



Mother Lode Union School District COVID-19 Guidance for K-12 Schools

2021-22 School Year

The California Department of Public Health (CDPH) recommends that all local educational agencies (LEAs) post a safety plan, communicating the safety measures in place for 2021-22, on the LEA's website and at schools, and disseminate to families in advance of the start of the school year.

The COVID-19 Safety Plan (CSP) consists of two elements:

- **Part 1: COVID-19 Prevention Program (CPP)**, pursuant to Cal/OSHA Emergency Temporary Standard (ETS) requirements
- **Part 2: CDPH COVID-19 Guidance for K-12 Schools** with accompanying documents

Name of Local Educational Agency or Equivalent:	Mother Lode Union School District
Number of schools: 2	Enrollment: 859
County: El Dorado	Type of LEA TK – 8 Grade:
Superintendent (or equivalent) Name:	Curtis Wilson
Address: 3783 Forni Road	Placerville CA 95667
Phone Number: (530) 622-6464	

Grade Level (check all that apply)

<input checked="" type="checkbox"/> TK	<input checked="" type="checkbox"/> 6 th
<input checked="" type="checkbox"/> K	<input checked="" type="checkbox"/> 7 th
<input checked="" type="checkbox"/> 1 st	<input checked="" type="checkbox"/> 8 th
<input checked="" type="checkbox"/> 2 nd	<input type="checkbox"/> 9 th
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<input checked="" type="checkbox"/> 4 th	<input type="checkbox"/> 11 th
<input checked="" type="checkbox"/> 5 th	<input type="checkbox"/> 12 th

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State Public Health Officer & Director

State of California—Health and Human
Services Agency
California Department of
Public Health



GAVIN NEWSOM
Governor

March 12, 2022

TO: All Californians

SUBJECT: COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year

Related Materials: Group-Tracing Approach to Students Exposed to COVID-19 in K-12 Setting | 2021-2022 K-12 Schools Guidance Q&A | CDPH Guidance for the Use of Face Coverings | K-12 Schools Testing Framework 2021-2022 (PDF) | Safe Schools for All Hub | American Academy of Pediatrics COVID-19 Guidance for Safe Schools | More Languages

Updates effective as of March 12, 2022:

- The Preamble, General Considerations, and Sections 1 (masking), 2 (physical distancing), 4 (symptoms), 7-9 (quarantine), 16 (extracurriculars), and Additional Considerations have been substantively updated.
- Please also see updates to the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting.

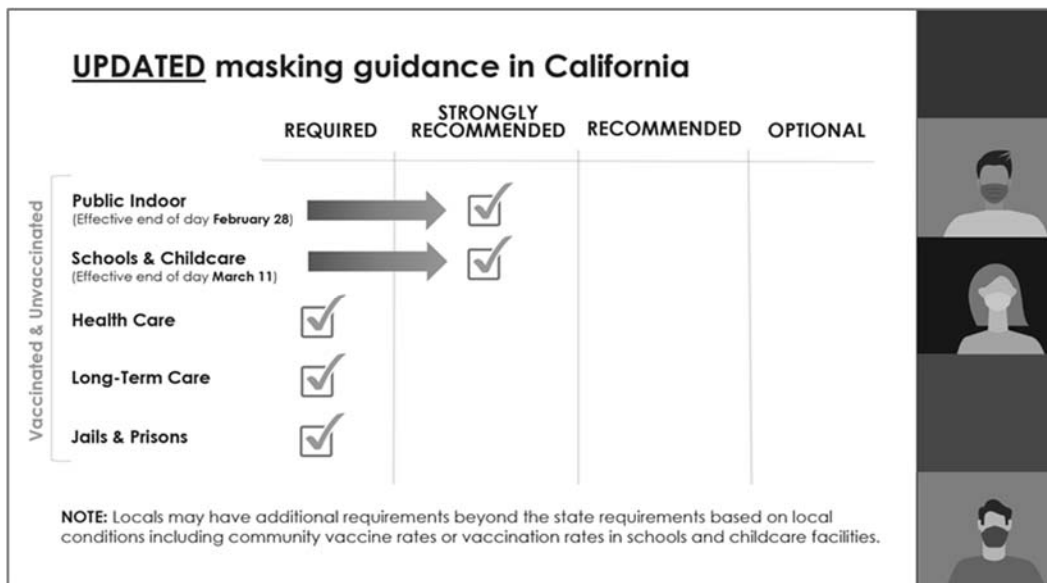
The following guidance is designed to keep California K-12 schools open for in-person instruction safely during the COVID-19 pandemic, consistent with the current scientific evidence. The foundational principles are ensuring access to safe and full in-person instruction for all students and keeping equity at the core of all efforts described below. In-person schooling is critical to the mental and physical health and development of our students.

