

COVID-19 School Guidance Checklist

United Christian Academy

January 14, 2021

CALIFORNIA
ALL

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Date: 1/21/2021

2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equivalent: United Christian Academy

Number of schools: 1

Enrollment: 287

Superintendent (or equivalent) Name: Tim Hoy

Address: 10900 Civic Center Drive
Rancho Cucamonga, CA 91730

Phone Number: (909) 758-8747

Email: UCA@UCAcademy.org

Date of proposed reopening:
August 21, 2020 (Waiver Approved 8/21/20)

County: San Bernardino

Grade Level (check all that apply)

Current Tier: Purple
(please indicate Purple, Red, Orange or Yellow)

TK 2nd 5th 8th 11th

K 3rd 6th 9th 12th

1st 4th 7th 10th

Type of LEA: 501c(3) Religious Non-Profit

This form and any applicable attachments should be posted publicly on the website of the local educational agency (or equivalent) prior to reopening or if an LEA or equivalent has already opened for in-person instruction. For those in the Purple Tier, materials must additionally be submitted to your local health officer (LHO), local County Office of Education, and the State School Safety Team prior to reopening.

The email address for submission to the State School Safety for All Team for LEAs in Purple Tier is:

K12csp@cdph.ca.gov

LEAs or equivalent in Counties with a case rate $\geq 25/100,000$ individuals can submit materials but cannot re-open a school until the county is below 25 cases per 100,000 (adjusted rate) for 5 consecutive days.

For Local Educational Agencies (LEAs or equivalent) in ALL TIERS:

I, Patricia Ornelas, post to the website of the local educational agency (or equivalent) the COVID Safety Plan, which consists of two elements: the **COVID-19 Prevention Program (CPP)**, pursuant to CalOSHA requirements, and this **CDPH COVID-19 Guidance Checklist** and accompanying documents,

which satisfies requirements for the safe reopening of schools per CDPH [Guidance on Schools](#). For those seeking to open while in the Purple Tier, these plans have also been submitted to the local health officer (LHO) and the State School Safety Team.

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

Stable group structures (where applicable): How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the stable group.

Please provide specific information regarding:

How many students and staff will be in each planned stable, group structure? (If planning more than one type of group, what is the minimum and maximum number of students and staff in the groups?)

1 Teacher, 1 TA (per day) per 20 Students Max

If you have departmentalized classes, how will you organize staff and students in stable groups?

Organized by grade level

If you have electives, how will you prevent or minimize in-person contact for members of different stable groups?

Elective teacher goes to class when possible. Class remains as cohort if class is outside or in computer lab.

Entrance, Egress, and Movement Within the School: How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

Face Coverings and Other Essential Protective Gear: How CDPH's face covering requirements will be satisfied and enforced for staff and students.

Health Screenings for Students and Staff: How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

Healthy Hygiene Practices: The availability of handwashing stations and hand sanitizer, and how their safe and appropriate use will be promoted and incorporated into routines for staff and students.

Identification and Tracing of Contacts: Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.

Physical Distancing: How space and routines will be arranged to allow for physical distancing of students and staff.

Please provide the planned maximum and minimum distance between students in classrooms.

Maximum: 6 feet

Minimum: 3 feet. If this is less than 6 feet, please explain why it is not possible to maintain a minimum of at least 6 feet.

Staff Training and Family Education: How staff will be trained and families will be educated on the application and enforcement of the plan.

Testing of Staff: How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic staff testing cadence.

Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier:

Rotational schedule every 8 weeks

Testing of Students: How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence.

Planned student testing cadence. Please note if testing cadence will differ by tier:

UCA will offer monthly testing through SBDPH on campus

Identification and Reporting of Cases: At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with [Reporting Requirements](#).

Communication Plans: How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

N/A **Consultation: (For schools not previously open)** Please confirm consultation with the following groups

Labor Organization

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

If no labor organization represents staff at the school, please describe the process for consultation with school staff:

For Local Educational Agencies (LEAs or equivalent) in PURPLE:

Local Health Officer Approval: The Local Health Officer, for (state County) San Bernardino. County has certified and approved the CRP on this date: Waiver Approved 8/21/2020. If more than 7 business days have passed since the submission without input from the LHO, the CRP shall be deemed approved.

Additional Resources:

[Guidance on Schools](#)

[Safe Schools for All Hub](#)

School Guidance for K-12 Schools in California, 2020-2021 School Year

(With additional implementation
notes for United Christian
Academy)

January 21, 2021

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School Reopening Guidance

All guidance, as schools plan and prepare to resume in-person instruction, should be implemented as outlined in the In-Person School Reopening section, including the development of a CSP.

LAYERS OF SAFETY: INFECTION MITIGATION STRATEGIES

A key goal for safe schools is to reduce or eliminate in-school transmission. A helpful conceptual framing as schools plan for and implement safety measures for in-person instruction, is the layering of mitigation strategies. Each strategy (face coverings, stable groups, distancing, etc.) decreases the risk of in-school transmission; but no one layer is 100% effective. It is the combination of layers that are most effective and have been shown to decrease transmissions.

As schools plan for reopening for in-person instruction and as they continue to work on operations once open, it may be helpful to understand the mitigation strategies with stronger evidence supporting their use. We have ordered the list below such that the interventions known at this time to be more effective in reducing the risk of transmission appear before the ones that are helpful but may have a potentially smaller effect or have less evidence of efficacy. Of note, though scientific comparative assessments are limited, the top three items are likely of similar importance:

1. Face coverings.
2. Stable groups.
3. Physical distancing.
4. Adequate ventilation.
5. Hand hygiene.
6. Symptom and close contact exposure screening, with exclusion from school for staff or students with symptoms or with confirmed close contact.
7. Surveillance or screening/testing.

Frequent disinfection, which was thought at the beginning of the pandemic to be a key safety component, can pose a health risk to children and students due to the chemicals used and has proven to have limited to no impact on COVID-19 transmission. Disinfection with specified products (see [Cleaning and Disinfection section](#)), is recommended for schools after a case has been identified in the school, in the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator's office if an administrator). Please see [Cleaning and Disinfection section](#) for additional details.

Of note, adults (>18 years old) appear to be more infectious overall than children, making staff-to-staff transmission an important focus for safety efforts. A specific situation that has resulted in exposure and transmission among staff in

multiple schools is eating and drinking indoors without being physically distant (for instance, in break rooms or common areas). Specific messaging and support to staff to prevent this scenario are strongly recommended.

The following sections outline specific actions school sites should take to keep students and staff safe.

GENERAL MEASURES

Establish and continue communication with local and state authorities to determine current disease levels and control measures in your community. For example:

- ï Consult with your LHO, or designated public health staff, who are best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).
- ï Collaborate with other schools and school partners in your region, including the county office of education.
- ï Access State Technical Assistance resources available for schools and for LHDs to support safe and successful in-person instruction, available on the [Safe Schools for All Hub](#).
- ï Regularly review updated guidance from state agencies, including [CDPH](#) and [California Department of Education](#).

Per Cal/OSHA requirements noted above, establish a written CPP at every facility, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each school to implement the plan.



1. The Admin Council will serve as the Covid-19 Response/Mitigation Team for UCA. The team will meet weekly or bi-weekly to plan, update, communicate, and implement strategies for mitigating the spread of Covid- 19 on the UCA campus. Additionally Patricia Ornelas and Debbie Acheson shall be the points of contact with local health officials.
2. This booklet shall be the official document for how UCA will combat Covid-19. The first section contains the guidelines issued by the CDPH. The “Additional Notes” section contains additional notes for the UCA community.
3. Both sections are binding on the UCA community. The school will not add to the guidelines (as some may wish), and the school will not remove any of the guidelines (as some may wish). The Admin Council will have final authority for the interpretation and implementation of policies and procedures contain herein.
4. Third party vendors/guests authorized to use the UCA/ALFC facilities (e.g. after school enrichment programs) are required to know and operate by

these guidelines.

5. Staff and students with special needs for accommodations related to COVID-19 must notify school administration of their requests.

FACE COVERINGS

Face coverings must be used in accordance with [CDPH guidelines](#) unless a person is exempt as explained in the guidelines.

- ï Information contained in the [CDPH Guidance for the Use of Face Coverings](#) should be provided to staff and families of students. The face covering guidance applies to all settings, including schools. The guidance discusses the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices employers have adopted to ensure the use of face coverings.
- ï Teach and reinforce use of [face coverings](#), or in limited instances, [face shields with drapes](#).
- ï Students and staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently.
- ï Information should be provided to all staff and families in the school community on [proper use, removal, and washing of cloth face coverings](#).
- ï Training should also include policies on how people who are exempted from wearing a face covering will be addressed.
- ï **Students in all grade levels K-12 are required to wear face coverings at all times, while at school, unless [exempted](#).**
 - A cloth face covering or face shield should be removed for meals, snacks, naptime, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean, safe area, clearly marked with the student's name and date, until it needs to be put on again.
- ï Participants in youth and adult sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- ï The face covering guidance recognizes that there are some people who cannot wear a face covering for a number of different reasons. People are exempted from the requirement if they are under age 2, have a medical or mental health condition or disability that would impede them from properly wearing or handling a face covering, those with a communication disability, or when it would inhibit communication with a person who is hearing impaired. Those with communication disabilities or caregivers of those with communication disabilities can consider wearing a clear mask or cloth mask with a clear panel when appropriate.
- ï Persons exempted from wearing a face covering due to a medical condition, as confirmed by school district health team and therapists, must

wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

- ï Schools must develop protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.
- ï Schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering.
- ï In order to comply with this guidance, schools must exclude students from campus if they are not exempt from wearing a face covering under [CDPH guidelines](#) and refuse to wear one provided by the school.
- ï Employers must provide and ensure staff use face coverings and all other required personal protective equipment in accordance with CDPH guidelines.
- ï The California Governor's Office of Emergency Services (CalOES) and CDPH are and will be working to support procurement and distribution of face coverings and needed personal protective equipment to schools. Additional information can be found [here](#).
- ï The Department of General Services negotiated statewide master contracts, which LEAs may leverage to reduce costs and secure supply chains. Additional information can be found [here](#).
- ï Face covering policies apply on school buses and any vehicle affiliated with the LEA used to transport students, staff, or teachers to and/or from a school site.
- ï Classrooms, school buses, and shared school office spaces used by persons who cannot tolerate face coverings are less safe for others who share that environment. Schools may want to consider notifying others who share spaces with unmasked or sub-optimally masked individuals about the environment. Also consider employing several additional mitigation strategies (or fortifying existing mitigation strategies) to optimize safety. These may include increasing the frequency of asymptomatic tests offered to unmasked or sub-optimally masked individuals, employing longer social distances, installing clear physical barriers, reducing duration of time in shared environments, and opting for either outdoor or highly-ventilated indoor educational spaces, as possible.

