

COVID -19 PLAN FOR VIRTUAL INSTRUCTION



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Guiding Principles

The health and safety of our staff is our top priority when making the decision to continue providing Virtual instruction services to our students. We are working in collaboration with our county health officials in making the decision to safely continue providing virtual instruction.

Our offices will follow guidelines provided by the Centers for Disease Control (CDC), California Department of Public Health (CDPH) and California Department of Education (CDE) which can be found at the links below:

CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

CDPH: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2022-23-School-Year.aspx>

CDE: <https://www.cde.ca.gov/ls/he/hn/strongertogether.asp>

California Department of Industrial Relations, *Cal/OSHA and Statewide Industry Guidance on COVID-19; Guidance on Requirements to Protect Workers from Coronavirus*, July 2020. See: <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>.

Authority

This guidance is a public health directive that applies to all public and private schools operating in California. Under operative [executive orders](#) and provisions of the California Health and Safety Code, schools must comply with orders and guidance issued by the California Department of Public Health and relevant 4 local health departments (LHDs) to limit the spread of COVID-19 and protect public health.

California affirms the authority of local health departments and local educational agencies to maintain or establish additional guidance, including required actions, for K-12 school settings in their respective jurisdictions. When making a determination of whether additional measures are warranted to mitigate in-school transmission of COVID-19, CDPH recommends local health and education officials confer and review this guidance, [relevant local considerations](#), and [CDC guidance](#).

Governmental and non-governmental entities at all levels have issued guidance and directives relating to the safe reopening of schools for in-person instruction. Schools may comply with guidance from other federal, state, local, and nongovernmental sources, to the extent those guidelines are not weaker than or inconsistent with state and local public health directives.

Regularly review updated guidance from state agencies, including CDPH and California Department of Education. The California Department of Public Health (CDPH) issued [Consolidated Schools Guidance](#) (“CDPH Guidance”) effective July 1, 2022, for in-person instruction for schools. This guide is meant to augment the CDPH Guidance, not replace it. Given the evolving nature of the COVID-19 epidemic, we expect that this document will need to be updated in the future.

GENERAL MEASURES

Our plan adheres to the [CDPH Guidance](#), [CAL-OSHA Emergency Temporary Standards](#) and includes the following components:

- Posted Covid-19 Safety Plans and Checklist on organization’s website

- Promoting healthy hygiene practices
- Best Practices for cleaning, disinfecting and ventilation
- Optional Plans for physical distancing inside and outside the classroom
- Employee and staff education, including training on how to wear PPE/masks, checking for signs and symptoms, and cleaning and disinfecting procedures.
- Employee education, including an employee communication plan
- Optional Screening procedures for staff and visitors
- Surveillance for monitoring for attendance, verifying absences and notifying county health officials.
- CDC [community level indicators](#) of COVID-19 and their trajectory;
- [COVID-19 vaccination coverage](#) in the community and among students, teachers, and staff;
- local COVID-19 outbreaks or transmission patterns;
- indoor air quality at relevant facilities;
- availability and accessibility of resources, including masks and tests;

We continue to communicate with local and state authorities to determine current disease levels and control measures in each community. We regularly review and refer to relevant county variance documentation. We consult with a county health officer and/or a designated staff member, who is best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).

IMPLEMENT HEALTHY HYGIENE PRACTICES

Following are best practices the school shall follow, compiled from various experts and in alignment with the CDPH Guidance in [COVID-19 Industry Guidance: Schools and School-Based Programs](#).

Hygiene

- Teach and reinforce [handwashing](#), avoid [contact with one's eyes, nose, and mouth, and covering coughs and sneezes](#).
- Develop schedules for routine handwashing before and after eating, after being outside, and before and after using the restroom. Staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- Staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as "antimicrobial" are not necessary or recommended.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings and hand sanitizers (with at least 60 percent ethyl alcohol) for staff who can safely use hand sanitizer.
- Minimize the sharing of supplies and equipment among staff to the extent feasible. When items must be shared, clean and disinfect items between uses.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.

- Do not use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed.
- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

Optional Procedures of Physical Distancing

- Ensure staff maintain physical distancing from each other, which is critical to reducing transmission between adults.
- Post signage in high-visibility areas to remind staff these and other prevention measures.

Masks

- CDPH is maintaining the masking requirements in specified [high-risk congregate settings](#), consistent with CDC recommendations. This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings.
- Finally, CDPH is maintaining the requirement that businesses and venue operators, must allow any individual to wear a mask if they desire to.
- Facility may continue to require or reinstate required masking at workplaces and during work-related activities, along with other appropriate COVID-19 safety protections for their workplace based on local, and regional COVID-19 cases, outbreaks and situations needing immediate infection control procedures.
- Mask policies apply on vans and pool cars and any vehicle affiliated with the company used to transport staff, or teachers to and/or from a work site.
- No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school or workplace, unless wearing a mask would pose a safety hazard.
- Facility must develop and implement local protocols to provide a mask to staff and students who inadvertently fail to bring a face covering to the facility and desire to use one.
- In situations where use of masks is challenging due to pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs), a face shield with a drape (per [CDPH guidelines](#)) (PDF) may be considered instead of a mask while in the classroom.

Masks with Exhalation Valves or Vents

The purpose of masks is to keep respiratory droplets from reaching others to aid with source control. However, masks with one-way valves or vents allow air to be exhaled through a hole in the material, which can result in expelled respiratory droplets that can reach others. This type of mask does not prevent the person wearing the mask from transmitting COVID-19 to others. Therefore, [CDC](#) does not recommend using masks for source control if they have an exhalation valve or vent.