COVID-19 has impacted children in both direct and indirect ways, and California's response to conditions in schools has adapted to the dynamic challenges of the pandemic, based on humility and the evolving scientific understanding of the virus. To-date during the 2021-22 school year, the state has weathered two COVID-19 surges while prioritizing the safety of students and staff and in-person instruction. Hospitalizations for COVID-19 (including pediatric hospitalizations) and disruptions to in-person learning, although never inconsequential, have been substantially lower in California than in comparable states. As the most recent surge wanes and we collectively move forward, the next phase of mitigation in schools focuses on long-term prevention and our collective responsibility to preserve safe in-person schooling.

SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by inhalation of respiratory aerosols. To mitigate in-school transmission, a multi-layered strategy continues to be important, including but not limited to getting vaccinated, wearing a mask, staying home when sick, isolating if positive, getting tested, and optimizing indoor air quality.

COVID-19 vaccination for all eligible people in California, including teachers, staff, students, and all eligible individuals sharing homes with members of our K-12 populations is crucial to protecting our communities. More information on how to how to promote vaccine access and uptake is available on the California Safe Schools Hub and Vaccinate All 58 – Let's Get to Immunity.

On February 28, 2022, California announced that, based on a review of epidemiologic indicators and modeling projections, the universal indoor mask mandate in K-12 school settings will remain in effect through end-of-day March 11, 2022 and transition to a strong recommendation thereafter.



Source: 2/28/22 CalHHS Press Conference

Masks remain one of the most effective and simplest safety mitigation layers to prevent transmission of COVID-19 infections. High quality masks, particularly those with good fit and filtration, offer protection to the wearer and optimal source control to reduce transmission to others. To best protect students and staff against COVID-19, CDPH currently strongly recommends continuing to mask indoors in school settings.

CDPH will continue to assess conditions on an ongoing basis to determine when and how to update masking guidance, with consideration of the indicators and factors noted below, as well as transmission patterns, global surveillance, variant characteristics, disease severity, available effective therapeutics, modeling projections, impacts to the health system, vaccination efficacy and coverage, and other indicators to guide K-12 school operations.

General Considerations:

The guidance below is designed to help K-12 schools continue to formulate and implement plans for safe, successful, and full in-person instruction in the 2021-22 school year. It applies recommendations provided by the Centers for Disease Control and Prevention (CDC) and American Academy of Pediatrics (AAP) to the California context. The guidance is effective immediately, unless otherwise stated, and will continue to be reviewed regularly by the California Department of Public Health (CDPH). Additional guidance, including additional requirements, may be issued by local public health officials, local educational agencies, and/or other authorities.

This guidance includes mandatory requirements, in addition to recommendations and resources to inform decision-making. Implementation requires training and support for staff and adequate consideration of student and family needs.

When applying this guidance, consideration should be given to the direct school population and the surrounding community. Factors include: (1) community level indicators of COVID-19 and their trajectory; (2) COVID-19 vaccination coverage in the community and among students, teachers, and staff; (3) local COVID-19 outbreaks or transmission patterns; (4) indoor air quality at relevant facilities; (5) availability and accessibility of resources, including masks and tests; (6) ability to provide therapeutics in a timely and equitable manner as they become available; (7) equity considerations, including populations disproportionately impacted by and exposed to COVID-19; (8) local demographics, including serving specialized populations of individuals at high risk of severe disease and immunocompromised populations; and (9) community input, including from students, families, and staff.

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases Standard and should consult those regulations for additional applicable requirements.