Staff

- ï All staff must use face coverings in accordance with [CDPH guidelines](#) unless Cal/OSHA standards require respiratory protection.
- ï For staff who come into routine contact with others, CDPH recommends the use of disposable 3-ply surgical masks, which are more effective than cloth face coverings.

- ï In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per [CDPH guidelines](#)) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.
- ï Workers or other persons handling or serving food must use gloves in addition to face coverings.
- ï Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.

STABLE GROUP GUIDANCE CONSIDERATIONS BY GRADE LEVEL

Stable groups provide a key mitigation layer in schools. A stable group is a group with fixed membership that stays together without mixing with any other groups for any activities.

Guidance from other agencies, including the federal Centers for Disease Control and Prevention (CDC), sometimes refers to them as “cohorts”¹ or “pods.”

Implementing stable groups of students and staff reduces the numbers of exposed individuals if COVID-19 is introduced into the group, decreases opportunities for exposure to or transmission of the virus; facilitates more efficient contact tracing in the event of a positive case; and allows for targeted testing and quarantine of a small group instead of potential schoolwide closures in the event of a positive case or cluster of cases.

How can an elementary school create stable groups?

- ï Students can be placed into stable groups that stay together all day with their core teacher (and any aide or student teacher who is present). If there are counselors or teachers of electives, they should ideally be assigned to only one group or conduct their classes / counseling virtually.

¹ The CDC’s use of the term is different from the use of “cohort” within California’s guidance. “Cohort” is specifically defined in the Cohort Guidance as a group no larger than 16 individuals. To avoid any confusion, this guidance uses “stable group” instead of “cohort” for this concept.

- ï Students should eat lunch and go to recess with their group at times that are staggered and separated from other groups.
- ï There are different approaches to organizing stable groups. Students can be divided into smaller groups that attend school in person on a rotating schedule. Here are a few examples:
 - A group of students comes to school for in-person instruction on Monday and Tuesday. Another attends on Thursday and Friday.
 - On the alternating days, they learn remotely.
 - Some LEAs or schools have students attend school in-person during alternating weeks.
 - Other LEAs or schools have one group of students attend school in person in the morning and another group attend school in person in the afternoon.

These approaches create even smaller groups that stay together and do not mix with one another. Electives or counseling can be conducted virtually to limit the number of staff in direct contact with any given stable group.

How can a middle or high schools school create stable groups?

- ï Students can be placed into groups that remain together all day during in-person instruction. Middle or high school groups are often larger than elementary school groups. Because middle and high school curricula differ from elementary school curricula, teachers are not usually assigned to one stable group of students, creating an opportunity for mixing across stable groups or students. The following guidance provides examples of approaches to minimizing crossover of staff across stable groups of students.
- ï The CDC guidance notes that schools may keep a single group together in one classroom and have educators rotate between groups, or have smaller groups move together in staggered passing schedules to other rooms they need to use (e.g., science labs) without allowing students or staff to mix with others from distinctive groups.
- ï Teachers and supports staff from different content areas can work in teams that share students, preferably in a dedicated space, separate from others. For example: math, science, English, and history teachers might work as a team with a set group of students they share.
- ï When combined with block schedules that reduce the number of courses students take in any one day, the number of educators and students who interact can be minimized further.
- ï It is also possible to keep students in one stable group that stays together with one or two instructors who teach them directly part of the day and

support their instruction from others who teach them virtually during other parts of the day.

- ï Electives can be offered virtually or organized so that no group of students takes more than one elective in a term and the elective teachers do not work with more than one or two groups.
- ï Stable groups could switch schedules or even membership after a break at the quarter, trimester, or semester in ways that support students being able to take additional classes without substantial group mixing.
- ï The school year can be divided into even smaller time units – 4 to 8 weeks for example – in which students study one or two subjects intensively, completing all of the work they might normally have completed in a semester or a year. They stay in stable groups with only 1 or 2 teachers during this time. At the end of unit, they switch schedules and groups to take 1 or 2 other courses, and so on throughout the year.
- ï Additional examples of approaches to creating stable groups of students that limit the risk of transmission across large groups of students are available [here](#).

OTHER CONSIDERATIONS:

- ï **Schedule for Access and Inclusion:** The construction of stable groups can increase or decrease equity or segregation across the school campus, so consider how to support inclusion and access for all student populations as you organize students for learning.
- ï **Schedules as Tools for Physical Distancing:** To the extent possible, schools should think about how to reconfigure the use of bell schedules to streamline foot traffic and maintain practicable physical distancing during passing times and at the beginning and end of the school day. Create staggered passing times when students must move between rooms minimize congregated movement through hallways as much as is practicable.
- ï **Restructure Electives:** Elective teachers who move in and out of stable groups can become points of exposure for themselves and the students they work with. Some models have made elective teachers part of middle and high school stable groups, while others have used them only for remote instruction. Other options include ensuring elective teachers maintain longer distance from students (e.g., 12 feet).

IMPLEMENTING DISTANCING INSIDE AND OUTSIDE THE CLASSROOM

Arrival and Departure

- ï Maximize space between students and between students and the driver on school buses and open windows to the greatest extent practicable. Two windows on a bus should be opened fully at a minimum.
- ï Minimize contact at school between students, staff, families and the community at the beginning and end of the school day. Prioritize minimizing contact between adults at all times.
- ï Stagger arrival and drop off-times and locations as consistently as practicable to minimize scheduling challenges for families.
- ï Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact between people as much as practicable.
- ï Ensure each school bus is equipped with extra unused face coverings for students who may have inadvertently failed to bring one.

Classroom Space

- ï Maximize space between seating and desks. Distance teacher and other staff desks at least 6 feet away from student and other staff desks.



Figure 1. Classroom with adequate spacing between students

Distance student chairs at least 6 feet away from one another, except where 6 feet of distance is not possible after a good-faith effort has been made. Upon request by the local health department and/or State Safe Schools Team, the superintendent should be prepared to demonstrate that good-faith effort, including an effort to consider all outdoor/indoor space options and hybrid learning models. Please reference Figures 1 and 2 for examples of adequate and inadequate spacing. Under no circumstances should distance between student chairs be less than 4 feet. If 6 feet of distance is not possible, it is recommended to optimize ventilation and consider using other separation techniques such as



Figure 2. Classroom without adequate spacing between students

partitions between students or desks, or arranging desks in a way that minimizes face-to-face contact.

• Short-term exposures of less than 6 feet between students and staff are permitted (e.g., a teacher assisting a student one-on-one), but the duration should be minimized and masks must be worn.

• Consider redesigning activities for smaller groups and rearranging

furniture and play spaces to maintain separation.

- Staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.
- Prioritize the use and maximization of outdoor space for activities where possible.
- Activities where there is increased likelihood for transmission from contaminated exhaled aerosols such as band and choir practice and performances are permitted outdoors only, provided that precautions such as physical distancing and use of face coverings are implemented to the maximum extent (see below in Non-classroom spaces).
- Consider using cleanable privacy boards or clear screens to increase and enforce separation between staff and students.

Non-Classroom Spaces

- Limit nonessential visitors, volunteers and activities involving other groups at the same time. School tours are considered a non-essential activity and increase the risk of in-school transmission.
- Limit communal activities. Alternatively, stagger use, properly space occupants and clean in between uses.
- Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting. For example, consider part-day instruction outside.
- Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, create staggered passing times when necessary or when students cannot stay in one room and use visual reminders on the floor

that students can follow to enable physical distancing while passing and waiting in line. In addition, schools can consider eliminating the use of lockers, which can become congregating areas.

- ï Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms where practicable. Where cafeterias or group dining rooms must be used, keep students together in their stable groups, ensure physical distancing, hand hygiene before and after eating, and consider assigned seating. If indoor meal times are paired with recess or outdoor time, consider having half of a stable group of students eat while the other half is outdoors and then switch. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.
- ï Consider holding recess activities in separated areas designated by group.
- ï School athletic activities and sports should follow the [CDPH Outdoor and Indoor Youth and Adult Recreational Guidance](#). Note that risk of infection transmission increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation. And transmission risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath.
- ï Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. Playing of wind instruments (any instrument played by the mouth, such as a trumpet or clarinet) is strongly discouraged. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.



Additional Notes for UCA:

- ï UCA will stagger arrival and departure times to avoid congestions.
- ï There will be designated routes for entering and leaving buildings (see map attachments).
- ï Keep students in the same group and same space as much as practicable.
- ï Frequent wiping down of tables, equipment, and frequently touched surfaces.
- ï As much as possible, keep students in same classroom & same personal

space; teachers rotate from classroom to classroom.

- ī Staggered lunches in classrooms or various locations that facilitate social distancing.
- ī Staggered recess schedule; one class at a time per available locations.
- ī No large assemblies without capacity for social distancing.
- ī For sports that cannot be conducted with sufficient distancing or cohorting, only physical conditioning and training is permitted and ONLY where physical distancing can be maintained. Conditioning and training should focus on individual skill building (e.g., running drills and body weight resistance training) and should take place outside, where practicable.
- ī Avoid equipment sharing, and if unavoidable, clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- ī Consistent with guidance for gyms and fitness facilities, cloth face coverings must be worn during indoor physical conditioning and training or physical education classes (except when showering). Activities that require heavy exertion should be conducted outside in a physically distanced manner without face coverings. Activities conducted inside should be those that do not require heavy exertion and can be done with a face covering. Players should take a break from exercise if any difficulty in breathing is noted and should change their mask or face covering if it becomes wet and sticks to the player's face and obstructs breathing. Masks that restrict airflow under heavy exertion (such as N-95 masks) are not advised for exercise.
- ī Youth sports programs and schools should provide information to parents or guardians regarding this and related guidance, along with the safety measures that will be in place in these settings with which parents or guardians must comply.
- ī Activities where there is increased likelihood for transmission from contaminated exhaled droplets such as band and choir practice and performances are not permitted.

VENTILATION

- ï 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.
 - 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).
- ï Ventilation considerations are also important on school buses; use open windows as much as possible to improve airflow.
- ï Specific practices to avoid:
 - Classrooms or buses with no ventilation.
 - Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).

PROMOTE HEALTHY HAND HYGIENE PRACTICES

- ï Teach and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among students and staff.
 - Teach students and remind staff to use tissue to wipe their nose and to cough/sneeze into a tissue or their elbow.
 - Students and 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.
- Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as “antimicrobial” are not necessary or recommended.
- Staff should model and practice handwashing. For example, use bathroom time in lower grade levels as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- ï Isopropyl alcohol-based hand sanitizers are more toxic when ingested or absorbed into skin.
- ï 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.
- ï Consider portable handwashing stations throughout the school site and near classrooms to minimize movement and congregating in bathrooms to the extent practicable.
- ï Develop routines enabling students and staff to regularly wash their hands at staggered intervals.
- ï Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.



