COVID SAFETY PLAN

Updated November 15, 2022

The COVID Safety Plan (CSP) incorporates the District's COVID Protection Plan (CPP). Board Approved July 29, 2021

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COVID FAQ UPDATES

PGUSD Parent Guide to COVID-19
Protocols and Procedures: 2022-2023 School Year

Frequently Asked Questions

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28. ***When would the district decide to close all of the schools because of COVID-19?***

29. ***If a school is closed for in-person learning, when may it re-open?***

1. ***How has PGUSD prepared to have staff and students back on campus safely?***
   PGUSD has partnered with MCOE and other health vendors to provide all required PPE, sanitation, and health protocols for all students and staff who are on campus for in-person learning. We also have developed a district safety plan to address health and disinfection procedures according to California Department of Health guidelines.

   PGUSD provides the following testing services for all district staff and students:

   - OptumServe PCR Testing at the District Office every Monday for 8 hours.
   - CDPH BinaxNOW Antigen Home Test Kits at all PGUSD School Sites. A small supply of onsite rapid tests will be available for testing individuals who become symptomatic at school.

2. ***What will PGUSD provide to students to ensure their health and safety while on campus?***
   1. Each student participating in on-campus instruction will be provided access to CDPH-approved masks while on campus. Students are welcome to use their own face coverings provided that they meet CDPH guidelines which are the following:

      - Face coverings should be at least 3 layers in thickness See: CDPH "Get The Most Out Of Masking"
      - Should fit snugly over the nose and chin without sliding down the face.
      - The mask should be free of gaps on the side, bottom, or top.

   2. Each classroom is provided one or more of the following: Hand washing station, hand sanitizer dispenser, and/or hand sanitizer pump bottle along with alcohol- based wipes as needed.

3. ***What supplies has PGUSD provided to staff members to ensure their health and safety?***
   1. Each staff member is provided with cloth, surgical, and KN95 masks as requested. Additional PPE such as transparent window masks, disposable gowns, face shields, and disposable gloves are also available.

   2. Staff are welcome to use their own face coverings provided that they meet CDPH guidelines which state that face coverings should be at least 3 layers in thickness. They should fit snugly over the nose and chin without sliding down the face and be free from gaps on the sides, bottom, and top.
      See: CDPH "Get The Most Out Of Masking"

4. ***What is PGUSD providing to classrooms so that they remain healthy and clean?***
   Each classroom has either a hand washing station, hand sanitizer dispenser, or hand sanitizer pump bottle(s). If requested by classroom staff, classrooms will have alcohol-based or disinfecting wipes available. Custodial staff will provide thorough disinfection of each classroom on a regular basis and for high-touch areas. Classrooms can be ventilated through opening doors and windows during student instruction.

5. ***How is PGUSD following health guidelines while staff and students are on campus?***

   On 7/28/2022, the PGUSD Board voted to align with the CDPH guidance on the strong recommendation for indoor masking for all students and staff in all school buildings. The strong recommendation for indoor masking at all times replaces our 4/7/2022 indoor mask mandate based on County of Monterey metrics.

   In addition, on 3/17/2022, the PGUSD School Board voted to enact the following policy for PGUSD elementary school classrooms including PGUSD-affiliated preschool classrooms:

   "When there is a positive case in an elementary classroom, close contacts within the class will be required to wear a mask in that classroom until they provide a negative test on day three, four, or five. Beginning day six, the masking period will end."

6. ***How do I know if my child is well enough to come to school?***
   Your child should be free of illness symptoms either that you see or that they complain of other than what they normally experience if they have an underlying medical condition mimicking characteristic of contagious illness such as allergy or asthma. Keep a child home if they manifest with a 100.4 or higher temperature (and any fever with accompanying symptoms), headache, chills, cough, sore throat, congestion (not related to asthma or allergies), new loss of taste or smell, difficulty breathing (not related to asthma), muscle or body aches, fatigue, stomach ache, diarrhea, or if they just don't look well and are not acting themselves.

7. ***When would my child have to go home from school?***
   Children would be sent home from school if they exhibit the following symptoms: temperature of 100.4 or higher (or low-grade temperature especially if sudden onset and accompanied with other symptoms), headache, chills, cough, sore throat, congestion (not related to allergy or asthma), new loss of taste or smell, difficulty breathing (not related to asthma), muscle or body aches, stomach ache, diarrhea, fatigue.

   If the child develops a symptom at school that doesn't resolve and is not characteristic of a condition from an established underlying medical condition, the school office or health staff will phone parents/guardians for child to be picked up from school.

8. ***If a student becomes ill at school, how does the school handle it?***
   - Teacher notifies the office that a sick child is coming.
   - Nurse/Health clerk greets the student outside of the office.
   - Nurse/Health clerk takes student to a designated health and safety area for assessment.
   - If symptomatic, nurse/health clerk contacts parent/guardian for student pickup.
   - Parent/guardian must be available to pick up their child within 15 minutes of school phone call.
   - Parent will be instructed to keep student at home until no signs or symptoms of illness for at least 24 hours without over-the-counter medication. In addition, parent should have child receive COVID-19 testing and then keep the student home until test results are received since they are being tested due to illness symptoms. School and classrooms will remain open as per CA state and county guidelines.

9. ***How long should a student stay at home when ill?***
   As of July 20, 2020, the CDC recommends that all persons must be free of illness symptoms for at least 24 hours without the use of fever-reducing or other over-the-counter medication. Updated CDPH guidance on 1/12/2022 states that all students experiencing symptoms be tested for COVID-19: CDPH Recommendations for Staying Home When

   Sick and Getting Tested. Also, important to note that if a person tests negative for COVID- 19 but still has illness symptoms, they should remain home until symptom-free for a least 24 hours without the use of over-the-counter medications to relieve symptoms.

10. ***My child has a chronic medical condition where they experience frequent symptoms that mimic illness, but they are not ill. Can't they just stay at school?***
    Your child's school site should be provided with documentation from their healthcare provider of any health condition which manifests with symptoms mimicking contagious illness. The medical documentation must include diagnosis, description, and current treatments including medication in order to verify that their condition is not related to contagious illness. If you have any questions, please contact Katrina Powley, District Nurse at:
    kpowley@pgusd.org or (831) 275-5396.

11. ***How would I know if my student has been exposed to COVID-19?***
    Please note: Contact with a positive case does not equate to becoming a positive case. A person is considered to have been exposed to COVID-19 if they were within close contact of a confirmed infected person (within 6 feet) for at least 15 minutes starting from two days before illness onset (or, for asymptomatic people, two days prior to specimen collection or date of COVID-19 test).

    Additional factors that are considered when determining exposure include: Proximity (how close were the individuals together); Duration of close contact (longer exposure time likely increases exposure risk); Whether the positive individual is symptomatic (coughing likely increases exposure risk); Whether either the case patient or contact were wearing face coverings, and what type of face covering.

12. ***STUDENT Outside of School Exposure: What happens when a student is exposed to a positive case of COVID-19 OUTSIDE OF SCHOOL based on guidelines for close contact?***
    Students do not have to quarantine as long as they are asymptomatic. Updated CDPH guidelines state that they should receive COVID-19 testing between days 3 - 5 of the exposure period.

