (Antigen recommended for those who had COVID within last 30 days). Testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program. **OR** a healthcare provider has provided documentation that symptoms are due to a non-infectious cause (e.g., allergies), **OR** at least 10 days have passed since symptom onset. **May use** Return to School Form  
- If student tests positive, follow the guidance for Ending Isolation after testing positive. |

### STUDENTS WHO TEST POSITIVE FOR COVID-19 (ISOLATION)

<table>
<thead>
<tr>
<th>Students Who Test Positive for COVID-19 (Isolation)</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Students, regardless of vaccination status, previous infection or lack of symptoms.</td>
<td></td>
</tr>
</tbody>
</table>
- **Stay home** for at least 5 days after the start of symptoms (or after the date of first positive test if no symptoms).  
- Isolation can end after Day 5 if symptoms are not present or are resolving and a test* collected on Day 5 or later is negative. Antigen test preferred.  
- If unable or choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications.  
- If symptoms are not resolving, continue to isolate until symptoms are resolving or until after Day 10.  
- Infected persons **should wear** a well-fitting mask around others for a total of 10 days, especially in indoor settings. |
### Students Who are Exposed to Someone with COVID-19

<table>
<thead>
<tr>
<th>Regardless of Vaccine Status</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>■ All students with known exposure should follow recommendations listed in Table 2 (Asymptomatic Persons Who are Exposed to Someone with COVID-19) of CDPH’s guidance for the general public.</td>
</tr>
<tr>
<td></td>
<td>■ Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 30 days.</td>
</tr>
<tr>
<td></td>
<td>■ Exposed students who had COVID-19 within the last 90 days should monitor for symptoms. If symptoms develop, they should isolate and get tested.</td>
</tr>
<tr>
<td></td>
<td>■ Exposed students may continue to take part in all aspects of TK-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19.</td>
</tr>
<tr>
<td></td>
<td>■ It is recommended that exposed faculty, staff and students wear a well-fitting mask around others for a total of 10 days following the last date of exposure.</td>
</tr>
<tr>
<td></td>
<td>PCR and antigen testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program.</td>
</tr>
</tbody>
</table>
Students: General Protocol for Symptoms, Positive Test Result, or Exposure

**Student has Symptoms**
- Student tests** Negative (PCR or 2 Antigens at least 24-48 hours apart)
- Student tests positive
- Student does not test

**Student Tests Positive with or without Symptoms**
- Does Student have no symptoms/improving symptoms AND Tests Negative** On After Day 5?

Once symptoms improve Return to School if
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Other symptoms have improved;
- Acceptable tests to return: PCR OR 2 Antigen Tests with at least 24-48 hours in between tests.

Isolate for 10 days from date of symptom onset, or 10 days from positive test, if no symptoms. May return if:
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Symptom improvement; AND
- At least 10 days have passed since symptom onset

Isolate then Return after Day 5 if
- Tests Negative** on Day 5 or after AND
- No symptoms or improving symptoms AND
- Monitor symptoms through day 10. Return to isolation if symptoms develop.
- Masking is Strongly Recommended indoors

Monitor for Symptoms for 10 days from last exposure
- Student may participate in all aspects of TK-12 schooling including sports and extracurricular activities
- Masking is Strongly Recommended indoors

Vaccinated or Unvaccinated Student is Exposed Has No Symptoms
- Has student recovered (lab confirmed) from COVID19 in the last 30 days?

**PCR or antigen tests are acceptable. Testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program.**

Updated 11/16/2022
Childcare: Protocol for COVID19 Symptoms, Positive Test Result, or Exposure

**Child has Symptoms**
- Child tests Negative
- Child does not test

**Return to Childcare if**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
- Symptom improvement

**Isolate immediately for 5 days from date of symptom onset**
- Testing is recommended on Day 5 for children ages 2 and older

**May return on Day 6 if**
- At least 24 hours have passed since resolution of fever without fever reducing medications; AND
- No Symptoms/Symptom improvement

**Child Tests Positive with or without Symptoms**
- Positive on Either PCR or Antigen test

**Isolate for 5 days from date of symptom onset or positive test result**
- Testing is highly recommended on Day 5 (antigen recommended) for children ages 2 and older

