Mount Madonna School
COVID-19 Guidance
2022-2023

Updated as of 08/02/2022

- Reporting Requirements (pg. 17)
- Alignment to June 30, 2022, CDPH Guidance for Schools
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## 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 6/9/2022**

- **CDPH, masks - Updated 4/20/2022**
  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 3/12/2022**
  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 6/30/2022**
  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 6/9/2022**

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

- **CDPH, Preliminary 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
## 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.

<table>
<thead>
<tr>
<th>Close Contact Defined</th>
<th>Close Contact is defined as someone sharing the same indoor space for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period.</th>
<th>CDPH₄</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Symptomatic Infected Persons</td>
<td>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</td>
<td>CDPH₅</td>
</tr>
<tr>
<td>For Asymptomatic Infected Persons</td>
<td>For those without symptoms, the infectious period begins 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Days 5-10 if testing negative on Day 5 or later) 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.</td>
<td></td>
</tr>
<tr>
<td>Quarantine Defined</td>
<td>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.</td>
<td>CDC¹</td>
</tr>
<tr>
<td>MONITORING SYMPTOMS</td>
<td>Each day faculty, staff and families will receive an email from SwiftK12 with a passive Symptom and Exposure Screening questionnaire. All faculty, staff and families are expected to complete it 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.</td>
<td>CDPH₄</td>
</tr>
</tbody>
</table>
### Isolation Defined

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.
- Clean or disinfect "high-touch" surfaces.
- Monitor symptoms

### Masks in School

**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.

#### 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 period.) Once this threshold is met, employers have **48 hrs to report** to their local health department. Employers also **must continue to notify the local health department of additional COVID-19 cases identified among workers at the worksite.**

### Notifications: Employers

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### COVID-19 Testing

Regular surveillance testing allows cases to be caught early before they can lead to the spread of COVID-19.

Employers are required to test unvaccinated employees weekly for COVID-19.

### 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](https://www.cdph.ca.gov/Programs/QAC/CDPH%20Masking%20Guidance.htm), 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.**
### 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 90 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

- If unable to test isolate for 10 days from date of symptom onset.
- 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.
- If a student or staff member tests positive, follow the guidance for Ending Isolation after testing positive above.

### 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.

### Exposed Students

As strongly recommended by CDPH, Schools of Santa Cruz County are adhering to the Group Tracing Approach for exposures

- 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.
- Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic
### School Facilities Guidance (Cont.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test Obtained</td>
<td>Test obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 90 days. Exposed students who had COVID-19 within the last 90 days should monitor for symptoms. If symptoms develop, they should isolate and get tested (antigen recommended). Wearing masks is strongly recommended. PCR and antigen testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program.</td>
<td></td>
</tr>
<tr>
<td><strong>Ventilation</strong></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>CDPH&lt;sub&gt;10&lt;/sub&gt;</td>
</tr>
<tr>
<td><strong>Cleaning &amp; Disinfecting</strong></td>
<td>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.</td>
<td>CDPH&lt;sub&gt;4&lt;/sub&gt;</td>
</tr>
<tr>
<td><strong>Food Service</strong></td>
<td>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.</td>
<td>CDC&lt;sub&gt;CDC&lt;/sub&gt;</td>
</tr>
<tr>
<td><strong>Employee List of Vaccine Status</strong></td>
<td>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. In addition, a State Public Health Officer Order concerning Vaccine Verification for Workers in Schools remains in effect.</td>
<td>CalOSHA&lt;sub&gt;3&lt;/sub&gt;</td>
</tr>
<tr>
<td><strong>Visitors</strong></td>
<td>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.</td>
<td>CDPH&lt;sub&gt;4&lt;/sub&gt;</td>
</tr>
</tbody>
</table>
| 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. |
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</thead>
<tbody>
<tr>
<td>Power Outages and School Closures</td>
<td>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.</td>
</tr>
</tbody>
</table>
| 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. |
### School Facilities Guidance (Cont.)

| | 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.
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>Close Contact through proximity and duration of exposure: Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period</th>
<th>CDC³</th>
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</thead>
<tbody>
<tr>
<td>Quarantine Defined</td>
<td>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.</td>
<td>CDC₁</td>
</tr>
<tr>
<td>Masks</td>
<td><strong>Outdoors</strong> - People do not need to wear masks outdoors. <strong>Indoors</strong> - 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.</td>
<td>CDPH³, CalOSHA²</td>
</tr>
<tr>
<td>COVID-19 Testing</td>
<td>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 children in care.</td>
<td>CalOSHA², CDPH³</td>
</tr>
</tbody>
</table>
| 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. | CDPH⁶ |
- 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

CDPH
**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](#), it is strongly recommended that persons wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

*CDPH*6,

**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](#), it is strongly recommended that persons wear a well-fitting mask around others for a total of 10 days, especially in indoor settings.

