



# COVID-19 INDUSTRY GUIDANCE: Schools and School- Based Programs

Release date: **June 5, 2020**

Recommended effective date  
no sooner than: **June 12, 2020**

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*All guidance should be implemented only with county health officer approval following their review of local epidemiological data including cases per 100,000 population, rate of test positivity, and local preparedness to support a health care surge, vulnerable populations, contact tracing, and testing.*



# OVERVIEW

Communities across the state are spending the next weeks and months preparing for the forthcoming school year. To assist with that planning process, the following guidelines and considerations are intended to help school and community leaders plan and prepare to resume in-person instruction.

This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing school operations; as new data and practices emerge, the guidance will be updated. Additionally, the guidelines and considerations do not reflect the full scope of issues that school communities will need to address, which range from day-to-day site-based logistics to the social and emotional well-being of students and staff; further guidance is forthcoming, including on school-based sports and extracurricular activities.

Implementation of this guidance will depend on local public health conditions, including those listed [here](#). Communities meeting those criteria, such as lower incidence of COVID-19 and adequate preparedness, may implement the guidance described below as part of a phased reopening. All decisions about following this guidance should be made in collaboration with local health officials and other authorities.

Implementation of this guidance should be tailored for each setting, including adequate consideration of instructional programs operating at each school site and the needs of students and families. School leaders should engage relevant stakeholders—including families, staff and labor partners in the school community—to formulate and implement plans that consider the following:

- **Student, Family and Staff Population:** Who are the student, family and staff populations that will be impacted by or can serve as partners in implementing any of the following measures?
- **Ability to Implement or Adhere to Measures:** Do staff, students and families have the tools, information, resources and ability to successfully adhere to or implement the new measures?
- **Negative or Unintended Consequences:** Are there any negative or unintended consequences to staff, students or families of implementing the measures and how can those consequences be mitigated?

The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on its [Cal/OSHA Guidance on Requirements to](#)

[Protect Workers from Coronavirus webpage](#), and will be developing supplemental guidance to assist education employers in complying with Cal/OSHA's COVID-19-related standards.



## 1. General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community. For example:
  - Review and refer to, if applicable, the relevant county variance documentation. Documentation can be found [here](#).
  - Consult with your county health officer, or designated staff, who are best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).
  - Collaborate with other local educational agencies in your region, including the county office of education.
  - Regularly review updated guidance from state agencies, including the [California Department of Public Health](#) and [California Department of Education](#).
- Evaluate whether and to what extent external community organizations can safely utilize the site and campus resources. Ensure external community organizations that use the facilities also follow this guidance.
- Develop a plan for the possibility of repeated closures of classes, groups or entire facilities when persons associated with the facility or in the community become ill with COVID-19. See Section 10 below.
- Develop a plan to further support students with access and functional needs who may be at increased risk of becoming infected or having unrecognized illness due to COVID-19. For example, review existing student health plans to identify students who may need additional accommodations, develop a process for engaging families for potentially unknown concerns that may need to be accommodated or identify additional preparations for classroom and non-classroom environments as needed. Groups that might be at increased risk of becoming infected or having unrecognized illness include the following:
  - Individuals who have limited mobility or require prolonged and close contact with others, such as direct support providers and family members;
  - Individuals who have trouble understanding information or practicing preventive measures, such as hand washing and physical distancing; and
  - Individuals who may not be able to communicate symptoms of illness.

- Be aware of Cal/OSHA requirements to conduct site-specific hazard assessments and develop and implement an effective plan to protect employees.



## 2. Promote Healthy Hygiene Practices

- 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 inside a tissue or their elbow.
  - Students and staff should wash their hands before and after eating; after coughing or sneezing; after being outside; and before and after using the restroom.
  - Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single-use cloth towels) to dry hands thoroughly.
  - Staff should model and practice handwashing. For example, for lower grade levels, use bathroom time 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. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
  - Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.
- Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.
- Develop routines enabling students and staff to regularly wash their hands at staggered intervals.
- Teach and reinforce use of [cloth face coverings](#), masks, or face shields. Face coverings are most essential when physical distancing is not practicable.

- All staff should use cloth face coverings unless Cal/OSHA standards require respiratory protection. Teachers can use face shields, if available, which enable younger students to see their teachers' faces and to avoid potential barriers to phonological instruction.
- Food service workers and staff in routine contact with the public (e.g., front office) should use gloves and facial coverings.
- Students should be encouraged to use cloth face coverings. Cloth face coverings are most essential in settings where physical distancing cannot easily be maintained, such as school buses or other settings where space may be insufficient.
- Students and staff should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently.
- Information should be provided to all staff and families in the school community on [proper use, removal and washing of cloth face coverings](#).
- 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.
  - Employers should provide and ensure staff use face coverings and all required protective equipment.
  - The California Governor's Office of Emergency Services (CalOES) and the Department of Public Health (CDPH) are and will be working to support procurement and distribution of personal protective equipment. Additional information can be found [here](#).



### 3. Intensify Cleaning, Disinfection, and Ventilation

- 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.
- Staff should [clean and disinfect](#) frequently-touched surfaces within school and on school buses at least daily and, as practicable, frequently throughout the day by trained custodial staff.