**May return on Day 6 if**
- At least 24 hours have passed since resolution of fever without fever reducing medications; AND
- No Symptoms/Symptom improvement

**Child is Exposed Has No Symptoms**
- Quarantine for 5 days or Consider allowing them to attend Childcare

For ages 2 yrs and older:
- Testing recommended Day 5 after exposure
- Strongly Recommended wear well fitting masks while indoors for 10 days
- Do not wear masks during naps/meal
- All Children
- Monitor symptoms for 10 days from exposure

Ver esta gráfica en Español

Updated 7/15/2022
<table>
<thead>
<tr>
<th>Event</th>
<th>Recommended Action</th>
</tr>
</thead>
</table>
| Staff who test positive       | ■ Requirements apply to all employees, regardless of vaccination status, previous infection, or lack of symptoms.  
■ Employees who test positive for COVID-19 must be excluded from the workplace for at least 5 days.  
■ Isolation can end and employees may return to the workplace after day 5 if symptoms are not present or are resolving, and a diagnostic specimen* collected on day 5 or later tests negative.  
■ If an employee is unable or chooses not to test and symptoms are not present or are resolving, isolation can end and the employee may return to the workplace after day 10.  
■ If an employee has a fever, isolation must continue and the employee may not return to work until the fever resolves.  
■ If an employee’s symptoms other than fever are not resolving, they may not return to work until their symptoms resolve or until day 10 from the positive test.  
■ Employees must wear face coverings around others for a total of 10 days after the positive test, especially in indoor settings.  
■ * Antigen test preferred.                                                                                                                                                                                   |
| Exposed Staff                 | All Staff (regardless of vaccination status) who are exposed may continue to attend work if all the following is true:  
■ A negative test is obtained within 3-5 days after last exposure.  
Persons infected within the prior 90 days do not need to be tested unless symptoms develop.  
■ Employee wears a mask around others for a total of 10 days and  
■ Employee continues to have no symptoms.  
  ○ If employees test positive, they must follow isolation recommendations above.  
  ○ If employees develop symptoms, they must be excluded pending the results of a test.  
■ Employees who choose not to test must quarantine from the workplace and may return after Day 10, as long as no symptoms are present.                                                                 |
Protocol for Staff with Symptoms, Positive Test Results or Exposure

**PROTOCOLS FOR STAFF**

**Staff: General Protocol for COVID-19 Symptoms, Positive Test Result, or Exposure**

- **Staff has Symptoms** (Must be excluded from workplace)
  - Staff tests Negative** (PCR/CUE or 2 Antigens)
  - Staff tests positive**
    - Staff does not test
    - Staff isolates

- **Staff Tests Positive with or without Symptoms**
  - Does Staff have no symptoms/ improving symptoms AND Tests Negative** (antigen preferred) On/After Day 5?
    - No
    - Yes
      - Does Staff Test Negative** on/After Day 3-5?
        - Yes
        - No

- **Staff is Exposed** (Regardless of Vaccination Status)
  - Not Required to Quarantine, AND
    - Must Test Negative** on Day 3-5 after exposure
    - Should wear face coverings around others for a total of 10 days after last exposure
    - Monitor for symptoms through day 10.
    - If symptoms develop, must be excluded pending test results.

- **Must Quarantine**
  - If Staff Does Not Test:
    - Quarantine for 10 days.
    - Staff infected within the prior 90 days do not need to be tested, unless symptoms develop.
  - If Staff Tests Positive:
    - Staff isolates
      - See “Staff Tests Positive with or without Symptoms”

**Return to Work if**
- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Symptom improvement
- Acceptable tests to return: 2 Antigen Tests with at least 24-48 hours in between tests OR 1 PCR/CUE test**

**Isolate for 10 days** from date of symptom onset, or 10 days from positive test; if no symptoms. May return if:
- At least 24 hours have passed since resolution of fever without fever reducing medications; AND
- Symptom improvement

**Isolate then Return after Day 5 if**
- Tests Negative** on Day 5 or after (antigen test preferred)
- No symptoms or improving symptoms
- Must wear face coverings around others for a total of 10 days after positive test/symptom onset.
- Monitor symptoms through day 10.
  - If not able to meet these:
    - Isolate for 10 days

