These recommendations complement the ACPHD Confirmed Positive COVID-19 Process for Schools, Childcare Programs and Extracurricular Programs

Note: Some guidance contained within this document may relate to one specific type of setting (schools or childcare or extracurricular programs, including camps and athletics) and will be labeled as such. All other information is meant to apply to all sites where youth (ages 0 – 24) congregate.

REPORTING REQUIREMENTS

☐ COVID Liaisons (from district, school, or other child or youth setting) must notify ACPHD of all new confirmed, probable or suspected cases in a child or youth setting by completing the COVID-19 Safe Learning Case and Contact ACPHD Reporting Form
   ✦ Complete separate forms for each confirmed, probable, or suspected COVID-19 case.
   ✦ Input a complete list of close contacts at your setting directly and upload to the online platform.
   ✦ In accordance with HIPAA Privacy and Security Rules, all information you provide will remain confidential; it will not impact immigration status.

☐ For guidance and questions, contact your assigned Outbreak Investigator and/or COVIDOB@acgov.org. If you have an urgent need after 5:00 pm weekdays or on the weekend, call Alameda County Fire Dispatch at (925) 422-7595 and ask to speak to the Public Health Duty Officer.

PUBLIC HEALTH INVESTIGATION THRESHOLD

Three (3) or more confirmed, suspected or probable COVID-19 cases in student, attendee, faculty, staff, and/or visitor within a 14-day period who reside in different households and have been on the premises during that period.

Please note:
   o Clusters of individual cases will be tracked by ACPHD to determine if/when outbreak status is met based on definitions below.
   o If unsure whether or not the cases at your facility meet outbreak criteria, reach out to SafeLearning@acgov.org.

DEFINITIONS

CONFIRMED COVID-19 CASE:
Laboratory-confirmed evidence of SARS CoV2, the virus that causes COVID-19 disease.

SUSPECTED COVID-19 CASE:
At least one of the following symptoms: new or worsening cough, shortness of breath or difficulty breathing; OR at least two of the following symptoms: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new or worsening congestion & runny nose, new olfactory and taste disorder(s), nausea, vomiting or diarrhea.
*Note: Be aware that youth frequently present with milder symptoms than adults. (LINK)

PROBABLE CASE:
- Positive result on an antigen test without PCR test OR
Meets SUSPECTED COVID-19 criteria AND has been exposed to a positive case but has NOT been tested

CLOSE CONTACT:
- More than 15 cumulative minutes spent within 6 feet of a COVID-19 infected person during that person’s infectious period even if both people were wearing masks.
- Brief interactions with direct contact to COVID-19 infected person’s bodily secretions, such as being sneezed or coughed on, or by sharing cups or utensils.

INFECTION PERIOD:
- From 2 days prior to 10 days after symptoms began or
- If no symptoms, from 2 days prior to 10 days after the date that the specimen for a (+) test was collected.

INITIAL MANAGEMENT

CYCS Settings that meet the threshold for outbreak investigation may be paired with an ACPHD Outbreak Investigator (OI) based on available resources, complexity, and acuity of the outbreak. If your site is assigned an OI, she/he works with you to contain the outbreak and implement measures necessary to prevent recurrence. Successful outbreak management requires clear communication as follows:

<table>
<thead>
<tr>
<th>Frequency</th>
<th>At least weekly while the outbreak is active</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content</td>
<td>When working with an OI, promptly communicate:</td>
</tr>
<tr>
<td></td>
<td>✦ New suspected, probable, or confirmed cases</td>
</tr>
<tr>
<td></td>
<td>✦ Results of contact tracing efforts</td>
</tr>
<tr>
<td></td>
<td>✦ Test results</td>
</tr>
<tr>
<td></td>
<td>✦ Difficulty implementing recommendations</td>
</tr>
<tr>
<td>Security</td>
<td>All communication that contains protected health information (PHI) or personally identifying information (PII) must be sent via secure methods. The ACPHD system for reporting cases is secure but emails to your OI or <a href="mailto:COVIDOB@acgov.org">COVIDOB@acgov.org</a> must be sent using encryption. If you cannot generate an encrypted email, inform your OI.</td>
</tr>
<tr>
<td>Questions and guidance</td>
<td>✦ ACPHD OIs aim to support you. An important part of complex outbreak management involves answering your questions and providing detailed recommendations.</td>
</tr>
<tr>
<td></td>
<td>✦ An OI guides implementation of effective public health and infection control practices that will help keep your students/faculty/staff safe and healthy.</td>
</tr>
<tr>
<td></td>
<td>✦ An OI also helps you prepare your site to prevent future outbreaks.</td>
</tr>
<tr>
<td></td>
<td>✦ Be prepared to ask questions so that you can get the help you need.</td>
</tr>
</tbody>
</table>

- Review the ACOE School Reopening Plans
- For step-by-step guidance regarding when to send people home or quarantine individuals or cohorts, please see ACPHD Confirmed Positive COVID-19 Process for Schools, Childcare Programs and Extracurricular Programs
- Identify and report all suspected, probable, and confirmed cases as instructed – see above “Reporting Requirements.”
Confirm that **Health Officer isolation orders** have been issued to all existing cases. If new cases are identified, make sure that each impacted family/staff has received the orders with instructions and send a Quarantine Letter immediately. *(LINK)*

Quarantine ALL members of the affected cohorts and any identified close contacts and issue a Quarantine Letter (on organization letterhead). *(TEMPLATE)*

Health Officer Isolation & Quarantine Orders are available in multiple languages [here.](#)

Complete contact tracing to identify all exposed individuals and cohorts with whom close contact may have occurred. Consider:

- Shared faculty/staff who work across more multiple cohorts
- Cohorts that share activities or physical space (especially for lunch, recess, or extracurricular or afterschool activities)
- Non-cohorted grades and classrooms
- Any auxiliary staff, vendors, or visitors present at time of exposure
- Shared bathrooms and breakrooms or offices

Consult with your ACPHD OI, if assigned, or [SafeLearning@acgov.org](mailto:SafeLearning@acgov.org) if there is a question about who meets the close contact definition; quarantine additional individuals and/or cohorts who meet criteria.

### EFFECTIVE COHORTING

**COHORT**

A stable group with fixed membership that stays together for all courses and activities and avoids contact with other people or cohorts.

The definition of an allowable cohort, when applied to **Childcare Programs** and **Schools that are not officially open for in-person instruction**, has the following additional criteria:

- No more than 14 children or youth and no more than 2 supervising adults in a supervised environment
- All groups must still follow masking and social distancing guidelines for that setting
- Athletic activities must take place outside.

Review [ACOE School Reopening Guidance](mailto:ACOE School Reopening Guidance)

- Page 5 -- Matrix comparing CDE, CDPH, and ACPHD recommendations for cohorting
- Page 18, 21: Reopening FAQs

Review [CDPH Guidance Related to Cohorts](mailto:CDPH Guidance Related to Cohorts) – Updated September 4, 2020

Keep cohorts as small as possible while still maintaining the benefits of in-person instruction

Strictly separate cohorts, especially during recreation or eating, including carpools where possible.

- Stagger mealtimes and play/recreational time if a space is used by more than one cohort. Disinfect toys or sports/play equipment between cohorts. Allow sufficient time for air exchange between cohorts (see Environmental Controls below).

Encourage students/faculty/staff within a cohort to maintain a minimum of 6 ft distance if removing a mask for eating, drinking, or medical necessity.

Set up workstations at 6-foot distance within the cohort (as developmentally appropriate).

Institute and reinforce Enhanced Infection Control measures as outlined below.

Keep cohorts stable for at least 4 weeks. If 4 weeks is not practicable, 3 weeks is allowable. If new students enroll, they can be placed into an already established cohort upon enrollment.