CDC COVID-19 Community Level	CDPH recommended actions
<p>Low</p> <p>There is lower community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <p>People can wear a mask based on personal preference, informed by their own personal level of risk.</p> <p>Vulnerable people*:</p> <p>Consider wearing a mask in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best).</p> <p>If you are a vulnerable person* or live with a vulnerable person*, consider taking additional precautions.</p>
<p>Medium</p> <p>There is medium community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Consider wearing a mask in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in crowded indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them</p>
<p>High</p> <p>There is high community spread and impact on healthcare system of COVID-19</p>	<p>Everyone:</p> <ul style="list-style-type: none"> Wearing a mask is recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95, KN95 and KN94 are best). <p>Vulnerable people*:</p> <ul style="list-style-type: none"> Wearing a mask is strongly recommended in indoor public places. Ensure your mask provides the best fit and filtration (respirators like N95s, KN95s and KN94s are best). <p>If you have household or social contact with a vulnerable person*, wearing a mask is recommended when indoors with them.</p>

BEST PRACTICES ON CLEANING, DISINFECTION AND VENTILATION

Follow CDC and CDPH guidelines found below:

[Cleaning and Disinfecting Your Facility](#) and [Resuming in-person instruction Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes](#)

- The use of drinking fountains may resume following a maintenance service checking for hazards before returning units in service after a period of inactivity. Hazards include Legionella (the cause of Legionnaires' disease), mold, and lead and copper contamination.

CDC: <https://www.cdc.gov/nceh/ehs/water/legionella/building-water-system.html>

EPA: Lead and copper rule: https://www.epa.gov/sites/default/files/2019-10/documents/lcr101_factsheet_10.9.19.final_2.pdf

- Janitorial staff shall clean and disinfect frequently touched surfaces within workplace I at least daily and, as practicable, frequently throughout the day.
- Frequently touched surfaces in the workplace include, but are not limited to:
 - Light switches
 - Door handles
 - Sink handles
 - Bathroom surfaces
 - Tables
 - Staff desks
 - Chairs
 - Phones
 - Keyboards and mouse
 - Shared Copy Machines, Shared pens, pencils, finger scanner, bar code reader or stylus at front desk
- When choosing cleaning products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)-approved list "N" and follow product instructions.
- Establish a cleaning and disinfecting schedule to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from children.
- Ensure proper ventilation during cleaning and disinfecting. During the school day, introduce fresh outdoor air as much as possible.
- In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

- For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see [Cleaning and Disinfecting Your Facility](#).
- 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.

OPTIONAL PROCEDURES FOR PHYSICAL DISTANCING INSIDE AND OUTSIDE THE WORKPLACE

OFFICE SPACE

- Each workplace may determine the number of staff in an office based on the size (square footage) while maximizing space between all individuals.
- Maximize space between seating and desks. Distance employees and other staff desks at least six feet away from each desk if practicable. Consider ways to establish separation of employees through other means if practicable, such as, six feet between desks, partitions between desks, markings floors to promote distancing or arranging desks in a way that minimizes face-to-face contact.
- To the extent possible, keep employees in the staggered schedules and as small group as practicable, and minimize the mixing of employee groups throughout the day.
- Implement procedures for contactless transactions to minimize contact.
- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities such as lunchrooms and break rooms where practicable. Alternatively, stagger use, properly space occupants and disinfect in between uses.
- Consider use of non-indoor space for physical meetings, trainings (if necessary), including regular use of outdoor space, weather permitting.

ENTRY AND EXIT

- Minimize close contact between staff, visitors and the broader community at arrival and departure through the following methods:
 - Designate routes for entry and exit, using as many entrances and exits as can be supervised appropriately to decrease crowding at entry and exit points.
 - Instruct drivers (during Covid-19 exposure or high community transmission) to remain in their vehicles, to the extent possible, when on boarding and off-boarding employees.
 - Place markings on the ground to facilitate physical distancing of six feet or more at all building entry and exit points.
 - If employees, visitors and vendors are crowding during arrival or departure, consider staggering times and designating multiple entrances and exits locations.

LIMIT SHARING

- Instruct employees to avoid sharing their belongings and equipment, and ensure they are cleaned and sanitize periodically throughout the day
- Provide adequate supplies to minimize sharing of high-touch materials (pens, office supplies, equipment, etc.) when possible or clean and disinfect between uses.
- Avoid sharing electronic devices, phones, tablets, mouse, keyboards, etc., as much as practicable. Sanitize equipment every after use if the same computers and devices are alternatively shared.
- Common Areas Restrooms: Limit occupancy to accommodate the 6-ft. rule as much as practicable.
- Hallways: Minimize congregating through hallways. For example, establish one-way walking/passage areas.
- Staff Break Rooms: if the occupancy limit exceeds the 6-foot rule, allow staff to eat their meals at their assigned workstations. Allow staff to eat meals in available outdoor areas or in large, well-ventilated spaces.

FOOD SERVICES

- Follow all requirements issued by the County Department of Environmental Health to prevent transmission of COVID-19 in workplaces.
- Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as offices 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.
- Avoid sharing of foods, utensils, and buffet or family-style meals during high Covid-19 community level rates.

WORKPLACE EVENTS

- On-site trainings and other gatherings are permitted during low COVID-19 community level rates. Essential certifications for First Aid, CPR, and Forklift Training that needs on-site training will be permitted only to the extent allowed by local and state public health authorities. Maximize the number of workplace events that can be held virtually or outside.

TRAIN ALL STAFF AND EDUCATE FAMILIES

- Training for all staff via internal Lifelong Learning Administration Corporation (LLAC) network is provided on the following topics:
 - How Covid-19 is spread and the importance of not coming to work if a staff member or if someone in the member's household has been diagnosed with COVID-19 or displays symptoms.
 - COVID-19-specific symptom identification and when to seek medical attention
 - [Proper use, removal and washing of face coverings](#)
 - [Cleaning and disinfecting](#) procedures

- Return-to-work instruction guidelines
- LLAC plan and procedures to follow when a child or adult becomes sick at school
- Physical distancing guidelines and their importance

Ventilation

- Ensure sufficient ventilation in all school classrooms and shared workspaces per American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) [guidance](#) on ventilation.
- Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional or mechanical contractor in order to evaluate your ventilation system in regards to the ASHRAE guidance.
- If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons in the facility, consider alternatives. For example, maximize central air filtration for HVAC systems by using filters with a minimum efficiency reporting value (MERV) of at least 13.
- MERV 13 or greater filtration is efficient at capturing airborne viruses and should be the target minimum level of filtration. If the air handling system cannot function with such a high level of filtration, increase the filtration in the equipment to the maximum allowable for the system.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions).
- Ventilation considerations are also important on vans; use open windows as much as possible to improve airflow.
- Specific practices to avoid:
 - Rooms or vans with no ventilation.
 - Rooms or vans with increased airflow across occupants (e.g., air conditioners or fans blowing into the rooms or overhead fans creating air currents across occupants).