*CDPH*6,

**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.

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

symptomatic
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.
**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).
    - More than 90 days: Consider it a **New Infection**. Repeat Isolation. Follow Isolation for COVID-19 guidance.

- **Recovered Individual has COVID-19 Symptoms**
  - Has it been 90 days since positive test date or symptom onset?
    - Less than 90 days: Isolate, contact healthcare provider for consideration of alternate diagnosis, and test (antigen recommended). Follow Isolation for COVID-19 guidance.
    - More 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
    - More than 90 days: Follow Quarantine guidance for Students
### PROTOCOLS FOR SYMPTOMS, POSITIVES AND EXPOSURES

#### 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 90 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.  
  ■ 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>
</table>
| All Students, regardless of vaccination status, previous infection or lack of symptoms. | **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>Students Who are Exposed to Someone with COVID-19</th>
<th>Recommended Action</th>
</tr>
</thead>
</table>
| Regardless of Vaccine Status                      | ■ 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.  
■ 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 90 days.  
■ Exposed students who had COVID-19 within the last 90 days should monitor for symptoms. If symptoms develop, they should isolate and get tested.  
■ 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.  
■ It is strongly recommended that exposed persons wear a well-fitting mask around others for a total of 10 days following the last date of exposure.  
PCR and antigen testing must be performed/observed by a healthcare provider, laboratory, or a CLIA certified program. |
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 does not test
- Student tests positive
  - Does Student have no symptoms/ improving symptoms AND Tests Negative** On/After Day 5?
  - Has student recovered (lab confirmed) from COVID19 in the last 90 days?

**Student Tests Positive with or without Symptoms**
- Vaccinated or Unvaccinated Student is Exposed Has No Symptoms
  - 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
  - Student tests 3-5 days after last exposure
    - Student may participate in all aspects of TK-12 schooling including sports and extracurricular activities
    - Masking is Strongly Recommended indoors

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; AND
- 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

**Estudiantes: Protocolo General para Síntomas, Resultado Positivo de Prueba o Exposición**

**Estudiante tiene síntomas**
- Pruebas de estudiantes** Negative (PCR or 2 Antígenos con al menos 24-48 horas de diferencia)
  - Estudiante no prueba
  - Estudiante no tiene síntomas con mejora de los síntomas y pruebas negativas** antes del día 5.
  - ¿Se recuperó el estudiante (confirmado por laboratorio) de COVID en los últimos 90 días?

Aisla durante 10 días desde la fecha de inicio de los síntomas, o 10 días desde la prueba posterior si no hay síntomas.
- Puede regresar si:
  - Han pasado al menos 24 horas desde la resolución de la fiebre sin el uso de medicamentos antifiebre; Y
  - Otros síntomas han mejorado; Y
  - Pruebas aceptables para decolar: PCR O 2 pruebas de antígeno con al menos 24-48 horas entre pruebas.

Aisla y luego regrese después del día 5 si
- Prueba Negativo** el Día 5 o después Y
  - sin síntomas o mejorando los síntomas Y
  - Mascarilla obligatoria en interiores/exteriores Y
  - Vigila los síntomas hasta el día 10.

Pruebas de estudiantes 3-5 días después de la última exposición.
- El estudiante puede participar en todos los aspectos de la educación TK-12, incluidos los deportes y las actividades extracurriculares
- Si desarrollan síntomas, aísla y realiza la prueba
- Se recomienda encarecidamente el uso de mascarilla en interiores

Controle los síntomas durante 10 días desde la última exposición
- El estudiante puede participar en todos los aspectos de la educación TK-12, incluidos los deportes y las actividades extracurriculares
- Si desarrollan síntomas, aísla y realiza la prueba
- Se recomienda encarecidamente el uso de mascarilla en interiores

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

Updated 7/20/2022

** Se aceptan pruebas PCR o de antígenos. Las pruebas deben ser realizadas/observadas por un proveedor de atención médica, un laboratorio o un programa certificado por CLIA.

Actualizado 7/15/2022
Childcare: Protocol for COVID19 Symptoms, Positive Test Result, or Exposure

- **Child has Symptoms**
  - Child tests Negative
  - 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/meals
      - Monitor symptoms for 10 days from exposure
    - All Children

Updated 7/15/2022
## STAFF WHO TEST POSITIVE OR ARE EXPOSED TO SOMEONE WITH COVID-19

<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 after 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. |
| **Staff with Symptoms** | All Staff (regardless of vaccination status or previous infection) 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 90 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.  
■ If unable to test, isolate for 10 days from date of symptom onset, or 10 days from positive test if no symptoms.  
■ Strongly recommended to wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. |
Protocol for Staff with Symptoms, Positive Test Results or Exposure

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

** Protocol for Staff with Symptoms, Positive Test Results or Exposure

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

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

- **Staff is Exposed (Regardless of Vaccination Status)**
  - Does Staff Tests Negative** on/After Day 3-5?
    - No
    - Staff isolate
  - Yes
    - Not Required to Quarantine, AND
      - Must Test Negative** on Day 3-5 after 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”