- Buses should be thoroughly cleaned and disinfected daily and after transporting any individual who is exhibiting symptoms of COVID-19. Drivers should be provided disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.
- Frequently touched surfaces in the school include, but are not limited to:
  - Door handles
  - Light switches
  - Sink handles
  - Bathroom surfaces
  - Tables
  - Student Desks
  - Chairs
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.
- Limit sharing of objects and equipment, such as toys, games and art supplies to the extent practicable. But where allowed, clean and disinfect between uses.
- When choosing cleaning products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions.
  - To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid).
  - Avoid products that mix these ingredients with peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
  - Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on manufacturer's directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable.
  - Custodial staff with the responsibility of cleaning and disinfecting the school site must be equipped with proper 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 children's reach and stored in a space with restricted access.

- Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from students.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
  - If opening windows poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to persons using the facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- [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.



## 4. Implementing Distancing Inside and Outside the Classroom

### ARRIVAL AND DEPARTURE

- Open windows and maximize space between students and between students and the driver on school buses where practicable.
- Minimize contact at school between students, staff, families and the community at the beginning and end of the school day.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Consider using privacy boards or clear screens.

### CLASSROOM SPACE



- Students should remain in the same space and in groups as small and consistent as practicable. Keep the same students and teacher or staff with each group, to the greatest extent practicable.
- Minimize movement of students and teachers or staff as much as practicable. For example, consider ways to keep teachers with one group of students for the whole day.
- Maximize space between seating and desks. Distance teacher and other staff desks at least six feet away from student desks. Consider ways to establish separation of students through other means if practicable, such as, six feet between desks, partitions between desks, markings on classroom floors to promote distancing or arranging desks in a way that minimizes face-to-face contact.
- 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.
- Implement procedures for turning in assignments to minimize contact.

#### **NON-CLASSROOM SPACES**

- Limit nonessential visitors, volunteers and activities involving other groups at the same time.
- Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect 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, and staggered passing times when necessary or when students cannot stay in one room.
- Serve meals in classrooms or outdoors instead of cafeterias or group dining rooms where practicable. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.
- Consider holding recess activities in separated areas designated by class.



## 5. Limit Sharing

- Keep each child's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable.



## 6. Train All Staff and Educate Families

- Train all staff and provide educational materials to families in the following safety actions:
  - Enhanced sanitation practices
  - Physical distancing guidelines and their importance
  - Use of face coverings
  - Screening practices
  - COVID-19 specific [symptom](#) identification
- Consider conducting the training and education virtually, or, if in-person, ensure distancing is maintained.
- Information should be provided to all staff and families on [proper use, removal and washing of cloth face coverings](#).



## 7. Check for Signs and Symptoms

- Prevent discrimination against students who (or whose families) were or are diagnosed with COVID-19.
- 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.

- Implement screening and other procedures for all staff and students entering the facility.
  - Conduct visual wellness checks of all students and take students' temperature with a no-touch thermometer.
  - Ask all individuals about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.
  - Make available and encourage use of hand-washing stations or hand sanitizer.
  - Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality, as required under FERPA and state law related to privacy of educational records. Additional guidance can be found [here](#). As noted in Section 9 below, the staff liaison can serve a coordinating role to ensure prompt and responsible notification.
  - If a student is exhibiting symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card to identify if the student has a history of allergies.
- Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher, cough or other [COVID-19 symptoms](#).
- Policies should not penalize students and families for missing class.



## 8. Plan for When a Staff Member, Child or Visitor Becomes Sick

- Work with school administrators, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Any students or staff exhibiting symptoms should immediately be required to wear a face covering and be required to wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.

- Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Muscle pain
  - Headache
  - Sore throat
  - New loss of taste or smell
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- Notify local health officials, staff and all families immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws. Additional guidance can be found [here](#).
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep disinfectant products away from students.
- Advise sick staff members and students not to return until they have met CDC criteria to discontinue [home isolation](#), including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared.
- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- Provide students, teachers and staff from higher transmission areas opportunities for telework, virtual learning, independent study and other options as feasible to reduce travel to schools in lower transmission areas and vice versa.



## 9. Maintain Healthy Operations

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- Monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Employees should know who they are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records. Additional guidance can be found here.
- Consult with local health departments if routine testing is being considered by a local educational agency. The role of providing routine systematic testing of staff or students for COVID-19 (e.g., PCR swab testing for acute infection, or presence of antibodies in serum after infection) is currently unclear.
- Support staff and 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 telework, virtual learning or independent study.



## 10. Considerations for Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a student, teacher or staff member tests positive for COVID-19 and had exposed others at the school, implement the following steps:
  - In consultation with the local public health department, the appropriate school official may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer.

- Given standard guidance for isolation at home for at least 14 days after close contact, the classroom or office where the patient was based will typically need to close temporarily as students or staff isolate.
- Additional close contacts at school outside of a classroom should also isolate at home.
- Additional areas of the school visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.
- Implement communication plans for school closure to include outreach to students, parents, teachers, staff and the community.
- Include information for staff regarding labor laws, information regarding Disability Insurance, Paid Family Leave and Unemployment Insurance, as applicable for public local educational agencies.
- Provide guidance to parents, teachers and staff reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.
- Develop a plan for continuity of education. Consider in that plan how to also continue nutrition and other services provided in the regular school setting to establish alternate mechanisms for these services to continue.
- Maintain regular communications with the local public health department.