CHECK FOR SIGNS AND SYMPTOMS

Health screenings refer to optional symptom screening, temperature screening or both. The CDC acknowledges that "fever and symptom screening have proven to be relatively ineffective in identifying all infected individuals." This is because people with COVID-19 can infect others before they become ill (pre-symptomatic transmission), never become ill but can still infect others (asymptomatic transmission), or fever may not appear. L4L may require the following:

- Post signs at all entrances instructing staff and visitors not to enter the workplace if they have any COVID-19 symptoms.
- Require staff who are sick or who have recently had close contact with a person with COVID-19 to stay home.
- Follow screening and other procedures for all staff and entering the facility.
- Conduct visual wellness checks of all staff's temperature with a no-touch thermometer. (Per recommendation by each site administrator based on current COVID-19 cases in school and community.)

COVID-19 Screening Questionnaire (Titan HST App)

Q1. Are you going into the school or workplace today?

Q2. Have you been diagnosed with Covid-19 or had a test confirming you have the virus in the last five (5) days?

Q3. Do you live in the same household with, or, had “close contact”, someone who in the past 10 days has been in isolation for COVID-19 or had test confirming they have the virus?

Q4. If yes to question 3, have you passed all the CDC and CDPH requirements needed to shorten your isolation and quarantine period after the 5th day from exposure? (Negative Test, No Fever (last 25 hours), Symptoms Receded)

Q5. Have you had any or more of these symptoms today or within the past 24 hours?

- Fever
 - Cough
 - Shortness of breath/trouble breathing
 - Chills
 - Night Sweats
 - Sore throat
 - Muscle/body aches
 - Loss of taste or smell
 - Headache
 - Confusion
 - Vomiting
 - Diarrhea
-
- Document/track incidents of possible exposure and follow the procedures noted in the Response to Suspected or Confirmed Cases and Close Contacts section, below.
 - Notification of local health officials, staff shall ensure confidentiality, as required under HIPPA, FERPA and state law related to privacy of educational records. (Information concerning confidentiality can be found [here](#).)
 - If an employee is exhibiting symptoms of COVID-19, staff shall communicate with the LLAC’s HR department employee’s health history form and/or emergency card to identify if the employee has any underlying medical conditions.
 - Monitor staff throughout the day for signs of illness; send home and staff with a fever of 100.4 degrees or higher, cough or other COVID-19 symptoms.
 - A digital notification system via email or text maybe used to ask staff COVID-19 symptoms screening question as a reminder of the importance of not coming to the learning center when feeling sick.
 - Policies should not penalize staff for missing work due to COVID-19.

PLAN FOR WHEN A STAFF MEMBER, OR VISITOR BECOMES SICK

- Staff should self-monitor throughout the day for signs of illness; staff should observe fellow employees for signs or symptoms of illness to support employees who are less able to self-monitor or less likely to self-report.
- Any staff exhibiting symptoms shall immediately be isolated in a temporary room or area until they can be transported home or to a healthcare facility. The attending staff member should wear the proper PPE such as a surgical mask, protective gown and gloves when close interaction with a sick staff is necessary.
- Any staff exhibiting 1 or more symptoms should be required to wait in the previously identified isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- If a Staff is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the Staff's health history form and/or emergency card.
- The room or area shall be disinfected after the staff has been transported home or to a healthcare facility.
- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
 - Fever
 - Cough
 - Shortness of breath or difficulty breathing
 - Chills
 - Repeated shaking with chills
 - Muscle pain
 - Headache
 - Sore throat
 - New loss of taste or smell
 - For serious injury or illness, call 911 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.
- Close off areas used by any sick person and do not allow anyone to enter that area before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If waiting 24 hours is not feasible, wait as long as possible.
- Require sick staff members not to return until they have met CDC criteria to discontinue home isolation, including three days with no fever, symptoms have improved and 10 days have passed since symptoms first appeared (without negative test on 5th day).

Return to Work After Exclusion for Symptoms at Home or in Office:

- Ensure that staff with disabilities, have access to accommodations when out of work as required by federal and state law.
- Testing of symptomatic staff can be conducted through local health care delivery systems or other testing resources, as fits the context of the local health jurisdiction. Advise staff members with symptoms of COVID-19 infection not to return for work until they have met [CDPH criteria](#) to discontinue home isolation for those with symptoms:

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Other symptoms have improved; and
- They have a negative test for SARS-CoV-2, 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 (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

COVID-19 TESTING AND REPORTING

- Instruct staff to contact their medical provider and follow CDC guidelines on quarantine and isolation procedures. Instruct them to get tested as soon as possible after they develop one or more COVID-19 symptoms, or if one of their household members or non-household close contacts has tested positive for COVID-19.
- Test results will be collected in a secured digital database system (MYLO) for evaluation, tracking and notifications. Internal contact tracing procedures included in this plan will be followed.
- Rapid Antigen tests are allowed and available free in school for students and staff.

Positive test results:

- Employee that tests positive have to isolate and stay home for at least five (5) days. Isolation can end after day 5 if symptoms are not present or are resolving. If fever is present, isolation should continue until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10. Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart.
- Require that staff notify LLAC's Safety and HR department immediately if the staff tested positive for COVID-19, or if one of their household members or non-household close contacts tested positive for COVID-19.
- Upon receiving notification that staff has tested positive for COVID-19 or has been in close contact, with a COVID-19 case, follow steps in the Reporting Data Collection and Internal Contact Tracing Process below.