Additional Notes for UCA:

- UCA staff to train and provide students with ample opportunities for handwashing. The school will provide additional outdoor handwashing stations (see maps in attachment)
- Hand sanitizer, disinfectant spray, wipes and tissues will be provided in classrooms.
- Student and staff will be required to wear face masks/shields when coming/leaving school, going from class to class/office, and whenever social distancing is not possible.

CLEANING AND DISINFECTION

The section below provides recommendations for cleaning and disinfection. “Cleaning” involves water and soap or a detergent, does not use disinfecting agents, and significantly decreases germs on surfaces and decreases infectious risks. “Disinfection” kills germs on surfaces using specific agents (see below for those approved for use). If a case has been identified, the spaces where the case spent a large proportion of their time (e.g., classroom, or administrator’s office if an administrator) should be disinfected. Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified.

- ï Staff should clean frequently-touched surfaces at school and on school buses daily.
- ï Buses should be thoroughly cleaned daily and after transporting any individual who is exhibiting symptoms of COVID-19. Drivers should be provided cleaning materials, including but not limited to wipes and disposable gloves, to support cleaning of frequently touched surfaces during the day.
- ï Frequently touched surfaces in the school include, but are not limited to:
 - Sink handles.



Additional Notes for UCA:

- ï UCA families are encouraged to send personal, re-useable water bottles with students.
- ï Recess schedule will be staggered and multiple locations will be added to facilitate social distancing.
- ï Classrooms and frequently touched surfaces will be disinfected daily by ALFC janitorial staff and throughout the day by UCA staff.
- ï Only ALFC-approved disinfectant and wipes will be used.

- Shared tables, desks, or chairs.
 - If a school has morning and afternoon stable groups, the desks and tables are considered shared and should be cleaned before the next group arrives.
 - Desks or chairs do not need daily cleaning if only used by one individual during the day.
- Door handles.
- Shared technology and supplies.
- ī If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure that children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning of outdoor structures play is not required between cohorts.
- ī When choosing disinfection products after an in-school COVID-19 case has been identified (see “What to do if there is a case of COVID-19 in a School”), use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)- approved list “N”](#) and follow product instructions.
 - To [reduce the risk of asthma](#) and other health effects related to disinfection, programs should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
 - Avoid products that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthmatic attacks.
 - Follow label directions for appropriate dilution rates and contact times. Provide workers training on the chemical hazards, manufacturer’s directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.
 - Custodial staff and any other workers who clean and disinfect the school site must be equipped with proper personal protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of the reach of children and stored in a space with restricted access.
 - Establish a cleaning schedule in order to avoid both under- and over-use of cleaning products.
- ī Ensure safe and correct application of disinfectant and keep products away from students.

- ï Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible for example by opening windows where practicable. When disinfecting, air out the space before students arrive; disinfection should be done when students are not present.
- ï [Take steps](#) to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.

CHECK FOR SIGNS, SYMPTOMS AND EXPOSURES

- ï Actively encourage staff and students who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home. Develop policies that encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies.
- ï Implement symptom and exposure screening for all staff and students at home each day before leaving for school.
- ï Students or staff exhibiting symptoms of COVID-19 at school (fever of 100.4 degrees or higher, cough, difficulty breathing, or other [COVID-19 symptoms](#)) must be immediately isolated in a private area until they can leave school or be picked up by a parent or guardian. Ill students and staff should be recommended to be tested for COVID-19 as soon as possible.
- ï Policies should not penalize students for missing class.

Symptom and Exposure Screening

Daily screening for COVID-19 symptoms and for exposure to someone with COVID-19 prior to leaving for school can prevent some people with COVID-19 from coming to school while infectious, thus preventing in-school transmission. Screening does not prevent asymptomatic cases from being at school and spreading SARS-CoV2, the virus that causes COVID-19.

CDPH recommends that:

1. Parents be provided with the list of [COVID-19 symptoms](#) and instructed to keep their child at home if the child is feeling ill or has symptoms of COVID-19, even if symptoms are very mild, and to get their ill child tested for SARS-CoV2.
2. Staff members be provided with the list of COVID-19 symptoms and be instructed to call in sick and stay home if having symptoms of COVID-19 and to get tested for SARS-CoV2.

Note: If a student or staff member has chronic allergic or asthmatic

symptoms (e.g., cough or runny nose), then a change in their symptoms from baseline would be considered a positive symptom.

Implementation of home symptom and exposure screening

- ï There are several implementation options, each with benefits and challenges. Implementing a daily reminder system for home screening, such as a text message or through an online screening application, can support families and staff to review the symptom list each day before leaving for school and confirm that they do not have symptoms of COVID-19 and have not had close contact with a known case. This is likely the easiest and most effective approach, but families or staff may not all have technology access to support this. For those who do not, a list of screening questions on paper can be provided for daily review at home. Schools do not need to monitor compliance with home screening.

Symptoms at School

- ï Identify an isolation room or area to separate anyone who exhibits 1 or more symptoms of COVID-19 while at school.
- ï Staff and students should self-monitor throughout the day for signs of illness; staff should observe students for signs or symptoms of illness to support students who are less able to self-monitor or less likely to self-report.
- ï Any students or 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.
- ï If a student is exhibiting 1 or more symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card.
- ï Unless the LHD recommends otherwise, there is no need to exclude asymptomatic contacts (students or staff) of the symptomatic individual from school until test results for the symptomatic individual are known.

Return to school after exclusion for symptoms at home or in school:

- ï Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- ï Testing of symptomatic students and 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 and students with symptoms of COVID-19 infection not to return for in-person instruction 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.



Additional Notes for UCA:

1. UCA will use no-touch thermometers to take temperatures of students and staff at the beginning of each school day.
2. Symptom-monitoring questions will be asked of students and staff each day
3. Staff will take additional temperature readings if students show sign of sickness and before participation in after-school sports activities.
4. Those with body temperature of 100.4 degrees Fahrenheit or displaying multiple symptoms of COVID-19 will be sent home.
5. Students and staff with symptoms of COVID-19 infection will have to self-quarantine for 10 days from when the symptoms first appeared or have tested negative for the infection.
6. UCA will provide maximum latitude for students or staff needing to be absent due to illnesses.
7. UCA shall test staff periodically, as testing capacity permits and as practicable. 25% of staff will be tested every two weeks over a 2 month period.

STAFF-TO-STAFF INTERACTIONS

- ï Ensuring staff maintain physical distancing of six feet from each other is critical to reducing transmission between adults.
- ï Ensure that all staff use face coverings in accordance with [CDPH guidelines](#) and Cal/OSHA standards.
- ï Support staff who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, where appropriate, or teaching in a distance learning context.

- ï Conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures in place, outside, or virtually, where physical distancing is a challenge.
- ï Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings. Try to provide space outside whenever possible.



Additional Notes for UCA:

1. Use virtual meetings unless social distancing can be observed with in-person meetings.

LIMIT SHARING

- ï Consider suspending or modifying use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.
- ï Limit use and sharing of objects and equipment, items such as electronic devices, clothing, toys, games, and art supplies to the extent practicable, or limit use of supplies and equipment to one group of children at a time and clean between uses.
 - Cleaning shared objects between uses (for example with microfiber cloths or baby wipes) can help to physically remove germs on surfaces.
 - Ensure adequate supplies to minimize sharing of high-touch materials.
- ï Keep each student's individual belongings separated and in individually labeled storage containers, cubbies or areas.



Additional Notes for UCA:

Assign students individual cubbies or lockers for storage of personal items.

TRAIN ALL STAFF AND EDUCATE FAMILIES

- ï Train all staff and provide educational materials to families in the following safety actions:
 - [Proper use, removal, and washing of face coverings.](#)
 - Physical distancing guidelines and their importance.
 - Symptoms screening practices.

- COVID-19 specific [symptom](#) identification.
- How COVID-19 is spread.
- Enhanced sanitation practices.
- The importance of staff and students not coming to work they have symptoms, or if they or someone they live with or they have had close contact with has been diagnosed with COVID- 19.
- For staff, COVID-19 specific [symptom](#) identification and when to seek medical attention.
- The employer’s plan and procedures to follow when staff or students become sick at school.
- The employer’s plan and procedures to protect staff from COVID-19 illness.

Consider conducting the training and education virtually, or, if in-person, outdoors, and ensure a minimum of six-foot distancing is maintained.



Additional Notes for UCA:

- ï These guidelines will be provided to families and staff.
- ï Staff training will be provided during orientation week and throughout the school year.
- ï Training of students will be provided during back to school week and throughout the school year.

MAINTAIN HEALTHY OPERATIONS

- ï Monitor staff absenteeism and have a roster of trained back-up staff where available.
- ï Monitor symptoms among your students and staff on school site to help isolate people with symptoms as soon as possible.
- ï Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Other staff should know who the liaisons are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposures, in order to notify local health officials, staff and families in a prompt and responsible manner. This will support local health department contact tracing efforts.
- ï Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures, exclusions, and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#).

- ï Consult with [CDPH K-12 School Testing Guidance](#) if routine testing is being considered by a LEA.
- ï Support students who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as distance learning.



Additional Notes for UCA:

- ï The UCA staff liaison for matters related to COVID-19 are the superintendent, principals, HR Director, and Office Manager.
- ï UCA staff and families should report COVID-19 concerns to one of the liaisons listed above.
- ï Students and/or staff must be clear for 72 hours after exhibiting communicable symptoms (fever or vomiting) that are not Covid related before returning to school.
- ï UCA employees and students will be trained on how to limit the spread of Covid-19, including how to screen themselves for symptoms and when to stay home.
- ï Students and staff with symptoms of COVID-19 infection will have to self-quarantine for 10 days from when the symptoms first appeared or have tested negative for the infection.
- ï Students or staff with body temperatures at or above 100.4 degrees or showing multiple symptoms of COVID-19 must stay home.

What to do if there is a Confirmed or Suspected Case of COVID-19 in a School

What measures should be taken when a student, teacher or staff member has symptoms, is a contact of someone infected, or is diagnosed with COVID-19?