    Should the student become symptomatic, they should remain home and receive COVID- 19 testing*. They should not return to school until their test result is received. If the COVID-19 test result is negative, the student may return to school once symptom-free for at least 24 hours without the use of over-the-counter medications to relieve symptoms. If the student's result is positive, they should plan to quarantine for 10 days.

    The 10-day quarantine is calculated from the first day of symptom onset. If the individual is asymptomatic with a positive COVID-19 test result, day 1 of their quarantine is the date of their COVID-19 test. The student may receive COVID-19 testing* on day 5 and return to school on day 6** if their COVID-19 test on day 5 is negative and they are also asymptomatic. If the student tests positive on day 5 even if asymptomatic, they must continue to quarantine until receiving a COVID-19 negative test result between days 6-10, or they return to school on day 11 if

asymptomatic. They do not have to receive a follow-up COVID-19 test if returning to school on day 11.

*A PCR or Antigen (rapid) test is acceptable, including a COVID-19 home test kit.
**All COVID-19 test results that release an individual from quarantine before day 10 should be documented and emailed to work and school offices as proof of authorization to release an individual from quarantine before day 10.

13. ***STUDENT School Classroom Exposure: What happens when a student is exposed to a positive case of COVID-19 AT SCHOOL as part of a classroom exposure for close contact?***
Students continue to attend school as usual with no restrictions as long as they are asymptomatic. They should receive COVID-19 testing by day 5 of the exposure period (see Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 School).

As a reminder, students and staff in all PGUSD elementary school and PGUSD-affiliated preschool classrooms would abide by the PGUSD Board Policy enacted on 3/17/2022 for close contact classroom exposures:

"When there is a positive case in an elementary classroom, close contacts within the class will be required to wear a mask in that classroom until they provide a negative test on day three, four, or five. Beginning day six, the required masking period will end."

14. ***STAFF School Classroom Exposure: What happens when a staff member is exposed to a positive case of COVID-19 at school as part of a classroom exposure for close contact?***
Staff do not have to quarantine as long as they are asymptomatic. As recommended by the CDPH, they should receive COVID-19 testing between days 3 - 5 of the exposure period.

Should the staff member become symptomatic, they should remain home and receive COVID-19 testing*. They should not return to school until their test result is received. If the COVID-19 test is negative, the staff member may return to school once symptom- free for at least 24 hours without the use of over-the-counter medications to relieve symptoms.

Under the Cal OSHA workplace guidance found here: Cal OSHA COVID-19 Prevention, all close contact employees should receive COVID-19 testing between days 3-5 after exposure.

Asymptomatic employees may continue to work onsite. Symptomatic employees should remain home even with a negative COVID-19 test result until their symptoms have re- solved for at least 24 hours without fever-reducing or other over-the-counter medications to relieve symptoms.

*A PCR or Antigen (rapid) test is acceptable, including a COVID-19 home test kit.
**All COVID-19 test results that release an individual from quarantine before day 10 should be documented and emailed to work and school offices as proof of authorization to release an individual from quarantine before day 10.

15. ***How do I calculate my exposure period to a close contact positive case?***
Day 1 of the exposure period for a close contact is calculated as 2 days prior to the positive individual's symptoms OR if the positive individual is asymptomatic, day 1 of the close contact's exposure period is 2 days prior to the positive individual's COVID-19 test.

16. What is Full COVID-19 Vaccination Status?

Full COVID-19 vaccination is defined as both of the following:

Pfizer-Bio Tech: Two weeks after final dose in primary series. Primary series for ages 5 and older = 2 doses given 3-8 weeks apart. Primary series for ages 6 months - 4 years = 3 doses.

Moderna: Two weeks after final dose in primary series. Primary series for ages 6 months and older = 2 doses given 4-8 weeks apart.

Johnson and Johnson's Janssen: 2 weeks after primary series. Primary series for ages 18 and older = 1 dose

COVID-19 VACCINE BOOSTER SCHEDULES:

Pfizer-Bio Tech:
Ages 18 and Older:

2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine for most people at least 5 months after the final dose in the primary series. 2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine.

For adults ages 50 years and older at least 4 months after the 1st booster. Up-to-date: Immediately after getting all boosters recommended for you.

Children and Teens Ages 12-17:
1 booster of Pfizer-Bio Tech COVID-19 vaccine is recommended at least 5 months after the final dose in the primary series.
Up-to-Date: Immediately after getting 1st booster.

Children Ages 5-11:
1 booster of Pfizer-Bio Tech COVID-19 vaccine is recommended at least 5 months after the final dose in the primary series.
Up-to-Date: Immediately after getting 1st booster.

Infants and Children Ages 6 months - 4 years:
2nd dose is given 3-8 weeks after 1st dose.
3rd dose is given at least 8 weeks after 2nd dose.
Up-to-Date: 2 weeks after final dose in primary series, since a booster is not recommended for this age group at this time.

Moderna:
Ages 18 and Older:

2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine for most people at least 5 months after the final dose in the primary series. 2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine.

For adults ages 50 years and older at least 4 months after the 1st booster. Up-to-date: Immediately after getting all boosters recommended for you.

Children and Teens Ages 12-17:
Fully-vaccinated and up-to-date: 2 weeks after the final dose in the 2-dose primary series since a booster is not recommended at this time for any children or teens who have completed the Moderna COVID-19 primary series.

Children Ages 6-11:
Fully-vaccinated and up-to-date: 2 weeks after the final dose in the 2-dose primary series since a booster is not recommended at this time for any children who
have completed the Moderna COVID-19 primary series.

Infants and Children Ages 6 months - 5 years:
Fully-vaccinated and up-to-date: 2 weeks after the final dose in the 2-dose primary series since a booster is not recommended at this time for any children or teens who have completed the Moderna COVID-19 primary series.

Johnson and Johnson's Janssen:
Ages 18 and Older:

1st booster, preferably of either Pfizer-Bio Tech or Moderna COVID-19 vaccine for most people at least 2 months after a J&J/Janssen COVID-19 vaccine.

2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine.
For adults ages 50 years and older, at least 4 months after the 1st booster. Up-to-date: Immediately after getting all boosters recommended for you.

People ages 18 - 49 who received a J&J/Janssen COVID-19 vaccine for both their primary dose and booster can choose to get a 2nd booster of either Pfizer-Bio Tech or Moderna COVID-19 vaccine 4 months after their 1st booster. The 2nd booster is not required to be considered up-to-date for people ages 18 - 49 years who got a J&J/Janssen COVID-19 vaccine for both their primary dose and 1st booster.

(See CDC's June 24, 2022 release of: Stay up-to-date with your COVID-19 Vaccines)

17. ***Do all close contact exposures need to quarantine regardless of COVID-19 Vaccine Status?***
Regardless of COVID-19 vaccine status, close contact exposures do not have to quarantine as long as they are asymptomatic. According to CDPH January 12, 2022 school guidance: Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 Schools, all students regardless of COVID-19 vaccine status should receive COVID-19 testing at least five days after exposure. (see number 2: Recommendations for students exposed to someone with COVID-19 in a K-12 school).

If there is a question on whether or not a close contact will develop symptoms after exposure, some close contact individuals elect to remain home (or keep their close contact child(ren) at home) for a day or so in case they develop symptoms, but this is not required as per CDPH guidelines as long as the close contact is asymptomatic.