Negative test results:

- Symptomatic staff who test negative for COVID-19 shall remain home at least 5 days and 24 hours after resolution of fever (if any) and improvement in other symptoms. Employees on LOA (Leave of Absence) will be required to submit medical release from their doctor or from a public health officer to LLAC's HR/LOA and Safety department. A negative COVID-19 test results (performed at point of care) may be accepted in lieu of a medical note.

MAINTAIN HEALTHY OPERATIONS

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- The Area Superintendent will designate a staff liaison, develop, and distribute contact information to all staff to ensure staff know who they are and how to contact them.
- Instruct staff to self-report symptoms and possible exposure to COVID-19 to their direct supervisor, while maintaining confidentiality as required by HIPPA, FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).
- Local health departments will be consulted if routine testing of staff are required according to current public health guidance.

CONSIDERATIONS FOR PARTIAL OR TOTAL CLOSURES

- When a teacher, or staff member tests positive for COVID-19 and had exposure, with close contact, implement the following steps:
 - In consultation with the local public health department, the Area Superintendent (or designee) may decide whether workplace closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer and CDPH.
 - When either a workplace is aware that an outbreak may be underway, the LHD should investigate, in collaboration with the workplace, to determine whether these cases had a common exposure at work (e.g., a common staff member, vanpool ride, or other common exposures outside of work).
 - CDPH and OSHA defines a school outbreak as 3 or more confirmed or probable cases of staff occurring within a 14-day period who are epidemiologically- linked at work, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred at work setting).
 - The office where the patient was based will typically need to close temporarily as staff isolate.
 - Communication plans for workplace closure shall include a phone call and one written form of communication to, teachers, staff and the community.
 - Provide information for staff regarding labor laws, disability insurance, paid family leave and unemployment insurance.
 - Maintain regular communications with the local public health department.
 - Check State and local orders and health department notices daily for transmissions in the area or closures and adjust operations accordingly.
 - Include decisions from results of established internal contact tracing procedures. (see Reporting Data Collection and Contact Tracing Process section, below)
 - Notify the work community if the worksite is to be closed for 14 days due to widespread and/or ongoing transmission of SARS-CoV2 at work or in the general community, and repeat recommendations for prevention and control measures (see sample notification letters in Appendix 1.

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

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

RESPONSE TO SUSPECTED OR CONFIRMED CASES AND CLOSE CONTACTS

INITIAL REPORT OF CASE

1. Infection case is reported to LLAC's HR and Safety department via case tracking form on safety and security page on MYLO ([here](#)) or email to HRSafety@llac.org.
2. Staff members are instructed not to disclose the identity of the employee to other staff members. This information, however, may be shared with LLAC's HR and Safety department and the public health officials as it is considered a health or safety emergency.
3. The staff member who receives the initial report is to report to the Area Superintendent, and the Area Superintendent (or designee) shall initiate the Data Collection and Internal Contact Tracing Process below.

REPORTING - DATA COLLECTION AND INTERNAL CONTACT TRACING PROCESS

The following steps shall be followed to identify the scope of risk by tracing when the infected staff member was last in the center/building:

1. When did the potential exposure occur (date and time)?
 - a. Were they in prolonged, unprotected and close contact with others? The CDC defines "close contact" as "Someone sharing indoor air spaces of 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, 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 a confirmed case's infectious period."
 - i. Yes (higher level of risk) proceed to step b.
 - ii. No (lower level of risk) proceed to step 2 for possible removal of individual from notification list.
 - b. Identify all individuals with close/prolonged contact and create a list. Confirm with video footage review if available. Then proceed to step 2.
2. LLAC's HR and Safety department will collaborate and review information to determine who should be on the possibly exposed list.
3. Once LLAC's HR and Safety department has a list of possibly exposed employees, the Area Superintendent (or designee) or the direct supervisor of the employee must contact the local county public health department with the assistance of LLAC's HR and Safety department.

EMPLOYEE COMMUNICATION

The Area Superintendent (or designee) shall send out the appropriate email notification to all staff members within 24 hours of receiving information of a confirmed case or "[qualifying individual](#)" in their centers. A separate email tailored for the individuals on the close contact list will be sent. The standard COVID-19 notification letters are located on [MYLO](#) and in the Appendix section in both English and Spanish language.

A standard COVID-19 notification letter is located on [MYLO](#) including the following instructions below:

1. Stay home for at least 5 days, except to get medical care.
2. Contact your medical provider.
3. Separate yourself from other people and pets in your home.
4. Monitor your symptoms and follow instructions from your medical provider and local health authorities.
5. Staff do not need to provide medical clearances or negative COVID-19 PCR test results from their healthcare provider as long as the required 10-day quarantine or isolation period has been completed and symptoms-free for 24 hours without the assistance of any medications.
6. Provide the [10 things you can do to manage your COVID-19 symptoms at home](#) document from CDC.

Definition of a confirmed case or [“qualifying individual”](#)

Qualifying individual” means any person who has any of the following:

1. A laboratory-confirmed case of covid-19, as defined by the state department of public health.
2. A positive covid-19 diagnosis from a licensed health care provider.
3. A covid-19-related order to isolate provided by a public health official.
4. An individual who died due to covid-19, in the determination of a county public health department or per inclusion in the covid-19 statistics of a county.
5. A positive COVID-19 test results from a rapid test kit.

Duration of isolation and quarantine.

- [Isolation](#) separates sick people with a contagious disease from people who are not sick. 5 Days.
- [Quarantine](#) separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. 10 Days if symptomatic and no tests. Individuals can refrain from quarantine following a known exposure if asymptomatic, wear a well-fitting mask when with others and a negative test on the 3rd or 5th day from exposure.

For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 5 days with a negative test, 10 days without test *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#) . (or follow LHO orders, if relevant and/or more stringent).