Table 2. Actions to take if there is a confirmed or suspected case of COVID-19 in a school			
	Student or Staff with:	Action	Communication with school community
1.	COVID-19 symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing) Symptom screening: per CDC Symptom of COVID-19 .	<ul style="list-style-type: none"> ï Send home if at school. ï Recommend testing (If positive, see #3, if negative, see #4). ï School/classroom remain open. 	<ul style="list-style-type: none"> ï No action needed.
2.	Close contact (†) with a confirmed COVID-19 case.	<ul style="list-style-type: none"> ï Send home if at school. ï Exclude from school for 10 days from last exposure, per CDPH quarantine recommendations. ï Recommend testing 5-7 days from last exposure (but will not shorten 10-day exclusion if negative). ï School/classroom remain open. 	Consider school community notification of a known exposure. No action needed if exposure did not happen in school setting.
3.	Confirmed COVID-19 case infection.	<ul style="list-style-type: none"> ï Notify the LHD. ï Exclude from school for 10 days from symptom onset date or, if asymptomatic, for 10 days from specimen collection date. ï Identify school contacts (†), inform the LHD of identified contacts, and exclude 	<ul style="list-style-type: none"> ï School community notification of a known case. ï Notification of persons with

		<p>contacts (possibly the entire stable group (††)) from school for 10 days after the last date the case was present at school while infectious.</p> <ul style="list-style-type: none"> ï Recommend testing asymptomatic contacts 5-7 days from last exposure and immediate testing of symptomatic contacts (negative test results will not shorten 10-day exclusion). ï Disinfection and cleaning of classroom and primary spaces where case spent significant time. ï School remains open. 	<p>potential exposure if case was present in school while infectious</p>
4.	<p>Symptomatic person tests negative or a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition.</p>	<ul style="list-style-type: none"> ï May return to school after 24 hours have passed without fever and symptoms have started improving. ï School/classroom remain open. 	<ul style="list-style-type: none"> ï Consider school community notification if prior awareness of testing.

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

(††) See Stable Group Guidance for definition of a stable group. In some situations, (e.g., when seating charts are used, face covering is well adhered to, and teachers or staff have observed students adequately throughout the day), contact tracing and investigation may be able to determine more precisely whether each stable group member has been exposed. In this situation, those who were not close contacts could continue with in-person instruction.

CONFIRMED COVID-19 CASE

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

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

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

Probable case: Meets clinical criteria AND epidemiologic linkage(‡) with no confirmatory lab testing performed for SARS-CoV-2; OR meets presumptive laboratory evidence (detection of SARS-CoV-2 by antigen test in a respiratory specimen); OR meets vital records criteria with no confirmatory laboratory evidence for SARS-CoV-2.

(‡) Epidemiologically-linked cases include persons with close contact with a confirmed or probable case of COVID-19 disease; OR a member of a risk stable group as defined by public health authorities during an outbreak. This includes persons with identifiable connections to each other such as sharing a defined physical space e.g., in an office, facility section or gathering, indicating a higher likelihood of linked spread of disease than sporadic community incidence.

Local Health Department Actions

1. Interview the case to identify the infectious period and whether case was infections while at school; identify household and community close contacts, particularly any close contacts at school.
2. It may be necessary to consider the entire class or members of the case's stable group exposed, as it can be challenging to determine who may have had contact with the case within 6 feet for at least 15 cumulative minutes in a 24-hour period. In some situations, case investigations may be able to determine individual members of a stable group are close contacts, and allow those who are not identified as close contacts to continue in-person instruction.
3. Notify the school COVID-19 coordinator or point person at the school that a case of COVID-19 in a student or staff member has been reported and provide guidance to identify and generate a line list of close contacts at the school.
4. Notify all close contacts at the school and instruct them to follow [CDPH COVID-19 Quarantine Guidance](#). (or follow LHO orders, if relevant and/or more stringent).
5. Recommend that all close contacts be tested; symptomatic contacts

should be prioritized for immediate testing, and asymptomatic contacts should be recommended to be tested 5-7 days from last exposure.

6. Contacts who test negative must still complete the required quarantine as defined in the [CDPH guidance](#).
7. Contacts who test positive are required to isolate until at least 10 days have passed since symptom onset; and at least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and other symptoms have improved. If asymptomatic, cases should be isolated for 10 days after the specimen collection date of their positive test.
8. Investigate COVID-19 cases in school students and staff to determine if in-school transmission likely occurred and whether any school-related factors could have contributed to risk of infection. Assist schools to update protocols as needed to prevent additional cases.

School Actions

1. Schools must adhere to required reporting requirements and notify, as indicated, the LHD of any newly reported case of COVID-19 in a student or staff member if the LHD has not yet contacted them about the case.
2. If the case is present at school at the time the school is notified, the case must go home and be excluded from school for at least 10 days from symptom onset date or, if asymptomatic, 10 days from the date the specimen was collected for the positive test.
3. Send a notice, developed in collaboration with the LHD, to parents and staff to inform them that a case of COVID-19 in a student or staff member has been reported and that the school will work with the LHD to notify exposed people. (see sample notification #1 in Appendix 2).
4. Arrange for cleaning and disinfection of the classroom and primary spaces where case spent significant time (see Cleaning and Disinfection above for recommendations). This does not need to be done until students and staff in the area have left for the day.
5. Implement online/distance learning for student cases if they are well enough to participate.

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



Additional Notes for UCA:

- ï UCA will contact one of the following SBCPHD liaisons to report any positive case identified on campus:
 - Melody Molleda (909) 677-5954; Email: Melody.Molleda@dph.sbcounty.gov
 - Lizbeth Ortiz (909) 677-5948; Email: Lizbeth.Ortiz@dph.sbcounty.gov
 - Chelsea Koski (909) 677-5775; Email: Chelsea.Koski@dph.sbcounty.gov

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

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

CDPH defines a school [outbreak](#) as 3 or more confirmed or probable cases of staff or students occurring within a 14-day period who are epidemiologically-linked in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).

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

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

Local Health Department Actions

1. Review interviews (or re-interview as needed) of clustered cases to identify common exposures and determine whether the cluster suggests an outbreak with transmission at the school. If data suggest an outbreak,

- then notify the school about starting an investigation.
2. Provide the school with guidance on identifying and creating a line list of all school cases and contacts, including illness onset date, symptoms, date tested, test results, etc. (see sample data collection notification in Appendix 2).
 3. Consult with CDPH as needed for technical assistance, testing, and other resources.
 4. Form an outbreak investigation team with a lead investigator and including one or more school staff members to assist with the investigation.
 5. Identify all potential exposures and close contacts and implement testing of contacts, prioritizing symptomatic contacts for testing.
 6. Testing may be recommended for those who were not identified as close contacts but could potentially have been exposed; the fastest pathway to get test results rapidly should be used.
 7. All symptomatic contacts should be considered probable cases and be interviewed to identify prioritized close contacts and exposures while awaiting their test results.
 8. Implement isolation of all cases and symptomatic contacts and quarantine of all asymptomatic contacts of confirmed and probable cases.
 9. Investigate to determine if in-school transmission likely occurred and whether any school-related factors could have contributed to risk of transmission. Assist schools to update and strengthen protocols as needed to prevent additional cases.
 10. Determine, in collaboration with the school, whether the school meets closure criteria. See School Closure Determinations (page 36).
 11. Determine, in collaboration with the school, when the school should be closed for 14 days even if the conditions outlined in School Closure Determinations below have not been reached. This may be when: 1) the investigation shows that cases or symptomatic students or staff members continue to be identified and school-based transmission of SARS-CoV2 is likely ongoing despite implementation of prevention and control measures; or 2) other local epidemiologic data support school closure.

School Actions

1. Notify parents/guardians and school staff of a cluster/outbreak investigation related to the school and encourage them to follow public health recommendations (see sample notification #2 in Appendix 3).
2. Identify, as part of the CSP, one or more school staff member who can liaise with the LHD regarding the cluster/outbreak investigation by confirming which classes and stable groups included confirmed cases or symptomatic students and staff members, and if recent events or

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

School Closure Determinations

What are the criteria for closing a school to in-person learning?

Individual school closure, in which all students and staff are not on campus, is recommended based on the number of cases and stable groups impacted, which suggest that active in-school transmission is occurring. Closure should be done in consultation with the LHO. Situations that may indicate the need for school closure:

- ï Within a 14-day period, an [outbreak](#) has occurred in 25% or more stable groups in the school.
- ï Within a 14-day period, at least three [outbreaks](#) have occurred in the school AND more than 5% of the school population is infected.
- ï The LHO may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

Length of closure: 14 days, or according to a decision made in consultation with the LHO.

The State Safe Schools for All Technical Assistance teams (TA teams), comprised of experts across multiple state agencies, will be available to assist schools with disease investigation for those with outbreaks that cannot find resources to

investigate the outbreaks. The TA teams will also be available to help schools that close in order to identify and address any remediable safety issues.

If a school is closed, when may it reopen?

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

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

What are the criteria for closing a LEA?

A school district should close if 25% or more of schools in a district have closed due to COVID-19 within a 14-day period and in consultation with the LHD.

If a LEA is closed, when may it reopen?

LEAs may typically reopen after 14 days, in consultation with the LHD.



Additional Notes for UCA:

If there is a confirmed COVID-19 case on our campus, we will implement the following procedures:

- ï Notify the local public health department.
- ï School community notification of a known case.
- ï Isolate case and exclude from on-campus instruction or activities for 10 days from symptom onset or positive test date.
- ï Household of known case should quarantine for 10 days from last exposure with known case.

K-12 School Testing

OVERVIEW

Used in conjunction with other mitigation strategies, testing for SARS-CoV-2 provides an additional tool to support safe and successful K-12 in-person instruction. Testing can allow for early identification of cases and exclusion from school to prevent transmission. However, it should not be used as a stand-alone approach to prevent in-school transmission. A negative test provides information only for the moment in time when the sample is collected. Individuals can become infectious shortly after having a negative test, so it is important to maintain all other mitigation strategies even if a recent negative test has been documented.

There are several circumstances under which a student or staff member might undergo testing. Below, we outline these circumstances and considerations for testing implementation in K-12 schools.

DEFINITIONS

Symptomatic testing: This testing is used for individuals with symptoms of COVID-19, either at home or at school. In this situation, the school guidance requires that these individuals stay home and isolate in case they are infectious. The

Guidance includes the possibility of return to school in the case of a negative test for SARS-CoV-2 and 24 hours after fever is resolved and symptoms are improving.

Response testing: This testing is used to identify positive individuals once a case has been identified in a given stable group. Response-based testing can be provided for symptomatic individuals or for asymptomatic individuals with known or suspected exposure to an individual infected with SARS-CoV-2.

Asymptomatic testing: This testing can be used for surveillance, usually at a cadence of every 2 weeks or less frequently, to understand whether schools have higher or lower rates of COVID19 rates than the community, to guide decisions about safety for schools and school administrators, and to inform LHDs about district level in-school rates. Asymptomatic testing can also be used for screening, usually at a higher cadence (weekly or twice weekly) than surveillance testing, to identify asymptomatic or pre-symptomatic cases, in order to exclude cases that might otherwise contribute to in-school transmission. Screening testing is indicated for situations associated with higher risk (higher community transmission, individuals at higher risk of transmission (e.g., adults and high school students transmit more effectively than elementary aged students)).

