



COVID-19 Recommendations Checklist

for K-12 Schools and other School-Based Programs

Date of Recommendations:	
School Name:	
School Principal:	
School Contact Person, Title:	
School Address:	
School Email/Phone:	
Licensing Agency:	
CD Investigator:	

These recommendations are supplemental to:

- The California Department of Public Health (CDPH):
 - [COVID-19 Industry Guidance: Schools and School-Based Programs,](#)
 - [COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year](#)
- The Centers for Disease Control and Prevention (CDC):
 - [Preparing K-12 School Administrators for a Safe Return to School in Fall 2020](#)
 - [Considerations for Schools - Operating Schools During COVID-19](#)
 - [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#)
 - [Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing](#)

all of which include additional precautions and actions to control COVID-19.





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Definitions

Confirmed Case of COVID-19 Infection: Individual with positive COVID-19 molecular amplification laboratory testing result (e.g., PCR) or positive antigen testing result.

Note: Serology/antibody testing results are not currently used to diagnose COVID-19.

Suspected Case of COVID-19 Infection:

In the absence of a more likely diagnosis:

At least 1 of the following criteria:

- Fever (temperature $\geq 100.4^{\circ}$ F / 38° C or subjective fever) AND cough (new or change in baseline)
- Fever (temperature $\geq 100.4^{\circ}$ F / 38° C or subjective fever) AND Shortness of breath or difficulty breathing (new or change in baseline)
- New loss of taste or smell (i.e., new olfactory or taste disorder)
- Painful purple or red lesions on the feet or swelling of the toes (“COVID toes”)
- Pneumonia (on clinical exam or imaging)
- Acute Respiratory Distress Syndrome (ARDS)

OR At least 2 of the following criteria:

- Fever (temperature $\geq 100.4^{\circ}$ F / 38° C or subjective fever)
- Chills
- Repeated shaking with chills (rigors)
- Cough (new or change in baseline)
- Shortness of breath or difficulty breathing (new or change in baseline)
- Chest pain with deep breathing
- Sore throat
- Hoarseness
- Muscle pain (myalgias)
- Malaise or fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Headache
- Altered mental status (e.g., confusion)
- Conjunctivitis or “pink eye”
- Rash

School Staff: School staff includes teachers, paraprofessionals, librarians, receptionists, front office staff, recess monitors, cafeteria workers, janitors, bus drivers, or any other school employee that may have contact with students or other staff.





Cohort/Pod: A stable group where supervising adults and children stay together for *all activities* (e.g., meals, recreation, etc.), and avoid contact with people outside of their group.

- Cohorts can be divided, as needed, into subgroups.
- Schools should prevent interactions between cohorts, including interactions between staff assigned to different cohorts.
 - Assign children and youth who live or carpool together to the same cohort, if possible.
 - Children and youth should not be moved from one cohort to another, unless absolutely necessary for a child's overall safety and wellness.
 - Cohorts must be kept separate from one another for special activities such as art, music, and exercise. Stagger playground time and other activities so that two cohorts are not in the same place at the same time.
- One-to-one specialized services may be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.
 - Specialized services include but are not limited to occupational therapy services, speech and language services, and other medical, behavioral services, or educational support services as part of a targeted intervention strategy.
 - Specialized services must be provided consistent with the industry guidance for [Limited Services](#) including strict adherence to face covering use, social distancing and hand hygiene practices.

Close Contact: A person who is within less than 6 feet from a confirmed case for more than 15 minutes regardless of face covering use. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire cohort, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

Isolation: Isolation is used to separate people infected with a contagious disease (such as those who are sick with COVID-19 and those who have tested positive for COVID-19 but do not have any symptoms) from people who are *not* infected. People who are in isolation should stay home until it is safe for them to be around others. In the home, sick/infected individuals should separate themselves from others by staying in a specific “sick” room or area and using a separate bathroom if available.

Quarantine: Quarantine refers to the practice of separating individuals who have had close contact with someone with a contagious disease such as COVID-19 from others. This is meant to interrupt disease transmission as people can be contagious before they develop symptoms and in the case of COVID-19 can be contagious without ever developing symptoms. People who are in quarantine should stay home until it is safe for them to be around others. They should stay home, separate from others, and monitor their health.