18. ***What do I do if I am unable to maintain physical distancing (beyond 6 feet for 15 minutes) to a positive case during their quarantine period?***
    If a close contact is unable to maintain physical distancing to the positive person during the positive person's quarantine after initial exposure, close contacts would calculate their exposure period under Continuous Exposure: CDC Quarantine and Isolation January 27, 2022. (See "Ongoing COVID-19 Exposure FAQ's"). Continuous exposure refers to the close contact extending their exposure period for 5 days beyond the end of the positive person's quarantine. The close contact would then receive COVID-19 testing at the end of this 5-day period beyond and be able to end their exposure period on day 5 if negative. If positive, they would start their own quarantine period based on start of symptoms or date of their positive test if asymptomatic.

19. ***If an unvaccinated or par0ally-vaccinated person has recovered from COVID-19 and finished their quarantine, do they have to quarantine again if they become a close contact to another positive case?***
    Regardless of COVID-19 vaccine status, close contacts do not have to quarantine after exposure. They should monitor for signs and symptoms of new illness and consult with their healthcare provider for persistent and concerning symptoms, especially those experienced within 90 days of recovering from COVID-19. A person who has been diagnosed with (tested positive) for COVID-19 is considered vaccinated for 90 days after they recover from COVID-19, so they would apply CDPH guidance for fully-vaccinated persons if exposed to a subsequent COVID-19 positive case within the 90-day period following their COVID-19 infection. After the 90-day period, they would need to receive their next eligible COVID-19 vaccine dose in order to remain fully-vaccinated.

20. ***What if my child has tested positive for COVID-19 but has no symptoms of COVID-19?***
    Persons who never develop symptoms can discontinue quarantine on day 6 if they receive a test on day 5 with a negative result. If they continue to test positive on day 5, they continue their quarantine through day 10 or until receiving a follow-up negative test result between day 6-10. They should provide proof of their negative test result before returning to work or school if they discontinue quarantine before day 11, or they may fulfill the 10-day quarantine and return to school on day 11 without a follow-up negative test result.

21. ***If my child is diagnosed with COVID-19 and develops more moderate to severe symptoms, how long would they be home in isolation before returning to school?***
    Persons would continue to quarantine (or isolate) beyond the 10-day period until symptoms resolve or improve significantly. No follow-up negative test result is required if an individual meets the 10-day quarantine and returns to work/school anytime on day 11 or later with resolved symptoms. The key is to remain in quarantine until symptoms resolve or have significantly improved before returning to work/school.

22. ***What is the school plan if a student or staff member becomes infected with COVID-19?***
Information is reported to school administrator and district nurse who then coordinates contact tracing and notification of all close contact exposures which include both classroom and additional individuals outside classroom. The District Nurse provides close contact exposure notifications both in written form as classroom and staff notifications as well as via direct phone communication if needed. The classroom notification letters provide more detailed instructions and guidance regarding the quarantine and exposure period as well as community testing resources and website link to Monterey County Health COVID-19 testing resources.

Summary for a positive COVID-19 Diagnosis via School-Based Exposure:

- The positive COVID-19 individual contacts their school site administration and/or District Nurse.

- Site Administration and School Nurse initiate contact tracing by way of COVID-19 positive individual report on close contact exposures, site Facilitron database, and school attendance in assigned classes.

- School communication letters are sent to school site families and other individual close contacts as well as notifications via direct phone communication as needed.

- The positive COVID-19 individual quarantines for at least 5 days from onset of symptoms or, if asymptomatic, from the date of their COVID-19 test (specimen collection) with positive result. The COVID-19 positive individual may receive testing on day 5. If the test result is negative along with no symptoms, the individual may discontinue quarantine on day 6. If the individual receives a positive test result on day 5 even if asymptomatic, they continue to quarantine through day 10 unless receiving a negative test result between days 6-10 at which time they may discontinue quarantine at any time during days 6-10.

23. ***What happens if a family member or someone (outside of school) in close contact with a student or staff member tests positive for COVID-19?***
Students and staff members continue to attend school with no restrictions as long as asymptomatic. They should self-monitor for symptoms and receive COVID-19 testing between days 3 - 5 (as per 1/12/22 CDPH guidance).

24. ***What if a student or staff member tests negative for COVID-19 after illness symptoms or confirmed contact?***
After Illness Symptoms: Staff/ Student return to work/school when asymptomatic or symptoms have significantly resolved along with a negative COVID-19 test result to confirm that illness was not diagnosed as COVID-19. School communication letter if prior testing awareness.

After Confirmed Contact: Staff and students continue attending work/school as long as asymptomatic and then receive testing between days 3-5 (as per 1/12/2022 CDPH guidance). They continue to monitor for symptoms and receive additional testing if new symptoms develop.

25. ***If we have a student with a positive COVID-19 test result and they have a sibling in another classroom/cohort, should that sibling's classroom/cohort be restricted from attending school? If so, for how long?***

    There are no restrictions from being a close contact exposure as long as a person is not experiencing any symptoms. In terms of close contact, the sibling of the close contact (including that sibling's classroom) would not themselves be considered a direct close contact unless the close contact receives a positive test result and has had direct close contact with their sibling when contagious. As soon as the close contact tests positive, then the sibling would be considered a direct close contact exposure to a positive case. The sibling's classroom would not be a close contact exposure unless the sibling tested positive.

26. ***How will information about COVID-19 cases and other medical information be handled by the school?***

    All medical information and the status of student health will be kept confidential and only shared by those within the circle of confidentiality who need to be made aware of the heath condition for communicating information to the health department and for contact tracing.

27. ***When would the district decide to close a school because of COVID-19?***

    December 22, 2021 press conference communication from Governor Newsom's office states that schools will remain open in spite of COVID outbreaks and that all education partners support https://testing.covid19.ca.gov/school-testing/.

    Monterey County Health Department Guidance on 1/20/22 states that there is no specific threshold for closing classrooms. There is the general criteria for suspecting a disease outbreak which can be used as a potential threshold for when to consider closing a classroom* (see below). It will ultimately depend on the school to assess their capacity and practicability to keep a classroom open when a number of those students or staff are absent. If a class does appear to have a lot of exposure happening or there are just a lot of students absent, it may be prudent to have the students do virtual learning. If a classroom is conducted virtually, then the classroom would be virtual for the complete 10 calendar days since last exposure so that any potential transmission in-class is stopped.

    *Criteria for suspecting a general disease outbreak is not established in state law. Examples of when to suspect and report an outbreak include but are not limited to five or more individuals ill with similar symptoms within five days in the same classroom, or ≥ 10% of the school's student population absent due to the same symptoms on a given day, or ≥ 20% of the school's student population absent on any given day (symptoms unknown). For COVID-19 specifically, the CDPH currently defines a COVID-19 outbreak as 3 or more cases in a cohort within 14 days.

    Individual school closure may be appropriate when there are multiple cases in multiple cohorts at a school depending on the size and physical layout of the school. The Local Health Officer may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

28. ***When would the district decide to close all of the schools because of COVID-19?***

    A superintendent would close a school district in consultation with the local public health department based on epidemiological status of school sites.