**For Settings that do NOT or cannot use a cohorting strategy:**
Extra care to maintain social distancing and other infection prevention protocols is necessitated.

- Consider advanced engineering controls focused on physical separation: strategic placement of plexiglass and rearrangement of furniture within a classroom, break room, or other shared space. [Engineering controls LINK](#)

- Set up workstations at 6-foot distance within each classroom.

- Ensure optimal ventilation by incorporating recommendations as outlined below under the Environmental Controls section.

- Enhanced Infection Control measures should be strictly enforced in non-cohorted settings. Institute a plan for training, monitoring, and reinforcing infection prevention practices:
  - Universal masking
  - Physical distancing (6+ feet)
  - Respiratory etiquette
  - Hand hygiene
  - Cleaning/disinfecting as outlined below

- Consider instituting a semi-cohorted structure by establishing stable student groups and cycling faculty/staff through classrooms while maintaining strict physical distancing and masking.

### ENHANCED INFECTION CONTROL MEASURES

- In addition to proper masking of children and staff, consider gown and gloves for certain functions, including janitorial duties or certain childcare duties, like diaper changes, cleaning or feeding. Face shields may also be appropriate.

- **Assess** the infection control prevention practices in place at your setting on a routine and recurring schedule.
  These practices include the following:
  - Use of PPE (Personal Protective Equipment)
  - Screening of Students and Staff
  - Maintaining 6’ physical distancing
  - Frequent and thorough hand hygiene
  - Cohorting – size, stability and movements/rotations
  - Limitations on athletics and recreational activity
  - Ventilation controls

- Identify and address GAPS in practices. Make sure that you have a plan for educating students, faculty, and staff on proper infection control measures.

- Establish a plan for monitoring and daily reminders of prevention measures. Consider assigning a dedicated infection control monitor to audit and reinforce safe practices.

### ENVIRONMENTAL CONTROLS

- When suspected or confirmed case(s) are identified, decontaminate affected spaces according to [instructions for cleaning after contamination by a COVID-19 infected person](#)

- Frequently disinfect commonly touched surfaces and ensure cleaning is being accomplished according to the following guidance:
  - CDC basics for an effective cleaning plan
  - EPA - Safe and Effective Use of Disinfectants
  - Check if the cleaning solution you are using is listed with the CDC as effective against SARS-CoV19 virus
  - ACPHD Guide to Disinfecting

- To ensure optimal ventilation; refer to:
  - [ACOE COVID-19 School Guidance, p. 18-19](#)
  - [ASHRAE Epidemic Task Force for Schools and Universities](#)

### MONITORING FOR ILLNESS & EXPOSURE

- Place signs at all entrances that direct staff, attendees, and essential visitors not to enter if they are experiencing signs and symptoms of COVID-19 or have been in close contact
with a person who tested positive or who have experienced symptoms of COVID-19 in the past 14 days.

Actively monitor all who enter the facility for signs and symptoms of COVID-19. See ACPHD COVID-19 Health Screening in TK-12 Schools and Extracurricular Programs Serving School-Age Children and Youth

Screening should include:

<table>
<thead>
<tr>
<th>Exposure</th>
<th>Determine if students/faculty/staff has tested COVID-19 (+) or been in close contact with someone who tested COVID-19 (+) within the last 14 days</th>
</tr>
</thead>
</table>
| Symptom review | Subjective complaints suspicious for COVID-19:  
- Fever or chills  
- Cough  
- Shortness of breath or difficulty breathing  
- Fatigue  
- Muscle or body aches  
- Headache  
- New loss of taste or smell  
- Sore throat  
- Congestion or runny nose  
- Nausea or vomiting  
- Diarrhea |
| Visual check | Observed evidence of illness (even if not reported) |
| Temperature check* | Fever of ≥ 100° F (37.8° C) |

Follow Tables 1 & 2 in the Confirmed Positive COVID-19 Process

Encourage setting-wide influenza (flu) immunization. Vaccination against the flu is recommended for all students, faculty, and staff unless there are medical contraindications. Preventing flu is important for reducing the burden of respiratory illness, reducing diagnostic uncertainty, and avoiding unnecessary strain on the healthcare system.