Reporting Requirements and Communication

- All COVID-19 cases and clusters of undiagnosed respiratory illness** must be immediately reported by the school Principal or designee to the San Mateo County Communicable Disease Control Program (SMC CD Control) at (650) 573-2346, Mon-Fri 8am to 5pm.
- The school Principal or designee should notify appropriate District Superintendent of suspected or confirmed COVID-19 cases and ensure that the San Mateo County Office of Education is also notified per the Communication Structure outlined in the [San Mateo County Coalition for Safe Schools and Communities Pandemic Recovery Framework](#).
- The school Principal or designee must complete the attached line list daily for all **new** cases and submit it via secure email to SMCCDControl@smcgov.org and the assigned investigator daily by 10:00AM until instructed otherwise by SMC CD Control.
- The school Principal or designee and the assigned investigator will be in daily contact Monday–Friday until instructed otherwise by SMC CD Control.
- Submit a school map/floor plan to SMC CD Control within 24 hours of reporting unless a map has been submitted to SMC Health within the last 12 months.
- Implement an internal communication plan for students, families and staff. Ensure communication systems that allow staff and families to self-report symptoms and to receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by the Americans with Disabilities Act (ADA), and the Family Education Rights and Privacy Act (FERPA) related to privacy.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Staff should know who the liaisons are and how to contact them. The liaisons 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.





Table 1. Steps to Take in Response to Confirmed or Suspected COVID-19 Cases and Close Contacts to Known COVID-19 Cases

Scenario:	Immediate Actions	Communication
<p><u>Scenario 1:</u> A student or staff member either exhibits COVID-19 symptoms, answers “yes” to a health screening question, or has a temperature of 100.4°F or above</p>	<ul style="list-style-type: none"> • Send home • Recommend testing (If positive, see Scenario 3; if negative, see Table 2) • School/classroom remain open 	<p>No action is needed</p>
<p><u>Scenario 2:</u> A family member of a student or staff member OR someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19</p>	<ul style="list-style-type: none"> • Send home • Contacts should be quarantined for 14 days from the last exposure to the case • Testing can be considered but will not shorten 14-day quarantine. <u>One cannot test out of quarantine.</u> • School/classroom remain open 	<p>No action is needed</p>
<p><u>Scenario 3:</u> A student or staff member tests positive for COVID-19</p>	<ul style="list-style-type: none"> • The school Principal or designee must immediately notify SMC CD Control • Case should be isolated and excluded from school for at least 10 days after symptom onset or date of positive test if case is asymptomatic • Quarantine and exclude the affected cohort/pod for 14 days after the last day the case was present at school while infectious. Specific questions should be directed to SMC CD Control. • Testing of contacts can be considered. Symptomatic contacts should be prioritized for testing (but a negative test will not shorten 14-day quarantine) • Thorough cleaning and disinfecting of classroom and primary spaces where case spent significant time • Other cohorts/pods continue in-person instruction. I.e., the entire school does not need to close. 	<p>Notification to affected cohort/pod</p>





Table 2. Steps to Take in Response to Negative Test Results

Scenario	Immediate Actions	Communication
A <u>symptomatic</u> student or staff member tests negative for COVID-19 and was a <u>household contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full 14 days after the COVID-19 positive household member completes his/her isolation. One cannot test out of quarantine. 	No action is needed
A <u>symptomatic</u> student or staff member tests negative for COVID-19 and was a <u>non-household close contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full 14 days after the date of last exposure. One cannot test out of quarantine. 	No action is needed
A <u>symptomatic</u> student or staff member tests negative for COVID-19 <u>without close contact</u> to a known case	<ul style="list-style-type: none"> Student/staff may return to school 72 hours after resolution of symptoms 	No action is needed

Scenario	Immediate Actions	Communication
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 and was a <u>household contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full 14 days after the COVID-19 positive household member completes his/her isolation. One cannot test out of quarantine. 	No action is needed
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 and was a <u>non-household close contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full 14 days after the date of last exposure. One cannot test out of quarantine. 	No action is needed
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 <u>without close contact</u> to a known case	<ul style="list-style-type: none"> Can return to school/work immediately. 	No action is needed