**Updated 2/8/2023**

**** PCR/CUE and antigen testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program.
SCENARIOS WITH CALENDARS

Scenario 1c: Close Contact - Student

A student is in close contact with a confirmed positive case on Tuesday. Student remains in school and is able to participate in extracurricular activities. Student tests negative on Day 3. Student can remain in school and participate in extracurricular activities and should continue to monitor for symptoms, with masking indoors being Strongly Recommended.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Close Contact</strong></td>
<td>Day 1</td>
<td>Monitor Symptoms</td>
<td>Day 10</td>
<td>Antigen Test Negative</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Scenario 2b: Positive Test, Isolation, Multiple Tests

Student tests positive on Monday. Student must begin isolation for 10 days, starting the day after test sample was taken (Tuesday). Student takes additional tests that return as Negative. If student tests Neg on day 5 or later, student can return to school the following day, IF they have NO symptoms. If symptoms are not resolving, continue to isolate until symptoms are resolving or until after day 10. It is strongly recommended they wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student tests Positive on Antigen Test</td>
<td>Day 1</td>
<td>Student takes PCR - Negative</td>
<td>Student takes Antigen-Negative</td>
<td>Student takes Antigen-Negative</td>
<td>Day 5</td>
<td>Antigen Test Is Negative</td>
</tr>
<tr>
<td>Return to School</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Scenario 3: Close Contact then Positive Test

Student is in close contact with a confirmed positive case. They can remain in school and need to test 3-5 days after exposure. They test positive on Day 4 and must isolate. Student tests negative on Day 5 with an antigen test and can return to school the following day because they remain asymptomatic. They must monitor for symptoms through Day 10, and if symptoms develop, return to isolation/restart Isolation period.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Day 1</td>
<td>Exposure to Positive Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Day 5 Negative Antigen</td>
<td>Can Return to School</td>
</tr>
<tr>
<td>Asymptomatic Student Tests Positive</td>
<td>Day 1</td>
<td>Isolation</td>
<td></td>
<td>Day 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continue to Monitor Symptom</td>
<td>Day 10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
REPORTING POSITIVE CASES

Public Health requests you report through the SPOT Intake Form, located on the SPOT homepage. Include info in the Notes field with a narrative description or additional relevant details. Santa Cruz County Public Health Communicable Health Disease Unit (831-454-4114) can assist with SPOT questions.

VACCINATION

According to CDPH, COVID-19 vaccines teach our immune systems how to fight the virus that causes COVID-19. Individuals are considered fully vaccinated for COVID-19 two weeks after they received the second dose in a 2-dose series (Pfizer or Moderna), or two weeks after they have received a single-dose vaccine (Johnson and Johnson). At this time, a person is considered fully vaccinated when they have completed their original vaccine series. Fully vaccinated, however, is not the same as optimally protected and being up-to-date. To be optimally protected and up-to-date, a person needs to be up to date on receiving their bivalent booster shot once eligible.

COVID-19 Booster Dose Vaccination:

COVID-19 vaccine boosters can further enhance or restore protection that might have decreased over time after your primary vaccination series. Boosters are an important part of protecting yourself from getting seriously ill or dying from COVID-19. People are protected best from severe COVID-19 illness when they stay up to date with their COVID-19 vaccines, which includes getting all recommended boosters when eligible. You can also use this CDC tool Find Out When to Get a Booster to determine when or if you (or your child) can get one or more COVID-19 boosters.

Student and Staff Vaccination:
The Santa Cruz County Office of Education and all 10 school districts, charter and private schools have partnered with Inspire Diagnostics for COVID-19 Vaccines. Inspire has been administering our COVID-19 surveillance and exposure testing since August 2021 and is equipped to provide vaccines for our school community and general public at no cost. Inspire Vaccine Clinics will occur at multiple vaccine locations. Walk-in welcome and no appointment is needed, if possible, please pre-register.

After Vaccination:
After COVID-19 vaccination, you may have some mild side effects, while some people have no side effects. These are normal signs that your body is building immunity. The side effects from booster doses should be the same mild side effects experienced when receiving the initial
vaccine dose and demonstrate that your body is rebuilding immunity to COVID-19. Common mild side effects include:

- Soreness, redness, or swelling where you got the shot
- Feeling tired, headache, muscle pain, chills, fever, or nausea

**Rare but serious side effects:**
Myocarditis and pericarditis: Some young people have developed inflammation of heart muscle or membrane after getting a Pfizer or Moderna vaccine. Despite this, the CDC believes the benefits of COVID-19 vaccination outweigh the risks.