TESTING STRATEGY APPROACH

Asymptomatic testing considerations

The science regarding the extent to which asymptomatic testing will achieve the goal of safe and successful schools is still under development. Empirically, schools that have successfully implemented the core mitigation strategies outlined in the School Guidance are operating safely, with limited or no in-school transmission, under a range of asymptomatic testing approaches. The approaches range from no additional asymptomatic testing, to testing a sample of staff and students monthly, to testing all students and staff every other week. Modeling studies show that masking alone and cohorting alone can decrease symptomatic infections more than weekly testing of students and school staff. Taken together, these data suggest that a range of potential testing approaches can be considered for implementation as part of a comprehensive safety strategy.

The state of California has put into place support for the testing cadences in Table 3, through supplemental testing supplies, shipment, laboratory capacity, enrollment and reporting technology, training, and assistance with insurance reimbursement.

The increased levels of testing in the higher Tiers in Table 3 reflect the higher likelihood that someone in the school community might be infected due to higher levels of circulating virus in the surrounding community. For the purposes

of the testing cadence differences, the Deep Purple Tier begins at a CR of >14.

Table 3. Testing Cadences with Support from the State of California for K-12 schools

	Yellow CR <1.0* TP <2%	Orange CR 1-3.9* TP 2-4.9%	Red CR 4-7* TP 5-8%	Purple CR >7-13.9* TP >8%	Deep Purple CR >14*
Staff	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing +	Symptomatic and response testing +	Symptomatic and response testing +
			Every 2 weeks asymptomatic testing.	Every 2 weeks asymptomatic testing.	Weekly asymptomatic (PCR or twice weekly antigen testing)**.
Students K-12	Symptomatic and response testing.	Symptomatic and response testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Every 2 weeks asymptomatic testing.	Symptomatic and response testing + Weekly asymptomatic (PCR or twice weekly antigen testing)**.

TP = test positivity

* *The case rates above are adjusted case rates.*

** *Weekly asymptomatic testing assumes the use of a PCR test. If antigen testing is used, testing should be at a twice weekly cadence.*

Students or staff who have tested positive for active infection with SARS-CoV-2 virus within the last 90 days are exempt from asymptomatic testing.

Any school currently open is subject to the minimum testing requirement standards established by [Cal/OSHA](#). These standards include response testing for exposed cases and outbreak testing for everyone weekly until no longer considered an outbreak. Please refer to Cal/OSHA [guidance](#) for complete details.

Additional Notes for UCA:

- ï Testing will be recommended to all students and staff who display a symptom of Covid-19
- ï UCA has contracted with a licensed nurse to administer a Rapid test on day 5 or later to staff who have experienced exposure and/or symptom of Covid-19
- ï UCA is working with local health department to conduct free on-campus testing for the UCA community
- ï UCA Faculty and staff will test at least once every eight weeks as part of our mitigation plan.

Vaccines for K-12 Schools

CDPH strongly recommends that all persons eligible to receive COVID-19 vaccines receive them at the first opportunity. Currently, people under 16 are not eligible for the vaccine since trials for that group are still underway.

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

- ï Protect the school community.
- ï Reduce demands on health care facilities.
- ï 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](#).

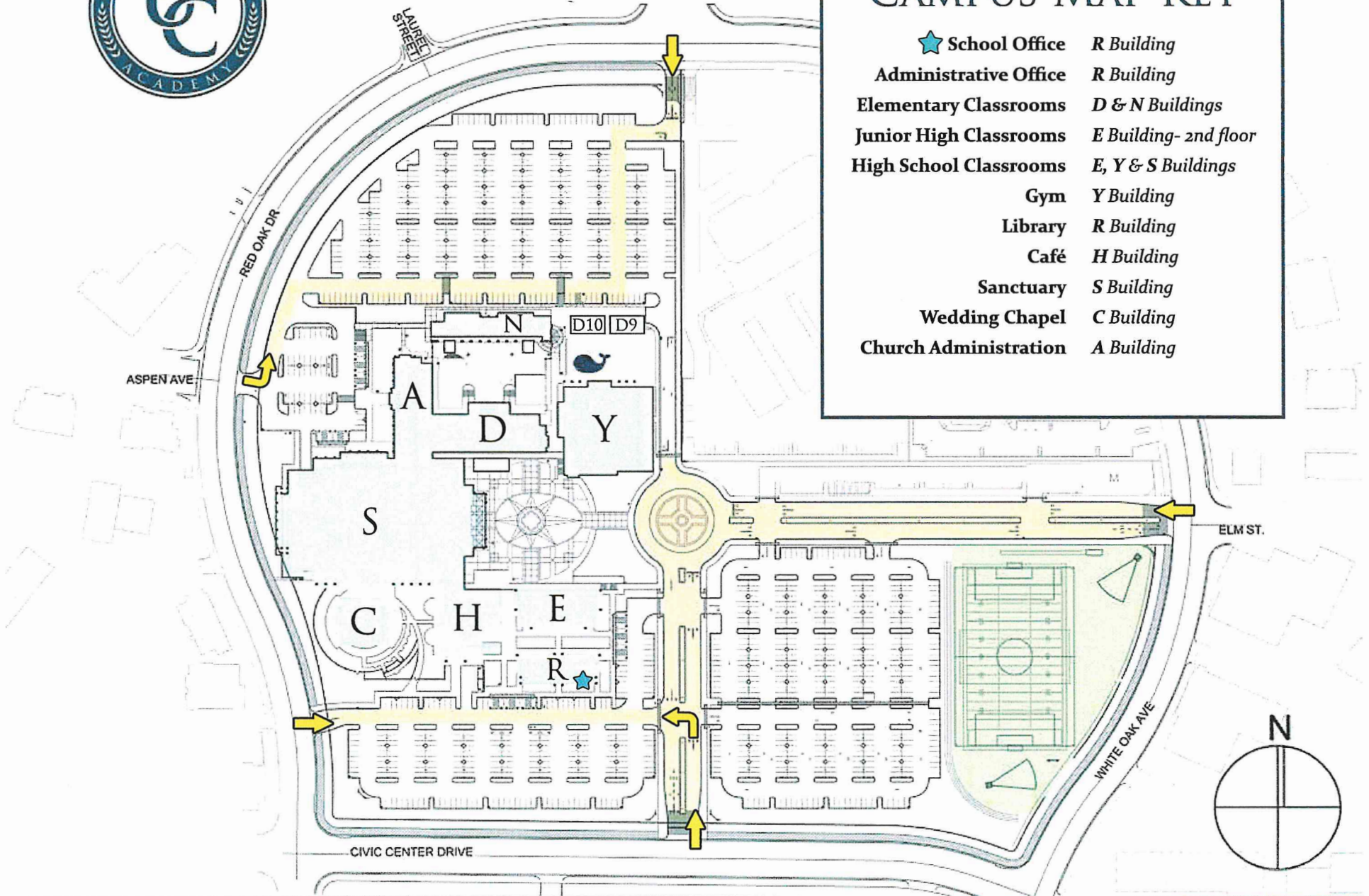
Appendix A

Campus Map of Portable Handwashing Stations



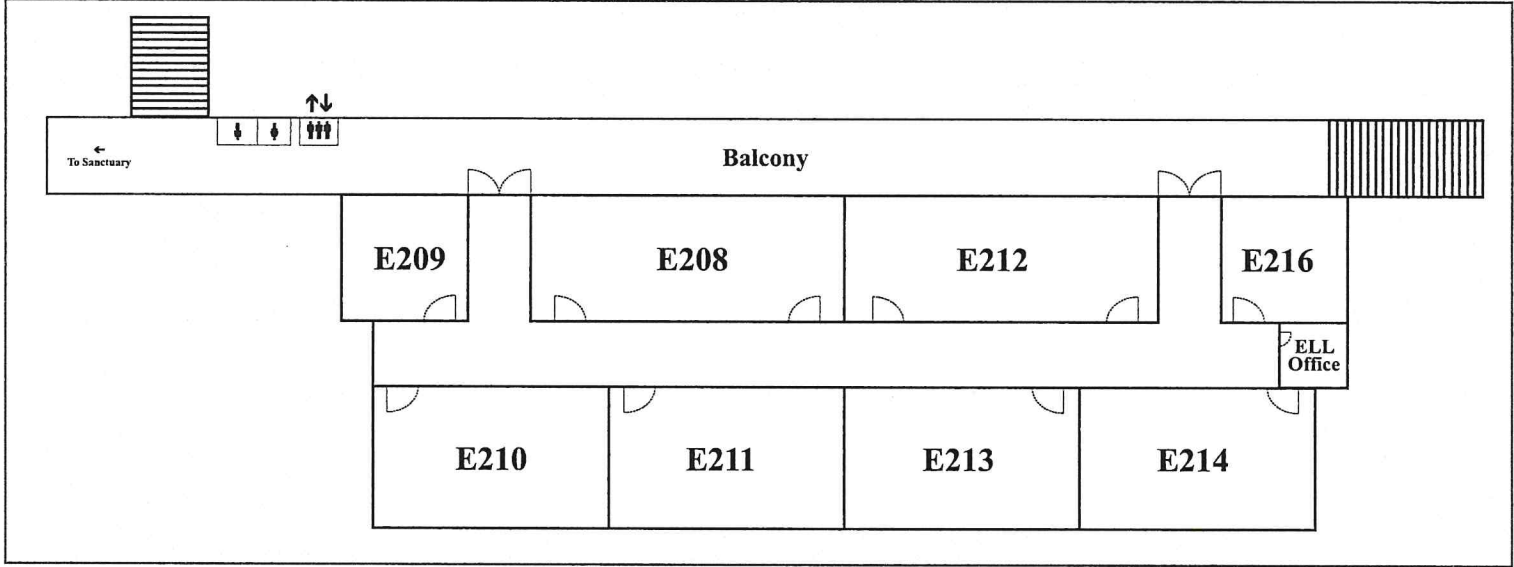
CAMPUS MAP KEY

- ★ School Office *R Building*
- Administrative Office *R Building*
- Elementary Classrooms *D & N Buildings*
- Junior High Classrooms *E Building- 2nd floor*
- High School Classrooms *E, Y & S Buildings*
- Gym *Y Building*
- Library *R Building*
- Café *H Building*
- Sanctuary *S Building*
- Wedding Chapel *C Building*
- Church Administration *A Building*