Safety Measures for K-12 Schools

1. Masks

- a. No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
- b. CDPH strongly recommends that all persons (e.g., students and staff) wear masks in K-12 indoor settings, with consideration of exemptions per CDPH face mask guidance.
- c. Persons exempted from wearing a face covering due to a medical condition are strongly recommended to wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- d. Schools must develop and implement local protocols to provide a mask to students who inadvertently fail to bring a face covering to school and desire to use one.
- e. Public schools should be aware of the requirements in AB 130 (Chapter 44 of the Statutes of 2021) to offer independent study programs for the 2021-22 school year.
- f. In situations where use of masks is challenging due to pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs), a face shield with a drape (per CDPH guidelines) (PDF) may be considered instead of a mask while in the classroom.

2. Physical distancing

- a. CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.

3. Ventilation recommendations:

- a. For indoor spaces, indoor air quality should be optimized, which can be done by following CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools (PDF), produced by CDPH Air Quality Section.

4. Recommendations for staying home when sick and getting tested:

- a. Follow the strategy for Staying Home when Sick and Getting Tested from the CDC.
- b. Get tested for COVID-19 when symptoms are consistent with COVID-19.
- c. 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 return to school for those with symptoms:
 - i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
 - ii. Other symptoms are improving; AND
 - iii. 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.
 - iv. If the student or staff member tests positive for SARS-CoV-2, follow the guidance for isolation in Section #10 below.

5. Screening testing recommendations:

- a. CDPH has a robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.).
 - i. Resources for schools interested in testing include: California's Testing Task Force K-12 Schools Testing Program, K-12 school-based COVID-19 testing strategies (PDF) and Updated Testing Guidance; The Safe Schools for All state technical assistance (TA) portal; and the CDC K-12 School Guidance screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

6. Case reporting, contact tracing and investigation

- a. Per AB 86 (2021) and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.
- b. Schools or LEAs should have a COVID-19 liaison to assist the local health department with activities related to COVID-19.

****NOTE: Sections 7-9 below (i.e., Quarantine guidance, including Modified Quarantine) were developed in the now historical context of (1) a universal indoor masking requirement in schools and (2) circulating variants of SARS-CoV-2 with longer incubation periods and less transmissibility than that which is currently predominant in California. The recommendations contained in Sections 7-9 are maintained below for the purposes of allowing for operational continuity. Minor updates have been made to align with general guidance for testing exposed individuals. However, CDPH strongly recommends that schools utilize (or begin transitioning to) the notification-based model provided in Group Tracing Approach to Students Exposed to COVID-19 in a K-12 setting. Notably, the CDC similarly no longer recommends universal case investigation and contact tracing in schools, and instead recommends implementation of "appropriate**

COVID-19 prevention measures [and] broad-based efforts to notify people of a potential exposure." This is akin to California's Group Tracing Approach. If K-12 schools maintain protocols using strategies outlined in Sections 7-9, due consideration of the aforementioned factors is advised.**

7. Quarantine recommendations for student close contacts who have completed at least the primary series of COVID-19 vaccines OR had COVID-19 within the last 90 days:
 - a. Quarantine is NOT recommended. Students without symptoms may remain in school and participate in all school activities. It is strongly recommended that exposed students wear a well-fitting mask around others for a total of 10 days following the last date of exposure.
 - i. Student close contacts who have completed at least the primary series of COVID-19 vaccines should get tested 3-5 days after exposure, or sooner if symptoms develop (in which case they should also stay home); AND
 - ii. Student close contacts who had COVID-19 within the last 90 days do not need to test unless they develop symptoms (in which case an antigen test is preferred, and they should also stay home); OR
 - b. Schools are strongly recommended to follow guidance provided in the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting

8. Quarantine recommendations for student close contacts who have NOT completed the primary series of COVID-19 vaccines NOR had COVID-19 within the last 90 days for exposures when both parties were wearing a mask. These are adapted from the CDC K-12 guidance and CDC definition of a close contact. See the K-12 Schools Guidance 2021-2022 Questions & Answers for additional recommendations to focus on high-value contact tracing to protect students and staff.
 - A. When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), students close contacts (more than 15 minutes over a 24-hour period within 0-6 feet) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:
 - i. Are asymptomatic;
 - ii. Continue to appropriately mask;
 - iii. Undergo at least twice weekly testing during quarantine; and
 - iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting; OR
 - b. Schools are strongly recommended to follow the guidance provided in the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting

9. Quarantine duration recommendations for student close contacts who have NOT completed the primary series of COVID-19 vaccines NOR had COVID-19 within the last 90 days in:
 - ♦ Standard quarantine (i.e., students who were not wearing masks or for whom the infected individual was not wearing a mask during the exposure); OR
 - ♦ Modified quarantine (i.e., students as described in #8 above).