Once COVID-19 vaccination becomes available based on California’s priority tiering system, advise immunization for all who are eligible.
- Consider strategies to enhance vaccine acceptance

COMMUNICATION

Submit a map/floor plan of your facility to the ACPHD OI if you have one assigned to your site. Copy COVIDOB@acgov.org

Maintain a list of cases and close contacts (linked to the facility). Update it daily with all new confirmed, probable, and suspected cases and send to ACPHD as instructed by your assigned OI.

If your site is not assigned to an OI, submit reports of new cases and close contacts to ACPHD via secure VEOCI portal

Remind CYCS staff and partner organizations, to immediately report confirmed (+), suspect, or probable COVID-19 cases to the COVID Liaisons.

COVID Liaison to notify pertinent childcare, extracurricular program, school and district staff (including School Superintendent) regarding presence of a case at the setting or possible exposure. Contact ACPHD with questions related to content or intended recipients.

Issue a letter or other communication to your school, activity, or childcare community. Be mindful to do the following:
- Maintain confidentiality when releasing details about the outbreak or associated cases
- Communication to those at impacted sites may differ from more public messaging
- Issue notification letters in your community’s threshold languages tailored to the specific incident at your facility
- Avoid messaging that stigmatizes a site or group of people
- Issue work exclusions for staff cases and contacts, Health Officer Isolation and Quarantine Order Packets to exposed individuals and members of an exposed cohort as described above under “Initial Management.”

### SCREENING TESTING

- Review [ACPHD Tip Sheet on Screening Testing](#) for SARS-CoV-2 in Alameda County Schools

- Developing a protocol for **screening testing** of staff as *one piece of a broader strategy* for preventing the spread of COVID-19 in schools.

  - Screening tests asymptomatic individuals who have no known close contacts/exposures. The goals are to:
    - Identify asymptomatic infections as early as possible
    - Quickly remove very contagious individuals so that they can isolate safely at home
    - Ensure early case investigation and contact tracing to stop further transmission
    - Reduce the number of people who get exposed
    - Make sure that the preventive measures you are taking are effective

- ACPHD recommends screening testing of all teachers and staff at least once per month.
  - More frequent testing (of both students and faculty/staff) may be considered but will depend on resource availability. It should be noted that the benefit and ideal frequency of screening testing for staff and students in school settings has not been determined.

- Anyone who has tested positive for SARS-CoV-2, should not be re-tested as part of asymptomatic screening for 3 months. However, if someone who has previously tested positive has symptoms of COVID-19, they should leave school and seek medical evaluation. If COVID-19 is suspected, they must follow ACPHD Health Officer Isolation Orders. Such cases require the consultation of a medical provider and/or ACPHD.

- Pooled testing, if available, may be an option for lowering costs and increasing testing capacity. This strategy involves testing samples from an entire cohort at the same time. If the group tests negative, each individual is considered to be negative. If the pool tests positive, all members of the corresponding cohort must be isolated while samples are re-analyzed to identify the positive individual(s).

  - Types of tests:
    - RT-PCR and other “molecular” tests are the most sensitive test type and are considered the “gold standard” for detecting SARS-CoV-2 infection.
    - Antigen tests and rapid nucleic acid amplification tests (NAATs) are less sensitive but have the advantage of lower cost and rapid turnaround time. These tests were authorized by the FDA to be used on people with symptoms of COVID-19 but their accuracy in detecting infection in people without symptoms is being studied and is currently not known.

- Discuss testing options with your OI. Testing plans may vary depending on your site, available testing resources, and community transmission/positivity rates.