Table 1: Persons Who Should Isolate

<u>Persons Who Test Positive for COVID-19</u>	<u>Recommended Actions</u>
<p><u>Everyone, regardless of vaccination status, previous infection or lack of symptoms.</u></p>	<ul style="list-style-type: none"> • <u>Stay home (PDF) for at least 5 days after start of symptoms (or after date of first positive test if no symptoms).</u> • <u>Isolation can end after day 5 if symptoms are not present or are resolving.</u> • <u>If unable to test, 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.</u> • <u>If fever is present, isolation should be continued until 24 hours after fever resolves.</u> • <u>If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10.</u> • <u>Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart</u> <p>-</p> <p><u>*Antigen test preferred.</u></p>

**Table 2: Close Contacts - General Public
(No Quarantine)**

<u>Asymptomatic Persons Who are Exposed to Someone with COVID-19 (No Quarantine)</u>	<u>Recommended Actions</u>
<p><u>Everyone, regardless of vaccination status.</u></p> <p><u>Persons infected within the prior 30 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.</u></p>	<ul style="list-style-type: none"> • <u>Test within 3-5 days after last exposure.</u> • <u>Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease . Persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart</u> • <u>Strongly encouraged to get vaccinated or boosted.</u> • <u>If symptoms develop, test and stay home (see earlier section on symptomatic persons), AND</u> • <u>If test result is positive, follow isolation recommendations above (Table 1).</u>

In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements

CDC continues to endorse quarantine for 5 days and recognizes that any quarantine shorter than 10 days balances reduced burden against a small possibility of spreading the virus. CDC will continue to evaluate new information and update recommendations as needed.

See [Options to Reduce Quarantine for Contacts of Persons with SARS-CoV-2 Infection Using Symptom Monitoring and Diagnostic Testing](#) for guidance on options to reduce quarantine.

The following recommendations apply to non-healthcare settings. For related information for healthcare settings, visit [Updated Healthcare Infection Prevention and Control Recommendations in Response to COVID-19 Vaccination](#).

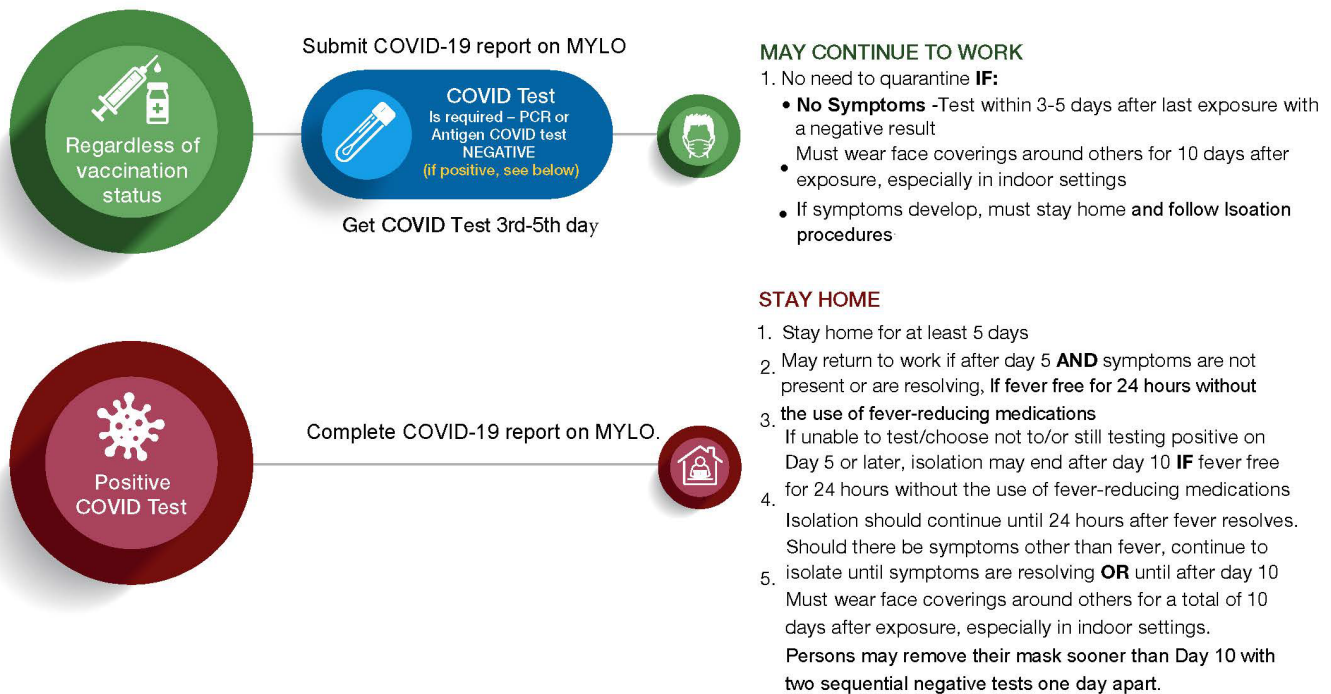
For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days *after symptom onset*¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#) . (Or follow LHO orders, if relevant and/or more stringent).

A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.

EMPLOYEE COVID-19 FLOWCHART

L4L (CA only) Employee Return to Work Following Exposure to COVID

Updated March 2023



*If you have COVID-19 symptoms, regardless of vaccination status or previous infection:

1. Self-isolate and test as soon as possible. For symptomatic persons who have tested positive in the previous 90 days, using an antigen test is preferred
2. Remain in isolation while waiting for results. If unable or unwilling to test, must continue isolation for 10 days after symptom onset
3. Consider continuing self-isolation and retesting in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms

Return to Work



COVID Symptoms

Fever > 100.4 F
Loss of taste or smell
Difficulty Breathing
New Onset Cough
Congestion/Runny Nose
Nausea/Vomiting/Diarrhea
Sore Throat
Headache
Fatigue/Muscle or Body Aches



Someone with COVID-19 is defined as anyone with laboratory-confirmed or a clinically compatible illness.

COVID exposure includes within 6 feet regardless of proper mask use (on either person) for greater than 15 cumulative minutes in a 24-hour period.