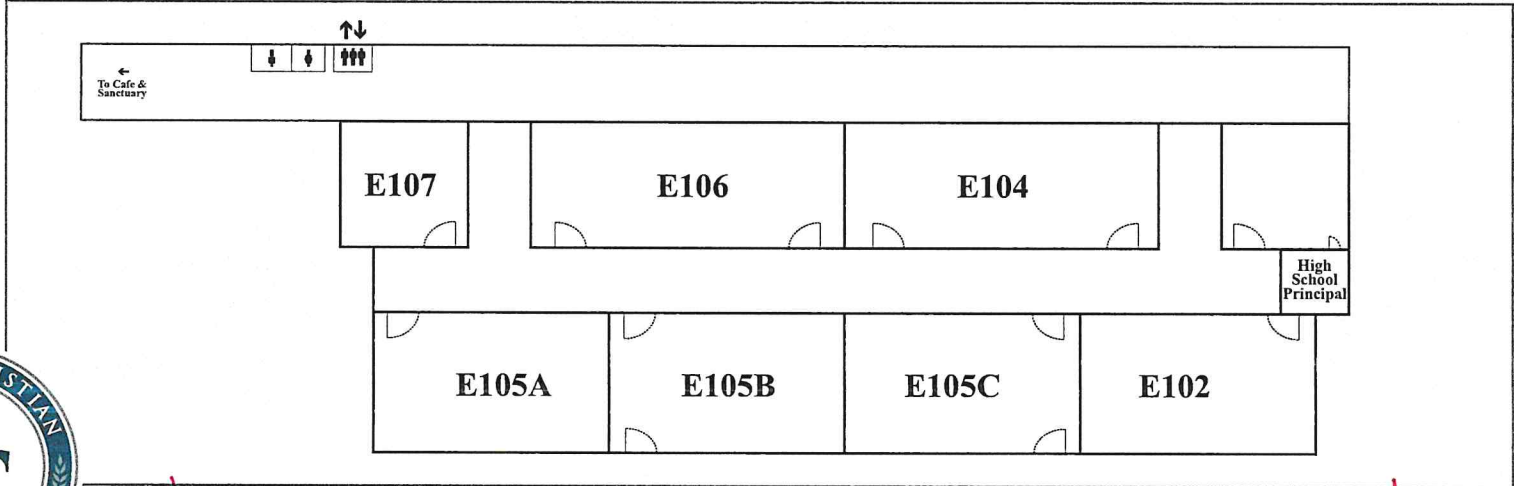


E Building

Second Floor

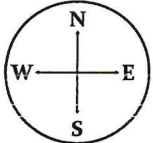


First Floor



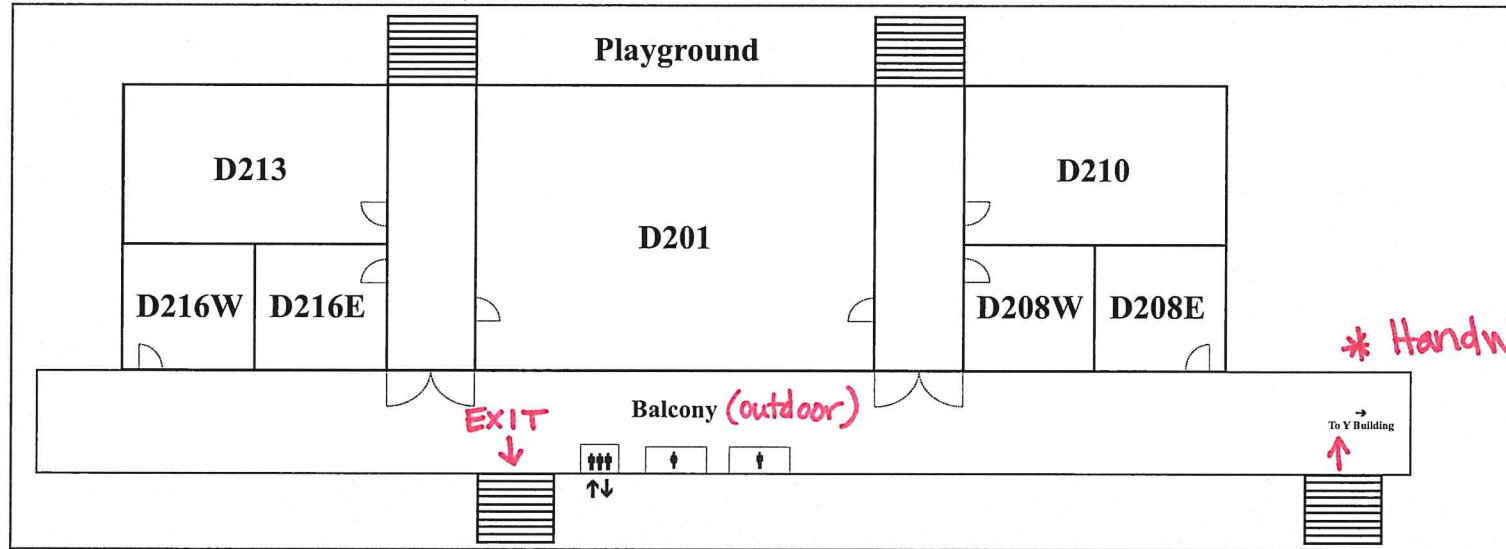
*
Hand
washing station

*
Hand
washing station

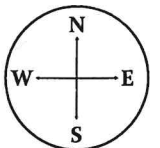
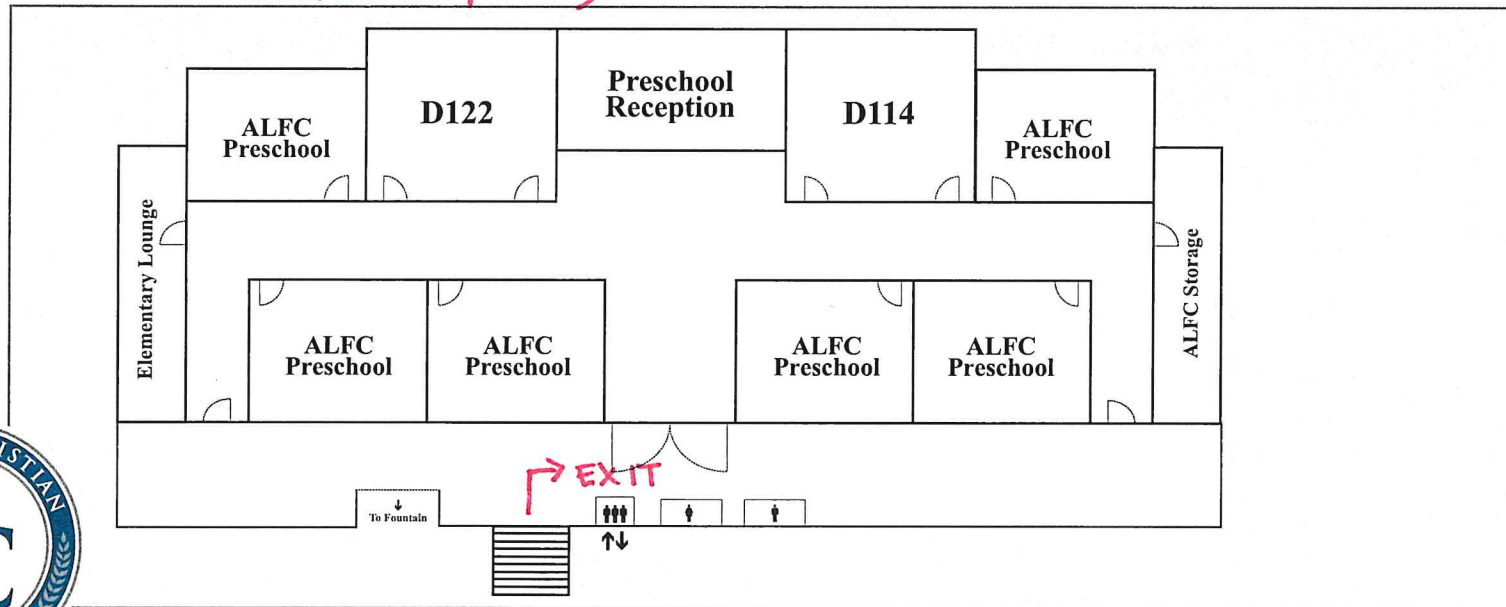


D Building

Second Floor - UCA Classrooms

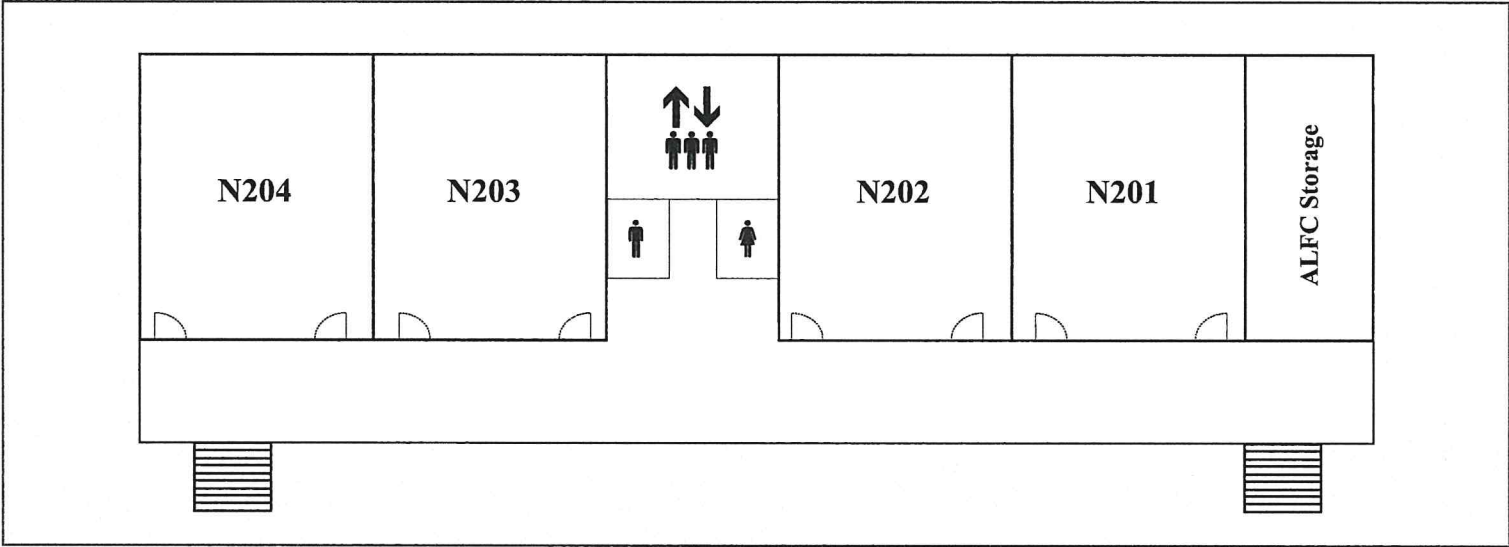


First Floor (Not used by UCA)