29. ***If a school is closed for in-person learning, when may it re-open?***
    Schools may typically re-open after 10 days and the following have occurred:
    - Cleaning and disinfection
    - Public health investigation
    - Consultation with the local public health department

SOURCES:

1. CDPH COVID-19 Public Health Guidance for K-12 Schools to Support Safe In-Person Learning, 2022-2023 School Year: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2022-23-School-Year.aspx

2. Monterey County Health Department Guidelines for Reporting Illnesses in Educational and Daycare Settings.

3. COVID-19 Emergency Temporary Standards Frequently Asked Questions. July 7, 2022. https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html

4. CDC's Stay Up to Date with Your COVID-19 Vaccines. Updated June 24, 2022. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html

FOR ADDITIONAL RESOURCES:

1. The SMARTER Plan - The next phase of California's COVID-19 response. https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/CA-SMARTER.aspx

2. The SMARTER Steps Document. Released May 4, 2022. https://www.cdph.ca.gov/Programs/OPA/CDPH%20Document%20Library/Toolkits/smarter/CA-Smarter-Plan-one-sheet.pdf

3. CDC's Operational Guidance for K-12 Schools and Early Care and Education Programs to Sup- port Safe In-Person Learning. Updated May 27, 2022. https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-childcare-guidance.html?CDC_AA_refVal=h\ps%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fschools-childcare%2Fk-12-guidance.html

The Smarter Plan – The next phase of California's COVID-19 response

California led the nation's fight against the COVID-19 pandemic with early public health measures that saved lives. We have been led by science and data and know more today than we did two years ago.

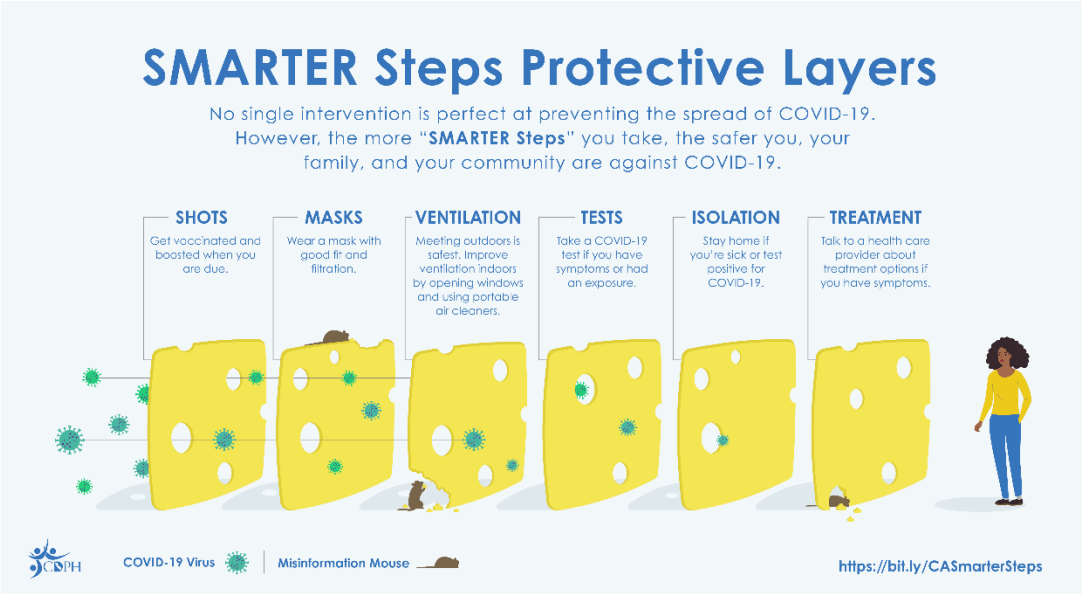
As we enter the next phase with COVID-19, which may include future surges and new variants, we will continue to be the nation's model for preparedness, ready to build on what we have learned over the past two years to meet the COVID-19 challenges that lie ahead.

In our approach to this next phase, we will be smarter than ever before, using the lessons of the last two years to approach mitigation measures through effective and timely strategies.

SMARTER stands for:

- **S**hots – Vaccines are the most powerful weapon against hospitalization and serious illness.
- **M**asks – Properly worn masks with good filtration help slow the spread of COVID-19 or other respiratory viruses.
- **A**wareness – We will continue to stay aware of how COVID-19 is spreading, evolving variants, communicate clearly how people should protect themselves, and coordinate our state and local government response.
- **R**eadiness – COVID-19 is not going away and we need to be ready with the tools, resources and supplies we will need to quickly respond and keep public health and the healthcare system well prepared.
- **T**esting – Getting the right type of tests—PCR or antigen—to where they are needed most. Testing will help California minimize the spread of COVID-19.
- **E**ducation – California will continue to work to keep schools open and children safely in classrooms for in-person instruction.
- **R**x – Evolving and improving treatments will become increasingly available and critical as a tool to save lives.

For more information:
https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/CA-SMARTER.aspx#



Reducing Stigma

It is important to remember that people – including those of Asian descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

- Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disea*se can lead to social stigma* toward people, places, or things. For example, stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease. Stigma can also occur after a person has been released from COVID-19 quarantine even though they are not considered a risk for spreading the virus to others.
- Some groups of people who may be experiencing stigma because of COVID-19 include:
    - Persons of Asian descent
    - People who have traveled
    - Emergency responders or healthcare professionals
- Stigma hurts everyone by creating fear or anger towards other people.
- Stigmatized groups may be subjected to:
    - Social avoidance or rejection
    - Denials of healthcare, education, housing or employment
    - Physical violence.
- Stigma affects the emotional or mental health of stigmatized groups and the communities they live in. Stopping stigma is important to making communities and community members resilient.
- Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in your community.
    - Helping yourself and others cope with stress can make your community stronger. Learn about Coping With Stress during the COVID-19 outbreak.
- Communicators and public health officials can help counter stigma during the COVID-19 response.
    - Maintain privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
    - Quickly communicate the risk or lack of risk from associations with products, people, and places.
    - Raise awareness about COVID-19 without increasing fear.
    - Share accurate information about how the virus spreads.
    - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
    - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
    - Engage with stigmatized groups in person and through media channels including news media and social media.
    - Thank healthcare workers and responders. People who have traveled to areas where the COVID-19 outbreak is happening to help have performed a valuable service to everyone by helping make sure this disease does not spread further.
    - Share the need for social support for people who have returned from China or are worried about friends or relatives in the affected region.

Confronting COVID-19 Related Harassment in Schools

Harassment and other discrimination stemming from prejudice and unfounded fears about the coronavirus (COVID-19) is wrong and can have devastating effects on students and their families. During the pandemic, false information and harmful statements about Asian American and Pacific Islander (AAPI) communities have led to increasing acts of intolerance across the nation—from verbal harassment to violence. In schools around the country, AAPI students have reported bullying and harassment by classmates because of their race or national origin, including their ethnicity, ancestry, and language.

Public elementary and secondary schools as well as colleges and universities have a responsibility to investigate and address discrimination, including harassment, targeting students because of their race or national origin. When schools fail to take appropriate steps, the Educational Opportunities Section of the Civil Rights Division (CRT) at the U.S. Department of Justice and the Office for Civil Rights (OCR) at the U.S. Department of Education can help by enforcing federal laws that protect students from discrimination.