"Close Contact": The CDPH defines "Close Contact" as "Someone sharing the same indoor airspace, in indoor spaces of 400,000 or fewer cubic feet per floor 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) infectious period

If you test **POSITIVE** for COVID:

As a reminder, you are not eligible to get the COVID-19 vaccine while you are infected with COVID.

You will need to notify your supervisor and complete the COVID exposure workplace documentation where applicable.

You will be off work:

- At least 24 hours from improved symptoms and no fever without fever-reducing medication AND at least 5 days have passed since symptoms first appeared
- Routine surveillance testing is not required for staff who have had a lab-confirmed case of COVID-19 in the last 30 days.

If you develop worsening symptoms, do not delay and consult your primary care physician (PCP) or emergency department for care.

Contact supervisor or LeaveofAbsence@llac.org for time off options if needed.

If you test **NEGATIVE** for COVID:

If you are exposed and develop symptoms, we consider you a probable case and we expect to follow 5 days of isolation procedures above regardless of results.

For continuing illness, you should consult your PCP. You will need to coordinate with your PCP and your supervisor to address your continuing symptoms and when you will be able to return to work.

When you return to work, you will need to meet the following:

- At least 1 day (24 hours) has passed since recovery, defined as resolution of fever without the use of fever-reducing medications.
- Improvement of symptoms (e.g., cough, shortness of breath); secretions can be properly maintained, and you feel capable of returning to work.
- Continue wearing a properly fitting mask for 10 days.

TIP: If you have symptoms get tested right away. If you were exposed and don't have symptoms, it is best to wait 5 days after last exposure to be tested.

This care pathway was designed to assist school personnel and is not intended to replace the clinician's judgment or establish a protocol for all patients with a particular condition. Diagnosis and treatment should be under the close supervision of a qualified healthcare provider, including school nurses. This guidance is based on current evidence and the best data at the time of publication. Updates are provided to reflect changes in knowledge about the impact of the disease on children and adolescents (01-10-2022).

Contents are based on current CDC guidance. Template Source Design: adopted from Orange County Public Health January 10, 2022

Vaccines

CDPH strongly recommends that all persons eligible to receive COVID-19 vaccines receive them at the first opportunity. [COVID-19 vaccination](#) is recommended for everyone aged 5-11 years and older in the United States for the prevention of coronavirus disease 2019 (COVID-19) according to the CDC.

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

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

Because vaccine implementation for schools is rapidly evolving, we are providing a separate vaccine guidance document that will be available on the Safe Schools for All Hub [here](#).

TRANSPORTATION

Physically distancing employees can be a particular challenge on transportation vans and buses and other vehicles that transport groups of employees to events. However, there are several options to consider promoting safety and increasing the distance among employees when traveling together:

- Consider Implementing COVID-19 testing 24 hours prior to the trip using Rapid Antigen test kits. Proof or a picture of negative test required with attestation of the name, date and time of the test performed allows the student and staff to join the trip.
- Opening windows, weather permitting, to increase circulation of outdoor air, as long as doing so does not pose a safety or health risk (e.g., risk of falling).
- Maintaining optional, correct use of masks by adults while on a van, car and at arrival/departure points (e.g., bus stops), except for Individuals who cannot safely wear a mask (consult HR or Direct Supervisor for these exemptions).

Vans or bus drivers should be provided with extra masks to make available in case an employee does not have one.

- Seating one employee per row, alternating window and aisle seating, skipping rows when possible. (Alternating seating maybe waived if all passengers are [fully vaccinated](#) or have a negative COVID-19 [viral test](#) within 1-2 days of travel date).
- Seating members of the same household next to each other.

- Assigning each rider to a designated seat that is the same every day, to promote clear expectations and assist contact tracing, when needed.
- Using seat assignments that load the vehicle from the rear forward (and unload from the front backward) to help reduce employee contact.
- If a school system provides transportation for employees with disabilities as part of their workplace accommodations, including medically fragile employees, considering the reservation of specific seats that would not be used for other employees during the day and would be subject to special precautions for cleaning. Alternatively, the HR accommodation team could discuss arranging for separate transportation for those staff who require this type of transportation.
- Installing signage with visual cues on the vans, cars or busses to encourage physical distancing protocols and to communicate this information to Staff with vision or reading disabilities.
- Developing a communication plan to encourage employees to maintain physical distance at boarding places and avoid congregating in groups while waiting for the vehicle.
- Encouraging employees to drive on their own to or from the travel location if possible, to reduce the number of employees on the vehicle.

Staff are required to Check for Symptoms at Home before transportation.

Staff should check educators; staff should stay home when they are experiencing any COVID-10 like symptoms and seek medical attention. Educators, staff who have symptoms or who live with someone who has developed symptoms should stay home, consult with a healthcare provider for testing, and care as directed and should not be allowed to travel unless seeking medical care.

- Fever or chills
- Cough (for staff with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Shortness of breath or difficulty breathing (for Staff with asthma or other respiratory conditions, a change from their baseline breathing)
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Travel organizers should include posting signs on the entrances to buildings or vehicles and providing periodic mobile or other communications to families with reminders to check. Staff will need to quarantine or isolate if exposed to COVID-19, if they have a confirmed case of COVID-19, or if they live with someone who has COVID-19. Schools should plan for what to do if a Staff becomes sick at school or reports a new COVID-19 diagnosis.

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Appendix 1: Sample Notifications

WORK EXPOSURE TO A CASE OF COVID-19 NOTIFICATION

COVID-19 Positive Employee Notification Letter

Date

Address

City, State Zip code

Dear [Employee],

You are receiving this communication because of your reported positive COVID-19 test result. The local public health representative may contact you for their contact tracing. Our HR department will continue to provide support during your or isolation.