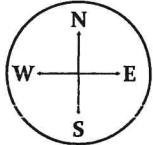
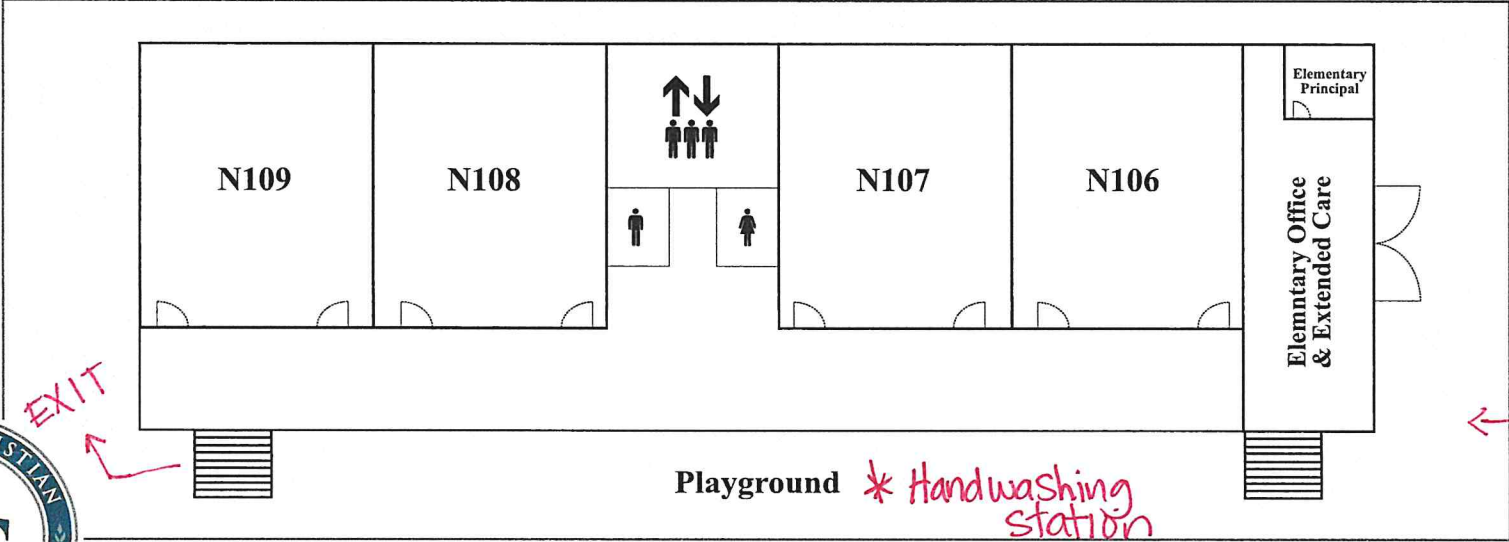


N Building

Second Floor



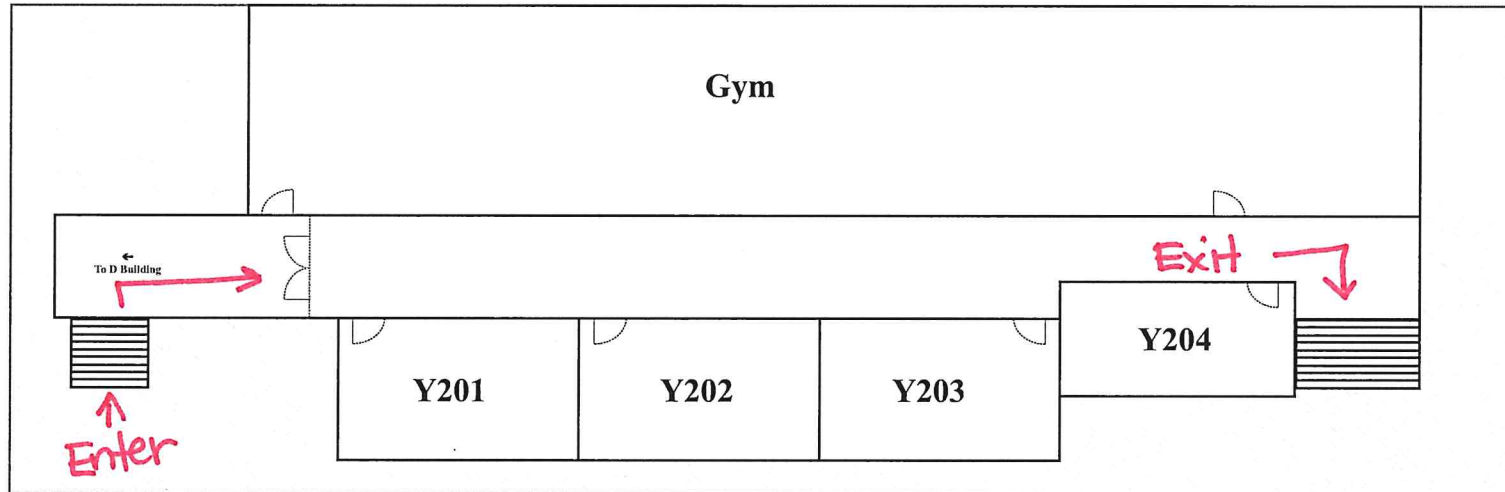
First Floor



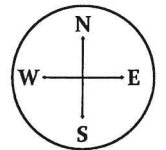
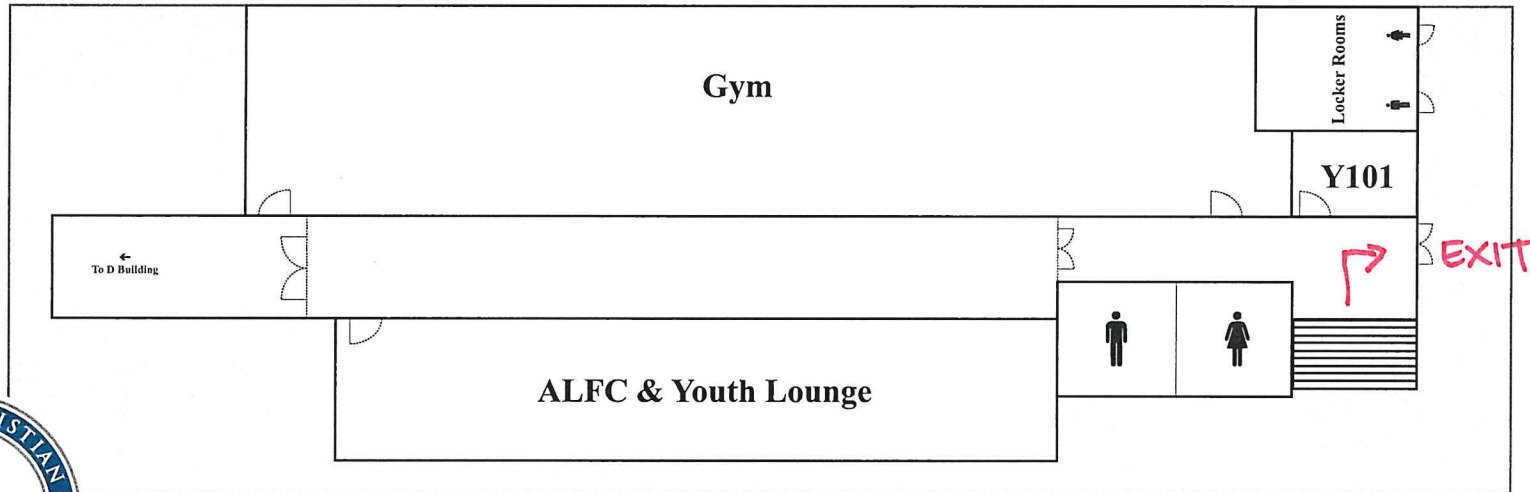
Handwashing station *
Whole Playground * Handwashing station