Scenario	Immediate Actions	Communication
A symptomatic student or staff member who is <u>not a close contact</u> to a known COVID-19 case tests negative for COVID-19 after Scenario 1	<ul style="list-style-type: none"> Student/staff may return to school 72 hours after resolution of symptoms 	No action is needed
A symptomatic or asymptomatic student or staff member who is a <u>close contact</u> to a known COVID-19 case tests negative after Scenario 2	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full 14 days after (1) date of last exposure to COVID-19 positive <u>non-household</u> close contact OR (2) date that COVID-19 positive <u>household</u> member completes his/her isolation. One cannot test out of quarantine. 	No action is needed
A staff member tests negative after routine surveillance testing (no symptoms and no close contact to a confirmed COVID-19 case)	<ul style="list-style-type: none"> Can return to school/work immediately 	No action is needed





Response to Suspected or Confirmed Cases and Close Contacts

Suspected COVID-19 Case(s):

- Plan ahead with the Principal, nurses, and other healthcare providers (if any) to identify an isolation room or area to separate anyone who exhibits COVID-19 [symptoms](#) during the school day.
- Recommend students and staff to get tested as soon as possible after they develop one or more COVID-19 [symptoms](#). **Require that parents/guardians and staff notify the Principal/school administration immediately if the student or staff tests positive for COVID-19.**
- Students or staff who are not already wearing a face covering and are now exhibiting symptoms should immediately wear one and wait in an isolation area until they can be transported home or to a healthcare facility. For serious illness, call 9-1-1 without delay.
 - Keep students who are waiting to be picked up in a previously designated isolation room in an area that others do not enter or pass through. Make sure that students keep their face coverings on.
 - If possible and safe, when parents or guardians arrive to pick up a sick student, have the student meet them outside instead of allowing the parents or guardians into the building.
- Close off areas used by any sick person and do not use before thoroughly cleaning and disinfecting. To reduce the risk of exposure, ideally wait 24 hours before [cleaning and disinfecting](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants with proper PPE and ventilation.
- Find alternative locations for students and teachers whose regular classroom is being cleaned or disinfected.

Confirmed COVID-19 Case(s):

- **The school Principal or designee should immediately notify SMC CD Control of any positive COVID-19 case by calling (650) 573-2346.** Please note that this number is not meant for the general public. Please do not share it with parents and staff members not responsible for reporting.
- Notify staff and families of the affected cohort/pod of the positive COVID-19 case while maintaining confidentiality as required by state and federal laws. Information concerning confidentiality can be found [here](#).
- Close off areas used by any sick person and do not use before thoroughly cleaning and disinfecting. To reduce the risk of exposure, ideally wait 24 hours before [cleaning and disinfecting](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants with proper PPE and ventilation.
- Find alternative locations for students and teachers whose regular classroom is being cleaned or disinfected.
- **Advise sick staff members and students with confirmed COVID-19 not to return to school until they have met the discontinuation of home isolation criteria**, usually at least 10 days after symptoms first appeared and at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications if fever was present and improvement in other symptoms.





	<p>Close contacts to confirmed COVID-19 Case(s):</p> <ul style="list-style-type: none"> • Close contacts (household or non-household) of confirmed COVID-19 cases should be sent home. Because one cannot test out of quarantine, they should, even if they test negative, remain in quarantine for a full 14 days after <ul style="list-style-type: none"> (1) date of last exposure to COVID-19 positive <u>non-household</u> contact OR (2) date that COVID-19 positive <u>household</u> member completes his/her isolation. • While a negative test will not shorten the duration of quarantine, students or staff with close contact to a confirmed case should be encouraged to get tested to help inform appropriate isolation/quarantine periods. • No actions need to be taken for persons who <u>have not had direct contact with a confirmed COVID-19 case</u> but were contacts to a contact. For example, if a student is under quarantine due to contact with a household member who is a confirmed case, the student’s cohort can continue with in-person instruction. • Those who test positive should not return until they have met criteria to discontinue home isolation (see box above for Confirmed COVID-19 Case(s)).
	<p>Return to Campus Criteria:</p> <ul style="list-style-type: none"> • <u>Symptomatic</u> individuals who <u>test positive</u> for COVID-19 should not return until they have met the discontinuation of home isolation criteria, usually at least 10 days after symptoms first appeared and at least 3 days (72 hours) after recovery, defined as resolution of fever without the use of fever-reducing medications if fever was present and improvement in other symptoms. • <u>Asymptomatic</u> individuals who <u>test positive</u> for COVID-19 can usually return 10 days after the collection date of their positive test result. • <u>Symptomatic</u> individuals who <u>test negative</u> for COVID-19 can usually return 72 hours after resolution of symptoms <u>as long as they were not contacts to a known case of COVID-19.</u> • Anyone (<u>symptomatic or asymptomatic</u>) who <u>tests negative</u> for COVID-19 and who is a non-household <u>close contact</u> or a <u>household contact</u> to a confirmed case of COVID-19 should not return to campus until completion of a full 14-day quarantine after <ul style="list-style-type: none"> (1) date of last exposure to COVID-19 positive <u>non-household</u> close contact or (2) date that COVID-19 positive <u>household</u> member completes his/her isolation.