Please follow the following [CDC guidelines](#) regarding suspected or confirmed exposures to COVID-19:

1. You have to isolate and stay home for at least five (5) days. Isolation can end after day 5 if symptoms are not present or are resolving. If fever is present, isolation should be continued until fever resolves. If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10. Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings. After ending isolation, persons may remove their mask sooner than Day 10 with two sequential negative tests one day apart.
2. Please notify anonymously your friends and family that you may have close contact with by using this app.: <https://canotify.ca.gov/>
3. The ultimate decision to fully stop home isolation or self-quarantine is based on your consultation with your healthcare provider and [CDC guidelines](#).
4. If you are experiencing symptoms, stay home for at least 5-days except to get medical care.
5. Contact your medical provider for advice on how to acquire a COVID-19 test or how to self-quarantine according to [CDC guidelines](#). You may submit negative COVID-19 test results if available to your direct supervisor and People Services and Safety (email HRSafety@llac.org)
6. Separate yourself from other people and pets in your home.
7. Monitor your symptoms and follow healthcare instructions from your medical provider and local health authorities.
8. If you develop emergency warning signs for COVID-19 get medical attention immediately. Emergency warning signs are as follows:
 - Trouble Breathing
 - Persistent pain or pressure on the chest
 - New confusion or not able to be woken
 - Bluish lips or face

This list is not all-inclusive. Please consult with your medical provider other symptoms that are severe and concerning to you. Call 911 if you have a medical emergency.

9. If you are sick-, wear a N95, K95 mask. Cover your cough and sneezes.

10. Clean your hands often according to [CDC guidelines](#).
11. Avoid sharing personal items. [Clean and disinfect](#) high-touch surfaces frequently with [EPA-registered household disinfectant](#).
12. Determining if you are not contagious depends on: if fever has subsided for 24 hours without taking any anti fever medicine, other symptoms have improved (like shortness of breath), and received two negative tests in a row (at least 24 hours apart).
13. You may also check the [CDC COVID-19 website](#) for additional information, and also check the [local public health department website](#).
14. If you need accommodations or a leave of absence please contact your supervisor and email LeaveofAbsence@llac.org

Please provide appropriate medical clearances or negative COVID-19 test results from your healthcare provider to the People Services and Safety Department if your situation requires it.

These are trying times for us all. Please know that we are here for you.

Respectfully,

[Principal/HR Representative]

Carta al empleado de notificación de positividad de COVID-19

3/2/23

Estimado(a) Noah,

Está recibiendo esta comunicación por el resultado positivo de COVID-19 reportado. Es posible que un representante de salud local pública lo contacte para el rastreo de contacto. Nuestro departamento de recursos humanos continuará brindándole apoyo durante su aislamiento.

Por favor seguir las siguientes [pautas del CDC](#) con respecto la exposición supuesta o confirmada al COVID-19:

15. Debe aislarse y quedarse en casa por lo menos cinco (5) días. El aislamiento puede terminar después del quinto día si no hay síntomas o se están aliviando, y una prueba antigénica al quinto día o más tarde resulta negativa. Si no puede administrarse la prueba o decide no hacerlo, y ya no hay síntomas o se están aliviando, el aislamiento puede suspenderse después de 10 días. Si hay fiebre, el aislamiento debe continuarse hasta que ya no haya. Si hay síntomas que no son fiebre y no se están aliviando, continúe el aislamiento hasta que los síntomas se alivien o hasta el décimo día. Utilice una mascarilla bien ajustada cuando está con otras personas por un total de 10 días, sobre todo cuando esté adentro.
 16. Por favor notifique anónimamente a sus amistades y familiares que ha estado en contacto cercano utilizando esta aplicación: <https://canotify.ca.gov/>
 17. La decisión definitiva de terminar por completo el aislamiento en casa o la cuarentena debe basarse en su consulta con su proveedor de salud y en las [pautas del CDC](#).
 18. Si está experimentando síntomas, quédese en casa por lo menos 10 días, excepto para buscar cuidado médico.
 19. Contacte a su proveedor médico para consejos sobre cómo adquirir una prueba de COVID-19 o cómo encuarentenarse según las [pautas del CDC](#). También puede presentar resultados negativos de la prueba de COVID-19 si están disponibles a su supervisor directo y a los Servicios de Personal y Seguridad al correo electrónico HRSafety@llac.org
 20. Sepárese de otras personas y mascotas en su casa.
 21. Monitoree sus síntomas y siga las instrucciones de cuidado de salud de su médico y de las autoridades locales de salud.
 22. Si desarrolla síntomas de alarma de emergencia de COVID-19 busque atención médica inmediata. Las señales de alarma de emergencia son las siguientes:
 - Dificultad para respirar
 - Dolor o presión persistente en el pecho
 - Confusión o no poder despertarse
 - Labios o cara azulados
- Esta lista no es exhaustiva. Por favor consultar a su médico con otros síntomas que sean severos y preocupantes. Llame al 911 si tiene una emergencia médica.
23. Si está enfermo, use una mascarilla N95, K95. Tápese al toser y estornudar.
 24. Limpiarse las manos a menudo, de acuerdo con las [pautas del CDC](#).
 25. Evite compartir artículos personales. [Limpiar y desinfectar](#) superficies tocadas con frecuencia con [desinfectantes domésticos registrados con la EPA](#).

26. Determinar si se es contagioso o no depende de: si la fiebre ha bajado por 24 horas sin haber tomado medicamentos contra la fiebre, otros síntomas han mejorado (como la falta de aire) y recibir dos pruebas seguidas con resultado negativo (a diferencia de 24 horas).
27. También puede entrar a la página del [CDC COVID-19](#) para información adicional, y también la página del [departamento local de salud pública](#).
28. Si necesita acomodaciones o licencia para ausentarse por favor contactar a su supervisor y mandar un correo electrónico a LeaveofAbsence@llac.org

Por favor proporcionar autorización médica o resultados negativos de prueba COVID-19 de su proveedor de salud al Departamento de Servicios al Personal y Seguridad si su situación lo requiere.

Estos son tiempos difíciles para todos. Estamos aquí para apoyarlos.