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

Updated 7/7/2022

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Personal: Protocolo General para Síntomas, Resultado Positivo de Prueba o Exposición

- **El personal tiene síntomas (tiene que ser excluido del trabajo)**
  - El personal da positivo con o sin síntomas
  - El personal está expuesto (sin requerir el acto de vacunación)

- **Regresar al trabajo si**
  - Han pasado al menos 24 horas desde la resolución de la fiebre sin el uso de medicamentos anti-síntomas; y
  - Mejora de los síntomas
  - Pruebas aceptables para devolver: 2 pruebas de antígeno con al menos 24-48 horas entre pruebas O 1 prueba PCR/CUE

- **Ayuda durante 10 días**
  - A partir de la fecha del inicio de los síntomas, o 10 días a partir de la prueba positiva; si no hay síntomas
  - Puede regresar:
    - Han pasado al menos 24 horas desde la resolución de la fiebre sin medicamentos para reducir la fiebre; Y
    - Mejora de los síntomas

- **Ayuda y luego regresa después del día 5 si**
  - Pruebas negativas el día 5 y después (se prefiera antígeno)
  - Sin síntomas o mejorando los síntomas
  - Debe usar mascarilla alrededor de otras personas durante un total de 10 días después de la prueba positiva, especialmente en entornos interiores
  - Vigilar los síntomas hasta el día 10
  - Si no puede cumplir con estas
    - Ayudante durante 10 días

- **No requiere cuarentena**
  - Debe dar negativo** entre el día 2 and el día 5 después de la exposición
  - Debe usar mascarilla alrededor de otras personas, durante un total de 10 días después de la exposición
  - Controlar los síntomas hasta el día 10
  - Si se desarrollan síntomas, debe excluirse en espera de los resultados de la prueba

- **Detección pronta en cuarentena**
  - Si el personal no hace la prueba
  - Cuarentena por 10 días
  - Si el personal da positivo, el personal se aísla
  - Ver “El personal da positivo con o sin síntomas”

** Las pruebas de PCR/CUE y de antígenos deben ser realizadas/observadas por un proveedor de atención médica, un laboratorio o un programa certificado por CLIA.

Actualizado 7/7/2022

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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>Close Contact</td>
<td>Monitor Symptoms</td>
<td>Antigen Test Negative</td>
<td>Day 1</td>
<td>Day 10</td>
<td>Continue to Monitor Symptoms</td>
<td></td>
</tr>
</tbody>
</table>
Scenario 2b: Positive Test, Isolation, Multiple Tests

Student tests positive with 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</td>
<td>Day 1</td>
<td></td>
<td>Student takes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positive on</td>
<td></td>
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<td>Antigen-I</td>
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</tr>
<tr>
<td>Antigen Test</td>
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<td></td>
<td>PCR - Negative</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Return to</td>
<td></td>
<td>Student takes</td>
<td></td>
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<td>School</td>
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<td>Antigen-I</td>
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<td>PCR - Negative</td>
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<td></td>
<td>Day 5</td>
<td>Antigen Test</td>
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<td></td>
<td>Is Negative</td>
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</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>
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<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Exposure to Positive Case</td>
<td>Day 1</td>
<td></td>
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<tr>
<td>Asymptomatic Student Tests Positive</td>
<td>Day 1</td>
<td>Isolation</td>
<td></td>
<td>Day 5 Negative Antigen</td>
<td>Can Return to School</td>
<td></td>
</tr>
<tr>
<td>Continue to Monitor Symptom</td>
<td>Day 10</td>
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</tr>
</tbody>
</table>

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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 have 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. To be optimally protected, a person needs to be up to date on receiving a booster shot when and if 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, CDC schedule PDF. 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.

Staff Vaccination:
On August 11, 2021, CDPH issued the Vaccine Verification for Workers in Schools Health Officer Order for all public and private K-12 schools. “Worker” refers to all paid and unpaid adults serving in school settings, which include, yet not limited to, certified and certificated staff, analogous staff, and volunteers who are on-site serving school functions. Workers who are not fully vaccinated are required to undergo diagnostic screening testing, at a minimum of once weekly. Workers must be tested with either PCR testing or antigen testing. Workers are "Fully Vaccinated" two weeks or more after they have received the second dose in a 2-dose series (Pfizer or Moderna or vaccine authorized by the World Health Organization), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson). This Order applies to all public and private schools serving students in transitional kindergarten through grade 12, but does not apply to home schools, child care, or higher education.
**Student 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.

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.

*Per CDC, Individuals with COVID-19 symptoms who had exposure in last 14 days = isolation, testing.*
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**: A “close contact” is defined as someone sharing the same indoor airspace (e.g., home, clinic waiting room, airplane etc.) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis).

**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 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 (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, 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Days 5-10 if testing negative on Day 5 or later) 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.

**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