Surveillance Testing	
	<ol style="list-style-type: none"> 1. CDPH recommends that surveillance testing be implemented based on the local disease trends. 2. CDPH encourages school districts and schools to test staff periodically, as testing capacity permits and as practicable. Examples of recommended frequency include testing all staff over a 2 month period, where 25% of staff are tested every 2 weeks, or 50% every month in order to rotate testing of all staff over time. 3. If epidemiological data indicates concern for widespread or increasing community transmission, schools should increase testing of staff to detect potential cases <u>as laboratory testing capacity allows.</u>





COVID-19 Control Measures and Recommendations	
Health Screening	
	Post signs at each school entrance. Post visual alerts instructing students, families and staff not to enter campus if they have any COVID-19 symptoms .
	All students and staff should be screened for symptoms prior to entering the facility. Clearly communicate screening requirements to all staff and families prior to the start of the school year. Provide periodic reminders throughout the school year.
	Ensure that all staff and students who are sick or were recently in close contact with a known COVID-19 case stay home. Develop policies that encourage sick staff and students to stay at home without fear of retaliation, and ensure staff, students and students’ families are aware of these policies.
	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 or other COVID-19 symptoms .
	Symptom screening can occur onsite or at home prior to arrival on campus. A sample questionnaire is included on the next page .
Screening Onsite	
	Symptom screening on-site is recommended for students and staff and can occur via self-reporting or visual inspection (i.e., look for signs like flushed cheeks, new or change in baseline cough, trouble breathing, skin rash, etc.).
	Students and staff exhibiting symptoms of COVID-19 should not be allowed to enter the school campus.
	Symptom screenings do NOT need to be performed by a nurse or other health professional.
	If performing on-campus temperature screening, it should be conducted using a contact-less thermometer with a physical barrier in place to separate the screener from individuals screened. Specifically, <ul style="list-style-type: none"> • Screening stations should be set up at least six feet apart from each other. • A physical barrier, such as a glass window or clear plastic barrier on a table for the person taking the temperature to stand behind, should be put in place. • If a barrier cannot be put in place, the person measuring temperatures should be trained and wear appropriate personal protective equipment (PPE) including a face mask, eye protection, and disposable gloves. • When using a contact-less thermometer, gloves do not need to be changed between checks if the screened individual was not touched. • Contact-less thermometers must be properly cleaned and disinfected according to the manufacturer’s recommendations.
Screening at Home	
	Establish procedures for staff and students’ parents or guardians to conduct symptom screening at-home, prior to arrival.





Sample COVID-19 Health Screening Questionnaire

A person who answers “Yes” to any one of the following questions cannot enter the school facility.

1. Within the last 10 days have you been diagnosed with COVID-19 or had a test confirming you have the virus?

Yes – STAY HOME and seek medical care as needed.

2. Within the past 14 days did you live in the same household as, or did you have close contact with, someone who tested positive for COVID-19 and/or someone who has been in isolation for COVID-19? Close contact is less than 6 feet for 15 minutes or more regardless of whether masks were worn or not.

Yes – STAY HOME and consult with your medical provider as needed.