Read more in these CDPH fact sheets:
- Pfizer COVID-19 Vaccine Benefits and Risks (PDF)
- Moderna COVID-19 Vaccine Benefits and Risks (PDF)

**Reporting side effects of vaccines:**
If you have experienced a side effect after COVID-19 vaccination, you can report it to:
- VAERS (Vaccine Adverse Event Reporting System)
- V-safe (After Vaccination Health Checker)
Response to Symptoms that Develop Post-Vaccination

If Symptoms occur within the first 3 days of vaccination (the day of vaccination and the following 2 days)

- Individual has **symptoms likely caused by vaccine**: sensitivity, pain, redness or swelling around the vaccination site, but **no other symptoms**.
  - Individual may return to work or school.

- Individual has **symptoms that may be caused by vaccine**: Fever, Nausea, Fatigue, Headaches, Chills, Muscle or joint pain/ache.
  - Individuals should **stay home** while symptomatic.

- Individual has **symptoms unlikely caused by vaccine**: Cough, runny nose, Shortness of breath, Sore throat, Loss of taste, or smell.
  - Follow established protocols for individuals who show symptoms of COVID-19 infection.

  *Per CDC, individuals with COVID-19 symptoms who had exposure in last 14 days = isolation, testing.*

- If symptoms resolve **within 48 hours** (and is fever free for 24 hrs without meds), the individual may return to work or school when symptom-free.

- If symptoms **persist beyond 48 hours**, individuals should get tested for COVID-19 and follow established protocols for individuals who show symptoms of a COVID-19 infection.
DEFINITIONS

Antigen Testing: Also called rapid diagnostic tests, detect specific proteins on the surface of the coronavirus. Antigen test results may come back in as little as 10 to 30 minutes. In symptomatic individuals, a negative antigen test requires confirmation.

Boosted or Up to Date: A person is considered “boosted” and “up to date” right after getting all doses in the primary series and all boosters recommended for you, when eligible.

Close Contact: For the purpose of isolation and quarantine periods for persons infected with or exposed to COVID-19, the following CDPH definitions of “Close Contact” means the following:

- In indoor spaces 400,000 or fewer cubic feet per floor (such as home, clinic waiting room, airplane etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during an infected person's infectious period.
- In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the infected person for a cumulative total of 15 minutes or more over a 24-hour period during the infected person's infectious period.

Spaces that are separated by floor-to-ceiling walls(e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor to ceiling walls) must be considered distinct indoor spaces.

Source: CDPH

Community Spread: Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected. Source: CDC


COVID-19 Symptoms: CDC reports that People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. People with any of the following symptoms may have COVID-19: Fever (temperature of 100.4 or greater) 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.

CUE Test: The CUE test is a molecular test that detects the RNA of SARS-CoV-2, the virus that causes COVID-19, using a nasal swab sample taken from the lower part of the nose. Results are displayed directly on a connected mobile device in about 20 minutes via the Cue Health App.

Infectious Period: “Infectious period” is defined as:

For symptomatic infected persons, 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR

For asymptomatic infected persons, positive specimen collection date after specimen collection date for
their first positive COVID-19 test.

For the purposes of identifying close contacts and exposures, **infected persons who test negative on or after Day 5 and end isolation are no longer considered to be within their infectious period**. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask **through Day 10**.

**Isolation**: Separates those who have symptoms or have tested positive from people who are not infected. Source: CDPH

**Outbreak**: At least three probable or confirmed COVID-19 cases* within a 14-day period in people who are epidemiologically-linked in the setting, are from different households, and are not identified as close contacts of each other in any other case investigation. Source: CDPH.

Note: For AB 685 reporting purposes, an **outbreak** in a non-healthcare setting is defined as three or more cases of COVID-19 among workers in a workplace within a 14-day period. Source: CDPH

**PCR Testing**: Polymerase chain reaction, considered the “gold standard” for clinical diagnostic detection of SARS-CoV-2. PCR tests detect viral RNA.

**Quarantine** restricts the movement of persons who were **exposed** to a contagious disease in case they become infected. Source: CDPH