Respetuosamente,

WORK CLOSURE DUE TO COVID-19 NOTIFICATION

EMPLOYER NAME/LETTERHEAD

From Administrator (or Designee) Date

Dear Staff Members,

We are informing you that we are closing our worksite, starting on [DATE] due to the ongoing COVID-19 outbreak and likely continuing transmission at our school. In consultation with the [LOCAL HEALTH OFFICER], we have been advised that the worksite should be closed for 14 days to prevent further transmission of COVID- 19 and to clean and disinfect the worksite before reopening on [DATE].

During worksite closure, the site will switch to working remotely to continue our work; The [LOCAL HEALTH DEPARTMENT] will also continue to follow-up with cases and contacts during site closure to ensure isolation and quarantine and testing. If upon worksite reopening, and you are feeling ill or having a fever or symptoms of COVID-19, even if symptoms are very minor, please do not go to work and consider getting yourself tested for COVID-19. If you are well without any symptoms, please use your face covering, stay at least 6 feet from other people, and wash your hands often with soap and water for 20 seconds. Staff should call in sick and stay home if having symptoms of COVID-19 and consider getting tested.

Symptoms of COVID-19 may appear 2-14 days after exposure to the virus and include:

- 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

Ensuring the health and safety of our teachers, and staff members is of the utmost importance to us. If you have any questions or concerns, please contact [CONTACT NAME] at XXX-XXX-XXXX.

Sincerely,

Appendix 2: Public Health Directive

REPORTING DETAILS OF POSITIVE CASES

Required COVID-19 Case Reporting By Schools and Employers January 14, 2021

Following school closures that occurred in spring 2020 in response to the COVID- 19 pandemic, the California Department of Public Health (“CDPH”) developed the “COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year” (July 17, 2020) to support school communities as they decided when and how to implement in-person instruction for the 2020- 2021 school year. Public and private K-12 schools throughout the state are currently in various stages of instruction including distance learning, in-person learning, and hybrid instruction based on local conditions.

New evidence and data about COVID-19 transmission coupled with the experiences of schools both nationally and internationally demonstrates that schools, particularly elementary schools, can operate in-person instruction safely with the correct safety protocols in place. Concurrently with this directive, CDPH issued updated, consolidated guidance for K-12 schools (including public, private, and charter) to support school re-openings and safe implementation of in-person instruction for staff.

Under current guidance, schools that have already reopened are permitted to continue offering in-person instruction, and additional schools are expected to reopen under the forthcoming K-12 school guidance. To be equipped to prevent and mitigate ongoing community COVID-19 transmission, a comprehensive and coordinated approach for the secure sharing of vital data and information regarding COVID-19 infections among school employees is necessary, especially in light of current epidemiological conditions.

The sharing of identified case information data with public health professionals is therefore necessary to ensure that state and local public health experts can respond to confirmed cases of COVID-19 who have been present at a school site, to track and understand the extent of disease transmission within the state, and to support communities with appropriate prevention strategies and support. Accordingly, to monitor and prevent the spread of COVID-19, it is necessary for CDPH and local health jurisdictions to have accurate information about COVID- 19 infections among school employees. Specifically, the prompt, secure, and confidential sharing of information about individuals within the school community who have tested positive for COVID-19 is critical to ensure that public health authorities can rapidly respond by:

1. Instituting necessary case investigation and contact tracing;
2. Focusing public health resources to effectively provide comprehensive support to the affected schools related to further investigation, mitigation strategies, and operational plans;

3. Assessing and monitoring the practices and activities that may have led to the infection or transmission of COVID-19;
4. Taking appropriate measures to protect the health of both the school community and population-at-large; and
5. Ensuring that CDPH and local health jurisdictions have the information necessary to accurately assess the impact of school reopening on COVID- 19 transmission and case rates to effectively update operative public health guidance and directives as necessary.

Schools are authorized under the Family Educational Rights and Privacy Act (FERPA) to disclose personally identifiable information without parental consent to local health departments regarding COVID-19 testing and cases. (20 USC § 1232g(b)(1)(I).) In response to the COVID-19 pandemic, California has been under a State of Emergency since March 4, 2020. California continues to see the dire effects of this pandemic through limited ICU capacities and new cases and deaths each day. The COVID-19 pandemic poses an extreme threat to the health and safety of all Californians. Even with protocols in place to mitigate the transmission of COVID-19, the presence of an individual who has tested positive of COVID-19 on a K-12 public or private school campus is an emergency that poses a risk to health or safety of employees present on the campus. Reporting to the local health officer the presence of a positive case of COVID-19 in an individual who is or has been present on a K-12 public or private school campus is necessary to protect the health and safety of employees present on the campus. California law (17 C.C.R. section 2508) also requires anyone in charge of a K-12 public or private school kindergarten to report at once to the local health officer the presence or suspected presence of any of the communicable disease, which includes COVID-19.

Accordingly:

Effective immediately, every local educational agency (school district, county office of education, and charter school) and private school in California shall notify its local health officer of any known case of COVID- 19 among any employee who was present on a K-12 public or private school campus within the 10 days preceding a positive test for COVID-19. Specifically, the local educational agency or private school shall report the following information:

- The full name, address, telephone number, and date of birth of the individual who tested positive;
- The date the individual tested positive, the school(s) at which the individual was present on-site within the 10 days preceding the positive test, and the date the individual was last on-site at any relevant school(s); and
- The full name, address, and telephone number of the person making the report.

This information shall be reported to the local health officer by telephone within twenty-four hours from the time an individual within the local educational agency or private school is first made aware of a new case.

This reporting shall continue until this directive is modified or rescinded.

Information reported to the local health officer pursuant to this directive shall not be disclosed except to (1) the California Department of Public Health; (2) to the extent deemed necessary by the local health officer for an investigation to determine the source of infection and to prevent the spread of COVID-19,

including with health officers in other jurisdictions as necessary to monitor, investigate, prevent, and/or control the spread of COVID-19; (3) if required by state or federal law; or (4) with the written consent of the individual to whom the information pertains or the legal representative of the individual.

This reporting does not replace or supersede any other statutory or regulatory requirements that require reporting of COVID-19 cases and/or outbreaks to other entities or institutions, such as Cal/OSHA.

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