3. Have you had any new or unexplained symptoms since the last symptom check?

In the absence of a more likely diagnosis:

At least 1 of the following:

- Fever (temperature $\geq 100.4^{\circ}$ F / 38° C or subjective fever)
- Vomiting
- Diarrhea
- Conjunctivitis or “pink eye”
- Rash
- New loss of taste or smell (i.e., new olfactory or taste disorder)
- Painful purple or red lesions on the feet or swelling of the toes (“COVID Toes”)

OR At least 2 of the following:

- Chills
- Repeated shaking with chills (rigors)
- Cough (new or change in baseline)
- Shortness of breath or difficulty breathing (new or change in baseline)
- Chest pain with deep breathing
- Sore throat
- Hoarseness
- Muscle pain (myalgias)
- Malaise or severe fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Headache

Yes – STAY HOME and seek medical care/testing.





Physical Distancing	
	Prior to the start of the school year, communicate with all staff and families regarding physical distancing requirements and recommendations.
	Train all staff and students on protocols for physical distancing for both indoor and outdoor spaces.
	Post signage reminding students and staff about physical distancing in prominent locations throughout the school campus.
	For outside organizations utilizing school facilities outside of school hours if any, ensure that they follow all required health and safety measures.
	<p>Minimize close contact between students, staff, families, and the broader community at arrival and dismissal with the following methods:</p> <ul style="list-style-type: none"> • Designate routes for entry and exit, using as many entrance and exit points as can be supervised appropriately to decrease congregating and crowding. • Provide supervision to minimize student gatherings during school arrival and departure. • Stagger arrival and drop off-times and locations while attempting to minimize scheduling challenges for families with multiple children of different school age. • If applicable, instruct drivers dropping-off or picking-up students to remain in their vehicles to the extent possible. When in-person drop-off or pick-up is needed, only one parent or caregiver should enter the facility to pick up or drop off the child. • Require adults entering campus for in-person pick-up or drop-off to wear a face covering and minimize contacts with others on campus.
	Meetings among the staff from different cohorts should ideally be conducted remotely. If not possible, hold meetings outdoors, or in a large room with the windows open and with all staff members wearing cloth face coverings and maintaining at least 6 feet distance from each other.
	<p>Classroom Settings:</p> <ul style="list-style-type: none"> • Students should remain in the same space and <u>in cohorts/pods as small and consistent as feasible</u>, including for recess and lunch. Limit face-to-face interactions between cohorts, including face-to-face interactions between staff assigned to different cohorts. Maximize the use of outdoor space whenever possible. • When indoors, increase circulation of outdoor air as much as possible by opening windows and doors, unless doing so would pose a health or safety risk to individuals using the facility (e.g., allowing in pollen or smoke or exacerbating asthma symptoms). If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems. • Minimize movement of students and teachers or staff as much as possible. Try to keep teachers with one group of students. In secondary schools or in situations where students have individualized schedules, plan for ways to reduce mixing among cohorts/pods and to minimize contact between cohorts/pods.





	<ul style="list-style-type: none"> • Engineer ways to separate students and maximize space between desks. Ensure desks are six feet apart. If that is not possible, rearrange desks in a way that minimizes face-to-face contact. Place markings on classroom and hallway floors to promote distancing at all times. • Consider using clear screens whenever possible to increase and enforce separation between staff and students. • Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation. • Implement procedures for turning in assignments to minimize contact. • Due to increased risk of disease transmission, do not permit aerosol-generating activities, including in-person choir, band, and vocal cheerleading activities (cheers and chants).
	<p>Non-Classroom Settings:</p> <ul style="list-style-type: none"> • Limit entry of nonessential visitors and volunteers. • Limit group activities (e.g., lunch, recess, gym class) to a single pod. Do not combine pods for activities. As always, 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 conditions permitting. • Minimize congregate movement through hallways as much as possible. Establish more ways to enter and exit the campus, create staggered passing period times when necessary or when students cannot stay in one room and place markings on the floor that students can follow to enable physical distancing while passing. In addition, consider eliminating the use of lockers and moving to block scheduling, which supports the creation of cohort groups and reduces movement between classrooms. • Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms. When cafeterias or group dining rooms must be used, keep students together in their cohort groups, ensure physical distancing, and consider assigned seating. Serve individually plated or bagged meals. Avoid sharing of food, drinks, and utensils and buffet or family-style meals. • Consider holding recess activities in separated, cohort/pod-specific areas.
	<p>Bus Transportation to and from School:</p> <ul style="list-style-type: none"> • Ensure bus drivers and students wear face coverings at all times while awaiting and riding on buses. • Maximize physical distancing between students and between students and the driver by limiting available seats to the extent practicable (e.g., every other row available for seating) and opening windows to the greatest extent possible. • Students from the same family and/or the same cohort/pod should sit together whenever possible to minimize exposure between cohorts. • Ensure each bus is equipped with extra unused face coverings for students who may have forgotten to bring one. • Buses should be thoroughly cleaned and disinfected daily at a minimum and after transporting an individual who is exhibiting COVID-19 symptoms or who has tested positive for COVID-19.