- If you believe a student has been treated unfairly—for example, treated differently, harassed, bullied, or retaliated against—because of their race or national origin, there are a number of actions you can take:
    - Notify a school leader (for example, a principal or student affairs staff) immediately. If you don't get the help you need, file a formal complaint with the school, school district, college, or university. Keep records of responses you receive.
    - Write down the details about what happened, where and when the incident happened, who was involved, and the names of any witnesses. Do this for every instance of discrimination and keep copies of any related documents or other information.
    - Ask the school or college/university to translate its documents (like a complaint form) and messages into a language you understand. Ask for an interpreter if you need help speaking with school staff in a language other than English.
    - If the school or college/university does not take steps to address your complaint or the discrimination continues, consider filing a complaint with the Civil Rights Division of the U.S. Department of Justice at civilrights.justice.gov, or with the Office for Civil Rights at the U.S. Department of Education at:

      https://www2.ed.gov/ocr/complaintintro.html (to file a complaint in English)

      https://www2.ed.gov/about/offices/list/ocr/docs/howto.html (to file a complaint in a non-English language).

Screening

Daily Home Screening for Students

Parents/guardians will screen their child every day prior to leaving for school using the below Home Screening Checklist.

Home-Based Symptom Screening

- Caregivers: If your child has any of the following symptoms, they might have an illness they can spread to others.
    - Temperature of 100.4 degrees Fahrenheit or higher
    - Sore throat
    - Cough (for students with chronic cough due to allergies or asthma, a change in their cough from usual)
    - Difficulty breathing (for students with asthma, check for a change from their baseline breathing)
    - Diarrhea or vomiting
    - New onset of severe headache, especially with a fever
- Check your child for these symptoms before they go to school. Check symptoms for changes from usual or baseline health.

If your child DOES have any of the symptoms above:

- Keep them home from school
- Get your child tested for COVID-19.
- Contact your child's school and report that your child is sick. The school may ask some additional questions to help determine when it is safe for your child to return to school and about other people who may have been exposed.
- CDC and PGUSD has a Coronavirus Self-Checker available in its website, which may help you make decisions about seeking medical care for possible COVID-19.

If your child does NOT have any of the symptoms above:

- Consider whether your child needs to see a healthcare provider and be tested for COVID-19. Even if they don't have symptoms, your child should be tested if they:
    - have been in close contact with someone with COVID-19, or
    - have taken part in activities that puts them at higher risk for COVID-19 because they cannot physically distance as needed, such as participating in contact sports, attending a gathering with other children or family, or
    - were asked or referred to get testing by a state, tribal, local, and territorial health department or healthcare provider.

- For the purposes of these criteria, daycare and school settings that implement multiple prevention strategies, such as universal and correct use of masks and physical distancing to the greatest extent possible, are not considered higher risk settings.
- If they do not have symptoms and do not meet any of the criteria above, send them to school as usual.

*Coronavirus Self Checker: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus- self-checker.html

Staff and Volunteer Screening

- Staff and essential volunteers will conduct a daily check-in via Facilitron prior to having any contact with students and staff.
- Student tracing is done using the District's daily attendance reports in the Student Information System
- "Non-Essential" Volunteers will be restricted from all campuses.

Visual Inspection Symptoms

Make a visual inspection of the student for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

- Visual inspections do not have to be scheduled but can be done by all staff. CDC: Symptoms of Coronavirus. If a student is experiencing symptoms they should be sent to the school nurse in the designated isolation room.
    - 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

- **Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19.** Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. See Staying Home When Sick and Getting Tested that illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses.

Face Coverings

Masks are one of the most effective and simplest safety mitigation layers to prevent in school transmission of COVID-19 infections and to support full time in-person instruction in K-12 schools. SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by aerosols (airborne transmission), and less frequently by droplets. Physical distancing is generally used to reduce only droplet transmission, whereas masks are one of the most effective measures for source control of both aerosols and droplets. Therefore, masks best promote both safety and in-person learning by reducing the need for physical distancing. Additionally, under the new guidance from the CDC, universal masking also permits modified quarantine practices under certain conditions in K-12 settings, further promoting more instructional time for students.

CDPH released on updated mask requirements for the K-12 setting on March 12th, 2022 which states: "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." (See the complete March 12th CDPH Guidance Update here). This updated guidance discontinues the mask mandate indoors and replaces it with masks being strongly recommended while indoors in the school setting.

PGUSD continues to monitor our district health climate as we implement all of the required COVID-19 safety measures to mitigate transmission as well as endorse guidance that is strongly recommended. Given the ever changing dynamics of COVID-19 and the need to have measures in place to continue maintaining low school-based transmission, we follow CDPH guidance which provides school districts the opportunity to issue "additional guidance, including additional requirements" by "local educational agencies and/or other authorities". (COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year).

The following Board Policy was approved on July 28, 2022:
PGUSD aligns with the CDPH guidance on the strong recommendation for indoor masking for all students and staff in all school buildings. The strong recommendation for indoor masking at all times replaces our 4/7/2022 indoor mask mandate based on County of Monterey metrics.

The following Board Policy was issued on March 17, 2022: When there is a positive COVID-19 case in an elementary classroom, all members of that classroom are considered close contacts. Given that the CDPH strongly recommends indoor masking and COVID-19 testing for close contacts on day 3, 4, or 5 of the exposure period, all close contacts are required to wear a mask indoors and provide a negative COVID-19 test result on days 3, 4, or 5 of the exposure period to discontinue wearing a mask by day 6 of the exposure period.

Exposure notification letters will continue to be distributed for all positive COVID-19 cases with information on the exposure period, the COVID-19 positive individual's quarantine period, and COVID-19 testing instructions.

Do masks need to be worn on school buses?

No, masks are not required on school buses since they are considered within the K-12 setting and not considered public transportation.

Types of Masks

Some masks work better than others to help slow the spread of the virus that causes COVID-19.

Note: N95 respirators approved by CDC's National Institute for Occupational Safety and Health (NIOSH) should be prioritized for healthcare personnel

Recommended	Not Recommended
Medical procedure masks (sometimes referred to as surgical masks or disposable face masks)	Masks that do not fit properly (large gaps, too loose or too tight)
Masks that fit properly (snugly around the nose and chin with no large gaps around the sides of the face)	Masks made from materials that are hard to breathe through (such as plastic or leather)
Masks made with breathable fabric (such as cotton)	Masks made from fabric that is loosely woven or knitted, such as fabrics that let light pass through
Masks made with tightly woven fabric (i.e., fabrics that do not let light pass through when held up to a light source)	Masks with one layer
Masks with two or three layers	Masks with exhalation valves or vents
Masks with inner filter pockets	Wearing a scarf/ski mask

Certain types of facial hair, like beards, can make mask fitting difficult. People with beards can

- Shave their beards.
- Trim their beards close to the face.
- Use a mask fitter or brace.
- Wear one disposable mask underneath a cloth mask that has multiple layers of fabric. The second mask should push the edges of the inner mask snugly against the face and beard.

Wear your Face Covering Correctly

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily

Use the Face Covering to Protect Others

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- **Don't** put the covering around your neck or up on your forehead
- **Don't** touch the face covering, and, if you do, wash your hands

Take Off Your Cloth Face Covering Carefully, When You're Home

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine (learn more about how to wash cloth face coverings)
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing.

Cloth face coverings should be washed after each use. It is important to always remove face coverings correctly and wash your hands after handling or touching a used face covering.

Washing Machine

- You can include your face covering with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.

Washing by Hand

- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
  - 4 teaspoons household bleach per quart of room temperature water
- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the face covering in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.

Make sure to completely dry cloth face covering after washing.