### DIAGNOSTIC TESTING

- Members of the exposed cohort and other close contacts should be encouraged to test at day 4-10 of quarantine when cases are most likely to test positive.

- Track and record results of testing; report these results to [COVIDOB@acgov.org](mailto:COVIDOB@acgov.org) and an OI as applicable.

- For all currently quarantined contacts who convert to COVID-19 (+), isolation orders must be issued with revised timeline for release from isolation/return to school.

- Retesting at the end of quarantine is **NOT** recommended and should **NOT** be a prerequisite for return to school/camp/daycare.
### SCHOOL CLOSURE

- **Affected individuals** may be referred to community testing sites or their own healthcare providers for testing. A list of free community testing sites and other resources can be found on the [ACPHD COVID-19 Testing webpage](https://www.acgov.org/health/covid).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 5% of students, faculty, and/or staff test positive</td>
<td>Consult with ACPHD OI or <a href="mailto:COVIDOB@acgov.org">COVIDOB@acgov.org</a> to determine if the campus should be closed and the entire student body, faculty, and staff quarantined. ACPHD may order closure at a lower threshold than 5% depending on total school/facility population, County positivity rate, and other factors.</td>
</tr>
<tr>
<td>25% of schools in a district experience a COVID-19 positivity rate of ≥ 5%</td>
<td>The local public health officer may also determine school campus closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.</td>
</tr>
<tr>
<td>Determining when to reopen to on-site instruction</td>
<td>Determining when to reopen to on-site instruction should be made in close consultation with your ACPHD OI and school/district leadership.</td>
</tr>
</tbody>
</table>

### RESOURCES and LINKS

Please review and bookmark these important links. They include national, state, and local guidance and requirements for reopening and management of COVID-19.

Schools and Youth Congregate Settings should refer to their Reopening Plan submitted to the Alameda County Office of Education. Followed the steps stipulated in that plan carefully.

Work closely with your ACPHD Outbreak Investigator if one is assigned to your site. The OI will help you manage and contain the outbreak as swiftly and effectively as possible. Regular and transparent communication with your OI is essential.

**Alameda County**

- [COVID-19 School Guidance: Alameda County School Reopening Plans](https://www.acgov.org/health/covid/education/reopening)
- [ACPHD Schools webpage](https://www.acgov.org/health/covid/education/reopening)
- [Novel Coronavirus (COVID-19) ACPHD Frequently Asked Questions (FAQ) for Childcare](https://www.acgov.org/health/covid/education/reopening)
- [ACPHD Tip Sheet on Screening Testing for SARS-CoV-2 in Alameda County Schools](https://www.acgov.org/health/covid/education/reopening)
- [FAQ and Guidance for Childcare Settings](https://www.acgov.org/health/covid/education/reopening)
- [Guidance for Out of School-Time Camps and Extracurricular Programs](https://www.acgov.org/health/covid/education/reopening)
California Safe Schools for All Hub

Reopening In-Person Learning Framework for K-12 Schools in California 2020-2021

COVID-19 Industry Guidance: Schools and School-Base Programs

Guidance Related to Cohorts

California Department of Education Coronavirus Response and School Reopening Guidance

CDE Stronger Together Guidebook for Safe Reopening of California Schools

Guidance for Higher Education

CDPH/CDSS COVID-19 Guidance for Childcare Programs and Providers

CDPH/CalOSHA Guidance for Youth Sports

CDC

Schools and Childcare Programs

Operating Schools During COVID-19: CDC’s Considerations

Strategies for Protecting K-12 School Staff from COVID-19

Interim Guidance for Routine and Influenza Immunization Services During the COVID-19 Pandemic

ASHRAE Epidemic Task Force for Schools and Universities

Colleges, Universities, and Higher Learning

Operating Schools During COVID-19: CDC’s Considerations for Institutions of Higher Education
Interim Guidance for Case Investigation and Contact Tracing in Institutions of Higher Education