Face Coverings	
	Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines, particularly in indoor environments, on school buses, and areas where physical distancing alone is not sufficient to prevent disease transmission.
	Communicate before the start of the school year with all staff and families regarding expectations for use of face coverings while at school.
	Educate students, particularly younger elementary school students, on the rationale and proper use of face coverings.
	<p>Teachers and staff:</p> <ul style="list-style-type: none"> • All adults must wear a face covering <u>at all times</u> while on campus, except while eating or drinking. • In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others, to the extent possible. Staff must return to wearing a face covering outside of the classroom.
	<p>Students:</p> <ul style="list-style-type: none"> • Students under 2 years of age should <u>not</u> wear face coverings. • Face coverings are <u>strongly encouraged</u> for children between the age of two and second grade, if they can be worn properly. A face shield is an acceptable alternative for the children in this age group who cannot wear face coverings properly. • Face coverings are <u>required</u> for students between third and twelfth grades unless exempt per CDPH guidelines.
	<p>Students excluded from face covering requirements include:</p> <ul style="list-style-type: none"> • Students who have trouble breathing or are unconscious, incapacitated, or otherwise unable to remove the covering without assistance and • Students with special needs who are unable to tolerate a face covering.
	Schools should develop protocols to provide a face covering to students who fail to bring one to school. Schools must exclude students from campus if they are not exempt from wearing a face covering under CDPH guidelines and refuse to wear one. Schools should offer alternative educational opportunities for students who are excluded from campus.
	A face covering or face shield should be removed for meals, snacks, naptime, or when it needs to be replaced. When a face covering is temporarily removed, it should be placed in an individual clean paper bag (marked with the student’s name and date) until it needs to be put on again.





Hand Washing and Other Hygiene Measures	
	Teach and reinforce proper handwashing technique , avoiding contact with one's eyes, nose, and mouth , and covering coughs and sneezes among students and staff. Model, practice, and monitor handwashing, particularly for lower grade levels.
	Post signage in high visibility areas to remind students and staff of proper techniques for handwashing and covering of coughs and sneezes and other prevention measures .
	Ensure adequate supplies to support healthy hygiene behaviors, including tissues, soap, no-touch hand sanitizers (with at least 60 percent ethyl alcohol) for staff and students who can safely use hand sanitizer, no-touch trashcans, and face coverings.
	Provide ethyl alcohol-based no-touch hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat. Students under the age of 9 should use hand sanitizer only under adult supervision. If consumed, call Poison Control at 1-800-222-1222.
	Have students and staff wash hands at staggered intervals to minimize congregation around handwashing and hand sanitizer stations.
	Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses. <ul style="list-style-type: none"> • If personal belongings are allowed on school campus, keep each child's belongings separated and in individually labeled storage containers/cubbies. Ensure belongings are taken home each day to be cleaned.
	Minimize staff's and students' contact with high-touch surfaces (e.g., by propping open building or room doors, particularly at arrival and departure times).