Dryer

- Use the highest heat setting and leave in the dryer until completely dry

Air Dry

- Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight.

Shared tools, equipment and personal protective equipment (PPE)

- PPE must not be shared, e.g., gloves, goggles and face shields.
- Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses.
- Employees will be responsible for disinfecting the items with a district issued disinfectant and microfiber or disinfecting wipes.
- Employees will be trained to use disinfectant and take the DPR training.
- Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users.

Physical Distancing

Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented. This is consistent with CDC K-12 School Guidance.

Ventilation

Ventilation is one component of maintaining healthy environments and is an important COVID-19 prevention strategy for schools and childcare programs. Wearing a well-fitting, multi-layer mask helps prevent virus particles from entering the air or being breathed in by the person wearing a mask. Good ventilation is another step that can reduce the number of virus particles in the air.
Along with other preventive actions, ventilation can reduce the likelihood of spreading disease.

- Doors and windows will be opened during school hours and when rooms are occupied. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air.
- HVAC systems have been adjusted to bring in the maximum amount of outdoor air. Thermostats have been programmed to be running during all occupied hours. During non-instructional hours thermostats have been programmed so staff can manually turn them on.
- If rooms do not have the ability to bring in fresh air through the HVAC system.
    - A portable HEPA filter has been provided.
    - Fans have been installed at windows to bring fresh air in.
- Demand Control Ventilation Controls have been disabled.
- MERV-8 filters have been sized and installed according to manufacturer's instructions. Filters have been sprayed with Nano Technology to kill any live viruses on contact. Filters will be replaced at the end of each Semester.

For indoor spaces, ventilation 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.

TESTING AND EXPOSURE

Antigen (Rapid) Testing

COVID-19 testing, especially of symptomatic individuals and those exposed to a positive COVID-19 case, remains an important practice for minimizing transmission and keeping students in the classroom for in-person instruction (please see CDPH's Preliminary K-12 Testing Framework for 2022/2023 School Year released 6/22/2022).

PGUSD will provide Antigen home test kits to close contact classroom exposures for the purposes of testing between days 3-5 following exposure. In addition, onsite Antigen testing will be provided to staff and students who are symptomatic at school.

Community Site Testing Resources

1. **PGUSD PCR and Antigen (rapid) Testing**: Every Monday at the District Office from 8:00 am - 4:00 pm (except 12:00 pm - 1:00 pm for staff meal break). Testing is provided on a walk-in basis or by appointment if requested. Please register at: https://lhi.care/covidtesting.

2. **Lightspeed Antigen (rapid) Testing:** Visit lightspeedtests.net to register.

   Sunday: 9:00 am – 9:30 am Monterey Moose Lodge (555 Canyon Del Rey in Del Rey Oaks).

   Monday: 9:00 am - 9:30 am 337 El Dorado Street, Monterey.

   Tuesday: 4:00 pm – 6:00 pm Old Monterey Farmers Market (corner of Alvarado Street & Bonifacio Pl.).

   Wednesday: 9:00 am – 11:00 am York School (9501 York Road, Monterey)

   Thursday: 3:00 pm – 3:30 pm 337 El Dorado Street, Monterey. Visit lightspeedtests.net to register.

   Friday: 9:00 am – 11:00 am Carmel Foundation (8th Street between Lincoln and Dolores, Carmel).

3. **Virus Geeks (PCR Testing):**
   Registration link: https://virusgeeks.com/get-tested-monterey.
   Phone number: 1-800-731-8815 Walk-ins. Results are ready in 24 – 48 hours.

   Monday – Saturday: 9:00 am – 4:00 pm First United Methodist Church
   (915 Sunset Dr. Pacific Grove)

   Tuesday – Saturday: 7:00 am – 4:00 pm Portola Hotel and Spa (Two Portola Plaza, Monterey)

   Monday – Thursday: 8:00 am – 4:00 pm Monterey Peninsula College
   (Parking Lot C. 980 Fremont Street. Monterey)

For more information on Monterey County Testing sites, please visit the Monterey County COVID-19 Site Testing Page.

****These community testing sites may also be posted on our website****

Exposure

Contact tracing following close contact exposure and quarantine for the school setting are determined for students who were close contacts indoors but not outdoors. Students who are outdoors and unmasked who are close contacts are not factored into the contact tracing per school guidelines given that masks are optional outdoors. For further explanation of this guideline, please see items 8 and 9 of the CDPH K-12 2021-2022 School Guidance.

Staying Home When Sick and Getting Tested

Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others.

During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

Recommendations for staying home when sick and getting tested:

- Follow the strategy for Staying Home when Sick and Getting Tested. See CDC's Symptoms of COVID-19 March 22, 2022
- Getting tested for COVID-19 when symptoms are consistent with COVID-19 will help with rapid contact tracing and prevent possible spread at schools.
- 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:
    - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
    - Other symptoms have improved; and
    - They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

Stay Home and Monitor Your Health

- Watch for fever (100.4◦F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

Returning to Work and School

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Other symptoms have improved; and
- 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.

Immunocompromised

- For individuals that have a weakened immune system (immunocompromised) due to a health condition or medication. CDC Groups at Higher Risk

    - People with conditions that weaken their immune system might need to stay home longer. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider.

        - Asthma (moderate-to-severe)
            - COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and serious illness.
        - Chronic kidney disease being treated with dialysis
            - Dialysis patients are more prone to infection and severe illness because of weakened immune systems; treatments and procedures to manage kidney failure; and coexisting conditions such as diabetes.
        - Chronic lung disease
            - Based on data from other viral respiratory infections, COVID-19 might cause flare-ups of chronic lung diseases leading to severe illness.
        - Diabetes, including type 1, type 2, or gestational
            - People with diabetes whose blood sugar levels are often higher than their target are more likely to have diabetes-related health problems. Those health problems can make it harder to overcome COVID-19.
        - Hemoglobin Disorders
            - Living with a hemoglobin disorder can lead to serious multi-organ complications, and underlying medical conditions (such as heart disease, liver disease, diabetes, iron overload, kidney disease, viral infections, or weakened immune system) may increase the risk of severe illness from COVID-19
        - Immunocompromised
            - People with a weakened immune system have reduced ability to fight infectious diseases, including viruses like COVID-19. Knowledge is limited about the virus that causes COVID-19, but based on similar viruses, there is concern that immunocompromised patients may remain infectious for longer than other COVID-19 patients
        - Liver disease, including cirrhosis
        - People aged 65 years and older
            - Although COVID-19 can affect any group, the older you are, the higher your risk of serious disease. Eight out of 10 deaths reported in the U.S. have been in adults 65 years or older; risk of death is highest among those 85 years or older. The immune systems of older adults weaken with age, making it harder to fight off infections. Also, older adults commonly have chronic diseases that can increase the risk of severe illness from COVID-19.