- a. Quarantine can end after day 5 if symptoms are not present and a diagnostic specimen collected on day 5 or later tests negative. If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10. It is strongly recommended that exposed persons wear a well-fitting mask around others for a total of 10 days following the last date of exposure; OR
 - b. Schools are strongly recommended to follow the guidance provided in the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting
10. Isolation recommendations
- a. Everyone, regardless of vaccination status, previous infection or lack of symptoms, follow the recommendations listed in Table 1 (Isolation) of the CDPH Guidance on Isolation and Quarantine for the General Public.
11. Hand hygiene recommendations
- a. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
 - b. Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.
 - c. 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.
12. Cleaning recommendations
- a. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.
 - b. For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see *Cleaning and Disinfecting Your Facility*.
 - c. If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.
 - d. Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.
13. Food service recommendations
- a. Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.
 - b. Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.

- c. Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

14. Vaccination verification considerations

- a. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), refer to the CDPH vaccine verification recommendations.

15. COVID-19 Safety Planning Transparency Recommendations

- a. In order to build trust in the school community and support successful return to school, it is a best practice to provide transparency to the school community regarding the school's safety plans. It is recommended that at a minimum all local educational agencies (LEAs) post a safety plan, communicating the safety measures in place for 2021-22, on the LEA's website and at schools, and disseminate to families in advance of the start of the school year.

Note: With the approval of the federal American Rescue Plan, each local educational agency receiving Elementary and Secondary School Emergency Relief (ARP ESSER) funds is required to adopt a Safe Return to In-Person Instruction and Continuity of Services Plan and review it at least every six months for possible revisions. The plan must describe how the local educational agency will maintain the health and safety of students, educators and other staff. Reference the Elementary and Secondary School Relief Fund (ESSER III) Safe Return to In-Person Instruction Local Educational Agency Plan Template (PDF).

16. School-Based Extracurricular Activities

The requirements and recommendations in this guidance apply to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, band, chorus, and clubs.

Indoor mask use remains an effective layer in protecting against COVID-19 infection and transmission, including during sports, music, and related activities, especially activities with increased exertion and/or voice projection, or prolonged close face-face contact. Accordingly:

- ◆ Masks are strongly recommended indoors at all times for teachers, referees, officials, coaches, and other support staff.
- ◆ Masks are strongly recommended indoors for all spectators and observers.
- ◆ Masks are strongly recommended indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also strongly recommended indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.
- ◆ When actively practicing, conditioning, performing, or competing indoors, masks are strongly recommended by participants even during heavy exertion, as practicable. Individuals using instruments indoors that cannot be played with a mask (e.g., wind instruments) are strongly recommended to use bell coverings and maintain a minimum of 3 feet of physical distancing between participants. If masks are not worn (or bell covers are not used) due to heavy exertion, it is strongly recommended that individuals undergo screening testing at least once weekly, unless they had COVID-19 in the past 90 days. An FDA-authorized antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

Additional considerations or other populations

1. Recommendations for students with disabilities or other health care needs

- a. When implementing this guidance, schools should carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply.
- b. For additional recommendations for students with disabilities or other health care needs, refer to guidance provided by the CDC, AAP, and the Healthy Kids Collaborative.

2. Visitor recommendations

- a. Schools should review their rules for visitors and family engagement activities.
- b. Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated.
- c. Schools should not limit access for direct service providers, but can ensure compliance with school visitor policies.
- d. Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

3. Boarding schools may operate residential components under the following guidance:

- a. Strongly recommend policies and practices to ensure that all eligible students, faculty and staff have ample opportunity to get vaccinated.
- b. Strongly recommend that unvaccinated students and staff be offered regular COVID-19 screening testing.
- c. Consider students living in multi-student rooms as a "household cohort." Household cohort members, regardless of vaccination status, do not need to wear masks when they are together without non-household cohort members nearby. If different "household cohorts" are using shared indoor space when together during the day or night, continue to strongly recommend mask use, and healthy hygiene behaviors for everyone.

The non-residential components of boarding schools (e.g., in-person instruction for day students) are governed by the guidelines as other K-12 schools, as noted in this document.

Childcare settings and providers remain subject to separate guidance.

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