Y Building

Second Floor

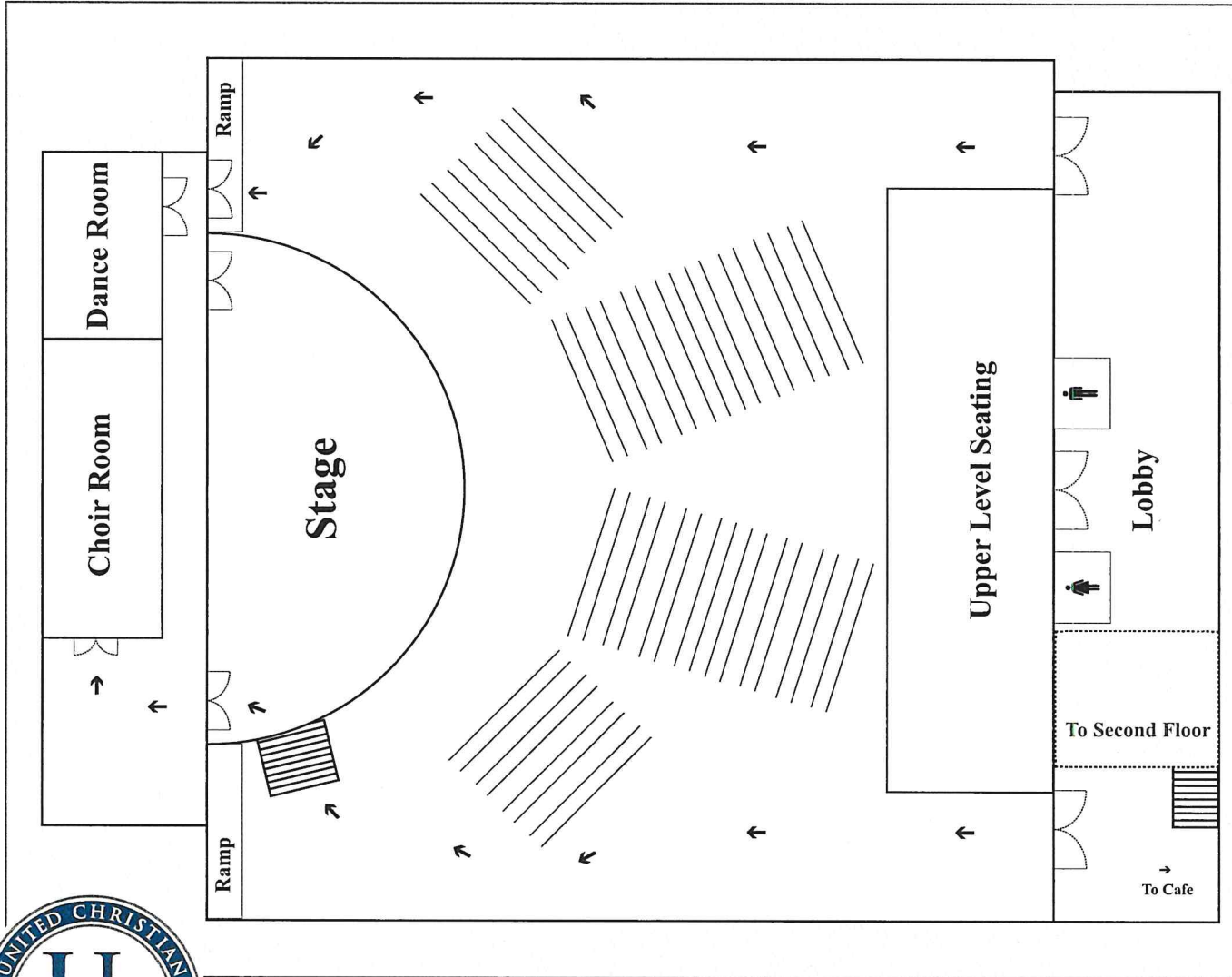


First Floor

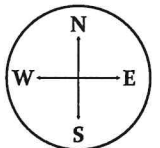
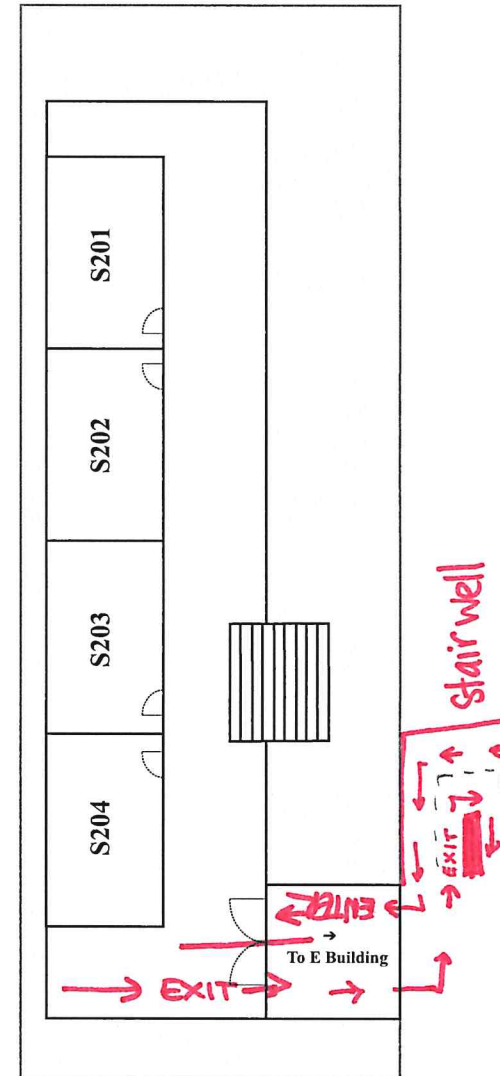


Sanctuary

First Floor



Second Floor



**United Christian Academy
COVID-19 Prevention Program (CPP)**

January 2021

COVID-19 Prevention Program (CPP) for United Christian Academy

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Date: January 21, 2021

Authority and Responsibility

The Director of Finance & Human Resources has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee participation

Employees are encouraged to participate in the identification and evaluation of COVID-19 hazards by:

- Conducting daily self evaluations for COVID-19 symptoms before entering the UCA campus.
- Conducting visual screening of students and taking student temperature at the start of each day.

Employee screening

We screen our employees by:

- Self-screen according to CDPH guidelines.
- Follow all face covering guidelines while on the UCA campus.
- Use non-contact thermometers to take temperature.
- Report all symptoms of COVID-19 to the UCA Covid-19 Liaison.

Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

Hazards will be inspected and reviewed within 24 hours of report. The UCA Covid-19 Liaison will

identify corrective measures and enlist the appropriate personnel to make the correction, including all necessary purchases of PPE, cleaning supplies, and/or signage. Corrections will also include proper communication and training to personnel to ensure proper enforcement of all guidelines, policies, and procedures.

Control of COVID-19 Hazards

Physical Distancing

Where possible, we ensure at least six feet of physical distancing at all times in our workplace by:

- Arranging teacher desks at least 6 feet away from student desks.
- Provide desk shields for faculty, staff and student working areas. This includes office locations where parents may walk in for assistance.
- Limit visitors on campus.
- Establish one-way direction ingress and egress patterns for indoor halls and walkways.
- Mark entrances and exits with signs and floor markings to assist with direction and path of travel.

Individuals will be kept as far apart as possible when there are situations where six feet of physical distancing cannot be achieved.

Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. Employees can request a face covering or face shield in the school office as needed. Employees are encouraged to report non-employees without a face covering to the UCA Covid-19 Liaison immediately.

The following are exceptions to the use of face coverings in our workplace:

- When an employee is alone in a room.
- While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.
- Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart.

Any employee not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked employee is tested at least twice weekly for COVID-19.

Engineering controls

We implement the following measures for situations where we cannot maintain at least six feet between individuals:

- Provide plexiglass partitions if practicable
- Provide are purifiers for additional ventilation

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

- Mechanical ventilation systems are owned, operated, and repaired by the property owner – Abundant Living Family Church (ALFC)

- Deficiencies in the ventilation system will be reported to ALFC immediately for inspection and/or repair.

Cleaning and disinfecting

UCA works in partnership with ALFC to conduct all janitorial and cleaning services. The following guidelines are the ALFC Covid-19 compliant enhanced measures that are in place:

- Enhanced hand hygiene solutions – 80% of all infectious diseases are spread by touch – clean hands save lives and create a healthier building environment.
 - Touchless Hand Soaps and hand wash training
 - Touchless Paper Towels
 - Touchless Hand Sanitizer
 - Hand hygiene literature where applicable
- Comprehensive surface cleaning solutions – Dirty surfaces create ideal conditions for pathogenic microbes to survive and thrive. Clean surfaces decrease pathogenic microbes and create a healthier building environment.
 - Safer Cleaning Chemicals – Restroom, Hard Floors, Carpets, General Surfaces
 - Cleaning Chemical Dispensing Systems
 - Color Coordinated Cleaning Tools – Microfiber, mops, wipes, brushes, scrubbing pads to prevent Cross-Contamination Cleaning Equipment and Accessories.
- High-Touch surfaces are a potential source for pathogen transfer to building occupants – targeted disinfection of high-touch surfaces will inactivate and suppress the growth of harmful pathogens and create a healthier building environment.
 - EPA registered disinfectant chemicals
 - Disinfectant & Sanitizing wipes
 - Cleaning Chemical and disinfectant dispensing systems
 - Disinfectant Applications – Sprayers, buckets, misters
 - High touch surfaces include door handles & knobs, light switches, elevator buttons, phones, sinks & faucets, restroom stalls and dispensers, vending machines, food preparation surfaces, breakroom, restaurant & café tables & chairs, microwave, refrigerator, kitchen appliance handles, coffee machines, copier, printer, & fax control buttons, cabinet & file drawer handles, handrails, chair arms, desks, counter tops, front desk and lobby surfaces, equipment controls, wheelchair & walkers, computer keyboards & mouse, remote controls, and recreation equipment.

Abundant Living Family church in partnership with ACME Janitorial Services, has revamped cleaning protocols to adhere to CDC and county recommended guidelines amid the Covid-19 pandemic, focusing on employee awareness, safety protocols and ongoing training modules in order to mitigate the spread of germs and promote a safe environment.

Should we have a COVID-19 case in our workplace, we will implement the following procedures: for areas that were exposed to a Covid positive case, a deep and detailed cleaning and disinfection will be requested and completed within 48 hours.

Shared tools, equipment and personal protective equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by cleaning with disinfectant or sanitizing wipes or spray.

Hand sanitizing

In order to implement effective hand sanitizing procedures, we:

- Provide hand washing stations throughout campus.
- Place hand washing instructions in restrooms and sink areas.
- Provide hand sanitizers in all work areas (hand sanitizers that contain methanol are prohibited).
- Encourage employees to wash their hands for at least 20 seconds each time.

Personal protective equipment (PPE) used to control employees' exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form.

Employees who had potential COVID-19 exposure in our workplace will be:

- Offered COVID-19 testing at no cost during their working hours.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Employees should report COVID-19 symptoms and possible hazards to the UCA Covid-19 Liaison. Employees can use a COVID-19 Inspection form to report hazards. Symptoms should be emailed to ensure timely reporting of symptoms.
- UCA employees can report symptoms and hazards without fear of reprisal.
- Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can be reported to their direct supervisor and/or Human Resources. Appropriate accommodations and/or additional protections will be provided where practicable.
- Employees can access free COVID-19 testing through the San Bernardino County testing sites. More information is available at SBcovid19.com
- UCA is partnering with the SBCDPH to schedule private testing events on campus on a monthly basis for UCA employees and patrons.
- UCA has contracted with a licensed nurse to administer Rapid Tests for employees who exhibit symptoms of COVID-19 or who have experience exposure (day 5 or greater). Employees with a positive test result will be given proper isolation instructions.
- In the event of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test.
- Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.
- Employees will receive email notifications of all on-campus COVID-19 cases identified.
- Employees who experience exposure to a COVID-19 case will receive email communication with proper quarantine procedures.

Training and Instruction

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.

Appendix D: COVID-19 Training Roster will be used to document this training.

Exclusion of COVID-19 Cases

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace for 10 days after the last known COVID-19 exposure to a COVID-19 case.
- Continuing and maintaining an employee's earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by providing benefits that employees are entitled to under applicable federal, state, and/or local laws (e.g. The Cares Act). Maintain current sick leave accruals and allow for employee donations to sick time where applicable.
- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- Report all positive COVID-19 cases to the SBCDPH as required by the CDHP Guidance for Schools.

Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
 - COVID-19 symptoms have improved.
 - At least 10 days have passed since COVID-19 symptoms first appeared.
 - COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
 - A negative COVID-19 test will not be required for an employee to return to work.
 - If an order to isolate or quarantine an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 10 days from the time the order to quarantine was effective.
-

Patricia Ornelas, Director of Finance & HR

Appendix B: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Other:			
Other:			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
Other:			
Other:			
PPE (not shared, available and being worn)			
Face coverings			
Gloves			
Face shields/goggles			
Other:			
Other:			

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date:

Name of person conducting the investigation:

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	

Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?			What could be done to reduce exposure to COVID-19?
Was local health department notified?		Date:	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

Appendix D: COVID-19 Training Roster

Date:

Person that conducted the training:

Employee Name	Signature

Multiple COVID-19 Infections and COVID-19 Outbreaks

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

- We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.
- COVID-19 testing consists of the following:
 - All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
 - After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria** requirements, and local health officer orders if applicable.

Investigation of workplace COVID-19 illness

We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 investigation, review and hazard correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We will consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing as much as possible.
 - Respiratory protection.

Notifications to the local health department

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

Major COVID-19 Outbreaks (20+ within a 30 Day Period)

This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.

COVID-19 testing

We will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

Exclusion of COVID-19 cases

We will ensure COVID-19 cases and employees with COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria**, and any relevant local health department orders.

Investigation of workplace COVID-19 illnesses

We will comply with the requirements of our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 hazard correction

In addition to the requirements of our CPP **Correction of COVID-19 Hazards**, we will take the following actions:

- In buildings or structures with mechanical ventilation, we will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
- We will determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
- We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected
- Implement any other control measures deemed necessary by Cal/OSHA.

Notifications to the local health department

We will comply with the requirements of our **Multiple COVID-19 Infections** and **COVID-19 Outbreaks-Notifications to the Local Health Department**.