- Serious heart conditions
    - Serious heart conditions, including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension, may put people at higher risk for severe illness from COVID-19. COVID-19, like other viral illnesses such as the flu, can damage the respiratory system and make it harder for your heart to work. For people with heart failure and other serious heart conditions this can lead to a worsening of COVID-19 symptoms.
- Severe obesity
    - Severe obesity increases the risk of a serious breathing problem called acute respiratory distress syndrome (ARDS), which is a major complication of COVID-19 and can cause difficulties with a doctor's ability to provide respiratory support for seriously ill patients. People living with severe obesity can have multiple serious chronic diseases and underlying health conditions that can increase the risk of severe illness from COVID-19

Testing

- Testing is available at the District Office (435 Hillcrest Ave) every Monday 8:00am-4:00pm. This testing is free to employees.
- Testing is available at various locations throughout Monterey County. Please click for Monterey County Testing Locations or call 1-888-634-1123.
- Type of Testing…
    - If a person is asymptomatic during quarantine, any FDA-approved diagnostic test is acceptable for evaluation of an individual's COVID-19 status, as noted in the CDPH testing guidance. This includes antigen diagnostic tests and PCR diagnostic tests. PCR tests are preferred, but not required.
    - For persons in quarantine who experience symptoms, a negative result from an antigen test or POC molecular test results should be confirmed with a laboratory-based PCR test.

Screening and Testing Recommendations

Table 1. Screening Testing Recommendations for K–12 Schools by Level of Community Transmission

	Low Transmission[1] Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	**Offer screening testing for students** who are not fully vaccinated at least once per week.		
Teachers and staff	**Offer screening testing for teachers and staff** who are not fully vaccinated at least once per week.			
High risk sports and activities	**Recommend screening testing for high-risk sports[2] and extracurricular activities[3]** at least once per week for participants who are not fully vaccinated.		**Recommend screening testing for high-risk sports and extracurricular activities** twice per week for participants who are not fully vaccinated.	**Cancel or hold high-risk sports and extracurricular activities virtually** to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports.[2]	**Recommend screening testing for low- and intermediate-risk sports** at least once per week for participants who are not fully vaccinated.		

Contact Tracing & Quarantine

The following Board Policy was issued on March 17, 2022: When there is a positive COVID-19 case in an elementary classroom, all members of that classroom are considered close contacts. Given that the CDPH strongly recommends indoor masking and COVID-19 testing for close contacts on day 3, 4, or 5 of the exposure period, all close contacts are required to wear a mask indoors and provide a negative COVID-19 test result on days 3, 4, or 5 of the exposure period to discontinue wearing a mask by day 6 of the exposure period.

CDPH K-12 Modified Quarantine Guidance Update April 6, 2022.
Please see full CDPH guidance update here:

In summary from section 7 for close contact COVID-19 exposures:

- Modified quarantine has been discontinued. All close contact individuals are permitted to remain in school and participate in extracurricular activities unless developing symptoms or testing positive for COVID-19.
- It is strongly recommended that close contacts (regardless of COVID-19 status) wear masks indoors and in close proximity to others for the duration of the 10-day exposure period.
- Close contacts should be tested for COVID-19 3-5 days after exposure regardless of COVID-19 vaccine status **unless** they had COVID-19 within the past 90 days.
- Even though testing is not strongly recommended for close contacts who had COVID-19 in the past 90 days, they should still monitor for signs and symptoms and receive COVID-19 testing if they develop symptoms.
- All individuals who develop illness symptoms regardless of COVID-19 vaccine status should stay home, receive COVID-19 testing, and follow health guidance for return to work or school once asymptomatic and testing negative.

Schools may follow the recommendations provided in the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting

The infected person to whom the student was exposed may be any individual in the school setting, including fellow students, teachers, or other school-based contacts. The exposure may have occurred in any school setting in which students are supervised by school staff. This includes indoor or outdoor school settings and school buses, including on buses operated by public and private school systems.

What type of test may be used to assess a person's status during quarantine or to exit quarantine?

Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status during quarantine. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection.

Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell). For more information, see the CDPH updated testing guidance.

Is at-home testing permitted?

At-home testing, also known as over-the-counter (OTC) testing, is permitted to evaluate the status of a student who is in isolation or quarantine (or received a notification of exposure). Schools are encouraged to provide resources to parents and families regarding the best practices for using and reporting at-home tests. Contact CDPH for support as needed. Schools are not required to verify the results of at-home testing but may consider verification methods listed in the OTC guidance.

Which K-12 settings should be the focus for school-based contact tracing efforts?

The initial months of the 2021-2022 school year have demonstrated that in-school transmission of COVID-19 is uncommon when multiple safety layers are implemented effectively. When transmission does occur in schools, it predominantly takes place during prolonged indoor exposures.

Accordingly, CDPH recommends a targeted approach to school-based contact tracing, specifically focusing on indoor environments where individuals spend significant amounts of time (e.g., classrooms, cafeterias, and school buses). Contact tracing and/or exposure notifications should also be pursued among participants in sport programs (indoors and outdoors), particularly those with any component of potential close contact indoors (e.g., weight training, locker room, team gatherings, and shared transportation).

Using seating charts and team rosters may expedite and be an acceptable determination of close contacts in many of these settings.

This guidance provides a framework to focus on high-value strategies to protect students and staff given the infrequency of in-school transmission of COVID-19 and the experiences of California schools thus far. Stricter guidance may be issued by local public health officials or other authorities.

Isolation

Isolation: separates those infected with a contagious disease from people who are not infected.

Quarantine: restricts the movement of persons who were exposed to a contagious disease in case they become infected.

CDPH Self-Isolation Instructions (PDF)

Recommendations for students exposed to someone with COVID-19 in a K-12 school:

- Schools should notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their period of infectiousness.
    - Notification should occur to "groups" of exposed students (e.g., classmates, teammates, cohorts, etc.) rather than contact tracing to identify individual "close contacts" (e.g., those within 6 feet).
    - Notifications should be provided to all individuals considered exposed, including those who are vaccinated and/or recently infected.
    - For example, if a student in tenth grade is diagnosed with COVID-19, the school should notify groups with whom that student interacted as per the criteria above, such as those in the same classes, sports team, and/or other extracurricular cohorts.
    - A sample notification letter is available here for school edit and use.

- Exposed students, regardless of COVID-19 vaccination status or prior infection, should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure.
    - In the event of wide-scale and/or repeated exposures, broader (e.g., grade-wide or campus-wide) once weekly testing for COVID-19 may be considered until such time that exposure events become less frequent.
    - Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell)

- Exposed students who participate in testing may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test as recommended in Section (2), report positive test results to the school, and follow other components of this guidance, including wearing face-coverings as directed.
    - Exposed students who develop symptoms should see Section 4 of the K-12 Guidance.
    - Exposed students who receive a positive test result should isolate in accordance with Section 10 of the K-12 Guidance.

Food Service

- Meals will be served outdoors or group dining rooms where practicable. There are no restrictions on eating indoors inside campus buildings.
- Food service workers and staff in routine contact with the public will wear gloves and facial coverings.
    - Staff will wash hands and disinfect surfaces often.
    - Staff will wash hands and change gloves often.
    - Staff will maintain social distancing while working together in the kitchen.
- Staff will conduct daily self-health checks and will record in District employee health form.
- 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.

Transportation

Transportation includes Home-to-School, School-to-Home, Field Trips (bus and auto), and any school sponsored extra-curricular trips (bus or auto).

- Maximum of two persons per seat
- Windows will be open or cracked if doing so does not pose a safety risk.
- Students who show symptoms of COVID-19 will not be allowed on the bus.
    - Driver will notify the site the student attends so parents can be notified to pick student up from the bus stop.

Healthy Hygiene Practices

Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.

- Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
    - 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.
    - Portable handwashing stations have been installed throughout the sites and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.

Routine Cleaning and Disinfecting

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.