Cleaning and Disinfecting	
	<p>At least daily, and more frequently if feasible, clean and disinfect frequently touched hard surfaces (e.g., tables, desks, chairs, door handles, light switches, phones, copy/fax machines, bathroom surfaces (toilets, countertops, faucets), drinking fountains and playground equipment (if in use) and shared objects (toys, games, art supplies, books) pursuant to CDC guidance. See:</p> <ul style="list-style-type: none"> • Cleaning and Disinfecting Your Facility • Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
	<p>After an illness, limit access to areas used by the sick person until it has been appropriately cleaned and disinfected.</p>
	<p>Choose cleaning products on the Environmental Protection Agency (EPA)-approved list “N” for use against COVID-19 and follow label instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can exacerbate asthma.</p>
	<p>Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible (i.e., by opening windows). If using air conditioning, use the setting that brings in fresh air. Check and replace air filtration systems to ensure optimal air quality.</p>
	<p>To minimize the risk of Legionnaires’ disease and other waterborne diseases, ensure that all water systems are safe to use after a prolonged facility shutdown.</p>
	<p>Close off areas used by any sick person and do not use before thoroughly cleaning and disinfection. To reduce risk of exposure, ideally wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants with proper use of PPE and ventilation.</p>





Sports and Extracurricular Activities	
	Outdoor and indoor sporting events, assemblies, dances, rallies, field trips, and other activities that require close contact or that would promote congregating are not permitted at this time.
	Youth sports and physical education are permitted only when the following can be maintained: (1) physical distancing of at least six feet; and (2) a stable cohort, such as a class, that limits the risks of transmission. Activities should take place outside to the maximum extent possible.
	Indoor physical conditioning and training is allowed only when gyms and fitness centers in San Mateo County are allowed to operate indoors. 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.
	Do not allow electives and extracurricular activities in which physical distancing (at least six feet) and face covering use cannot be maintained at all times.
	Due to increased risk of disease transmission, do not permit aerosol-generating activities, including in-person choir, band, and vocal cheerleading activities (cheers and chants).

School Closure Criteria
<ul style="list-style-type: none"> Individual school closure may be recommended by SMC CD Control based on the number of cases and the percentage of teachers/students/staff members that are positive for COVID-19. Individual school closure may be appropriate when there are cases in multiple cohorts/pods at a school or when at least 5 percent of the total number of teachers/students/staff members have been diagnosed with COVID-19 within a 14-day period, depending on the size and physical layout of the school. SMC CD Control may determine school closure is warranted for other reasons, including results from public health investigations or other local epidemiological data.

School Reopening Criteria After Closure Due to COVID-19 Cases
<p>Schools may reopen after a 14-day closure period, provided all the following have occurred:</p> <ul style="list-style-type: none"> Thorough cleaning and disinfecting Consultation with SMC CD Control Public health investigation

Assess Control Measures and Recommendations
<p>If new cases continue to be identified, school leadership and SMC CD Control will review existing practices, obstacles to fully implement control measures, and evaluate the need for additional actions.</p>





Additional Resources

CDPH:

- [Guidance for Small Cohorts/Groups of Children and Youth \(issued 8/25/2020\)](#)
- [COVID-19 Industry Guidance: Schools and School Based Programs \(issued 8/3/2020\)](#)
- [COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year \(issued 7/17/2020\)](#)
- [Guidance for the Use of Face Coverings \(issued 6/18/2020\)](#)

California Department of Education (CDE):

- [Stronger Together – A Guidebook for the Safe Reopening of California’s Public Schools \(issued June 2020\)](#)

San Mateo County Office of Education:

- [San Mateo County Coalition for Safe Schools and Communities Pandemic Recovery Framework \(issued 6/10/2020\)](#)

CDC:

- [Preparing K-12 School Administrators for a Safe Return to School in Fall 2020 \(issued 7/23/2020\)](#)
- [Considerations for Schools - Operating Schools During COVID-19 \(issued 5/19/2020\)](#)
- [Guidance for K-12 School Administrators on the Use of Cloth Face Coverings in Schools \(issued 7/23/2020\)](#)
- [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations \(issued 7/23/2020\)](#)
- [Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing \(issued 6/30/2020\)](#)
- [FAQ for School Administrators on Reopening Schools \(updated 7/24/2020\)](#)
- [Considerations for K-12 Schools: Readiness and Planning Tool \(released 6/24/2020\)](#)
- [Reopening Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes \(updated 5/7/2020\)](#)



San Mateo County COVID-19 Recommendations Checklist for K-12 Schools and other School-Based Programs Companion Flow Chart

*A contact who tests negative needs to remain in quarantine. One cannot test out of quarantine.