- Daily site cleaning
    - Custodial cleaning schedules will revert to pre-COVID cleaning with the exception of daily disinfection. TK-K, restrooms, kitchens, indoor lunch areas will be cleaned and disinfected daily while 1st-12th restrooms will be cleaned every other day but disinfected daily.

- 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.
    - Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
    - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

- Cleaning and disinfecting toys/manipulatives and PE equipment
    - Toys that cannot be cleaned and sanitized should not be used.
    - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
    - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
    - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
    - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
    - Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
    - Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
    - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
    - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 external icon and that are suitable for porous surfaces.

- Electronics
    - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
    - Follow the manufacturer's instructions for all cleaning and disinfection products.
    - Consider use of wipeable covers for electronics.
    - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

- Linens, Clothing, and Other Items That Go in the Laundry
    - In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
    - Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
    - Clean and disinfect hampers or other carts for transporting laundry according to the guidance for hard or soft surfaces

Contact Us

- www.pgusd.org
- District Office – (831) 646-6553
- Pacific Grove High School – (831) 646-6590
- Pacific Grove Middle School – (831) 646-6568
- Forest Grove Elementary – (831) 646-6560
- Robert Down Elementary – (831) 646-6540
- Community High School – (831) 646-6535
- Pacific Grove Adult School – (831) 646-6580

Identification and Evaluation of COVID-19 Hazards

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

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19hazards by:

- Employees will contact their immediate supervisor to inquire into participation.

Correction of COVID-19 Hazards

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

- The severity of the hazard will be assessed by administration.
- A written correction plan will be developed that includes deadlines, assigned responsibilities, and follow-up measures.

Training and Instruction

We will provide effective training and instruction that includes:

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

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person conducting the evaluation: [enter name(s)]

Date: [enter date]

Name(s) of employee and authorized employee representative that participated: [enter name(s)]

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	**Places and times**	**Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers**	**Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation**

Appendix B: COVID-19 Inspections

Date: [enter date]
Name of person conducting the inspection: [enter names]
Work location evaluated: [enter information]

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

Appendix C: Investigating COVID-19 Cases

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

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

Date: [enter date]

Name of person conducting the investigation: **[enter name(s)]**

COVID-19 Case Investigation Information

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

<table>
<tr><td>Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):</td><td colspan="3"></td></tr>
<tr><td colspan="4">Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:</td></tr>
<tr><td rowspan="2">All employees who may have had COVID-19 exposure and their authorized representatives.</td><td>Date:</td><td colspan="2"></td></tr>
<tr><td>Names of employees that were notified:</td><td colspan="2"></td></tr>
<tr><td rowspan="2">Independent contractors and other employers present at the workplace during the high-risk exposure period.</td><td>Date:</td><td colspan="2"></td></tr>
<tr><td>Names of individuals that were notified:</td><td colspan="2"></td></tr>
<tr><td>What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?</td><td></td><td>What could be done to reduce exposure to COVID-19?</td><td></td></tr>
<tr><td>Was local health department notified?</td><td></td><td>Date:</td><td></td></tr>
</table>

Appendix D: COVID-19 Training Roster

Date: [enter date]

Person that conducted the training: [enter name(s)]

Employee Name	Signature

Appendix E: Sample Letter to Staff

To:
From:
Re:
Date:

On <Date>, one of our staff members tested positive for COVID-19. They were exposed to COVID-19 <inside/outside> of the workplace and has quarantined for the recommended amount of time according to the CDC guidelines.

According to the Monterey County Public Health Guidance, <Site> may remain open for staff and others. We will continue to follow all guidelines as directed by the California Department of Public Health and the CDC. I will stay in contact and provide information to you in a timely manner as is necessary.

The safety and well-being of our students and staff are a top priority. This information is confidential and should not be discussed with others outside of our organization. If you have any questions please do not hesitate to contact me.

Out of an abundance of caution please take the time to review the information on the next page regarding
COVID-19, how it is spread, and how best to protect yourself and others.

Some general guidelines for you and working at school -

- During this time of increased COVID-19 spread, it is very important that we all do our part to keep everyone safe.
- If you have any symptoms (see below) and can work from home please do so.
- In your workspace at school keep windows and doors open as much as possible.
- Limit contact with others on campus.
- Minimize areas on campus that you have to access.
- Maintain six feet of distance when at all possible.
- Always wear a mask properly.
- Contact Barbara or Eric if you become ill or have questions or concerns.

Provided for you below is information about COVID-19, how it is spread, and how you can best protect yourself and others from contracting the disease.
Information about this disease:

Per the Centers for Disease Control, the disease is spread by:

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet for 15 minutes or longer in a 24-hour period).
- Respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

The virus spreads easily between people
How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

The virus that causes COVID-19 is spreading very easily and sustainably between people. Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

The virus may be spread in other ways
It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

Symptoms of COVID-19:
People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus**.** Symptoms may include the following:

- 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

COVID-19 can be prevented by:

- Washing hands often
- Avoiding close contact
- Covering mouth and nose with a cloth face cover when around others
- Covering coughs and sneezes
- Cleaning disinfecting frequently touched surface daily
- Monitoring your health daily

What we are doing:

- Disinfecting all classrooms and other frequently-touched areas.
- Notifying families of any student or staff who has come in contact or tests positive for COVID-19 and provide information about the disease.
- Continuing to practice proper handwashing several times per day and wearing face coverings.

What you can do at home:

- Practice routine cleaning and disinfecting of frequently touched surfaces
- Wash hands often; use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available and hands are not visibly dirty
- For a person who is sick:
    - Keep separate bedroom and bathroom
    - Eat (or be fed) in their room if possible
    - Dedicate a lined trash can for the person who is sick, if possible

If you have any symptoms of this COVID-19, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor contact your local health department for instructions on how to find a doctor. If you have any questions, please contact: Katrina Powley, PGUSD Nurse (831) 275-5396 kpowley@pgusd.org

Appendix F: Multiple COVID-19 Infections and COVID-19 Outbreaks

[This section will need to be added to this CPP if the workplace is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases in your workplace within a 14-day period. Reference section 3205.1 for details.]

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

COVID-19 Testing

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

Exclusion of COVID-19 cases

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

Investigation of workplace COVID-19 illness

- We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak.

COVID-19 investigation, review and hazard correction

- In addition, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.
- The investigation and review will be documented and include:
    - Investigation of new or unabated COVID-19 hazards including:
    - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
    - Our COVID-19 testing policies.
    - Insufficient outdoor air.
    - Insufficient air filtration.
    - Lack of physical distancing.

- Updating the review:
    - Every thirty days that the outbreak continues.
    - In response to new information or to new or previously unrecognized COVID-19 hazards.
    - When otherwise necessary.

- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We will consider:
    - Moving indoor tasks outdoors or having them performed remotely.
    - Increasing outdoor air supply when work is done indoors.
    - Improving air filtration.
    - Increasing physical distancing as much as possible.
    - Respiratory protection.

Notifications to the local health department

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

Appendix G: - Major COVID-19 Outbreaks

[This section will need to be added to the CPP should the workplace experience 20 or more COVID-19 cases within a 30-day period. Reference section 3205.2 for details.]

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

COVID-19 testing

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

Exclusion of COVID-19 cases

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

Investigation of workplace COVID-19 illnesses

- We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak.

COVID-19 hazard correction

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

Notifications to the local health department

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