

Return to School:

A guide to responding to
COVID-19 cases in
K-12 school settings.
2021-2022

February 17, 2022

Fresno County Department of Public Health.



Return to School: A guide to responding to COVID-19 cases in K-12 school settings

In consideration of falling COVID-19 case rates and decreasing hospitalizations in Fresno County, Fresno County Department of Public Health (FCDPH) no longer expects Fresno County K-12 schools to conduct contact tracing or restrict close contacts of positive cases from schools or perform testing of asymptomatic students and staff who may be at higher risk, either because of their activities or because they were close contacts. Contact tracing and quarantining recommendations would remain for medically fragile students living in congregate settings, and for employees subject to [CalOSHA ETS](#). Further changes to Case Investigation and Contact Tracing will be evaluated regularly and FCDPH will take into consideration an increase or decrease in cases in schools. This guidance supersedes guidance found in the Fresno County Department of Public Health K-12 School Guidance document (<https://www.co.fresno.ca.us/home/showpublisheddocument/63190/637781051431830000>).

At the same time, the FCDPH encourages K-12 schools to focus on identifying COVID-19 cases by continuing to screen for symptoms. Students and staff who have symptoms should stay home and isolate until they are tested and are cleared by isolation guidance or identification of another medical cause. Students and staff who test positive should isolate per CDPH and CalOSHA guidance. If a school suspects transmission is occurring in a classroom or an activity, it is recommended that the school consider classroom or activity closure. The FCDPH is available to review and assist schools on next steps and encourages schools to continue to work closely with the FCDPH.

The State of California is also reassessing masking requirements in K-12 schools and is expected to make a further announcement on February 28th. If the State of California allows local health jurisdictions to determine masking requirements in K-12 schools, the FCDPH will make that decision based on a review of case rates and hospitalizations.

COVID-19 is expected to remain in our communities. We can all take steps to prevent further COVID-19 cases, hospitalizations, and deaths by taking the following actions:

- If you are eligible, get fully vaccinated and boosted;
- Strongly recommend wearing a well-fitted mask, such as a KN95, when in high-risk settings, such as, crowded indoor settings and/or around others who are unmasked or unvaccinated;

- If you are sick or have symptoms stay home and get tested.

All of our schools are directly impacted by the Omicron-fueled COVID-19 surge that has resulted in the highest case rates of the entire pandemic. The response to Omicron is evolving rapidly. On January 12, the California Department of Public Health (CDPH) released its updated K-12 School Guidance.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx>

- Sections 7-9 have been updated- re Quarantine Recommendations
- CDPH has also developed an alternative approach to Quarantine described in [Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting](#).

In addition, CDPH has updated its Isolation and Quarantine Guidance for the General Public:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

The CDPH Isolation and Quarantine Guidance now links to the CDC Isolation and Quarantine Guidance:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

CalOSHA Emergency Temporary Standards have also been updated:

<https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

These updates are incorporated into the following Fresno County Department of Public Health (FCDPH) K-12 Guidance. FCDPH further recommends that students and staff at all schools use well-fitting masks (KN95 or N95), be fully vaccinated and boosted when eligible, and STAY HOME if sick until asymptomatic and test negative for COVID-19.

This document was designed to provide guidance for Fresno County K-12 schools in response to COVID-19 related scenarios. The goal of this document is to help school staff respond to different scenarios and cases of COVID-19. Fresno County Department of Public Health (FCDPH) also advises schools to prepare plans for remote instruction for students who may need to isolate or quarantine or in the event of class or school closures related to outbreaks. This document is applicable to all K-12 schools, public or private, throughout Fresno County.

The following guidance is included in this document:

- COVID-19 Prevention and Best Practices
- COVID-19 School Scenario Guidance
- Guidelines for COVID-19 Exposure Scenarios for Schools

We will continue to revise these documents as necessary and as guidance from the California Department of Public Health and CDC is updated, in particular:

[Guidance for COVID-19 Prevention in K-12 Schools | CDC](#)

[K-12 Guidance 2021-22 School Year \(ca.gov\)](#)

[Guidance for the Use of Face coverings \(ca.gov\)](#)

[COVID-19 Emergency Temporary Standards Frequently Asked Questions \(ca.gov\)](#)

COVID-19 Prevention & Best Practices for Schools

Fresno County Department of Public Health's Best Practices

- Post or perform screening for recent COVID-19 positive close contact or COVID-19 symptoms for all students upon entry into first classroom of the day, AND for all staff, volunteers, or others when entering school buildings.
- All students and staff should STAY HOME if sick and get tested or evaluated.
- Implement universal face coverings with a well-fitting mask such as a KN95 while indoors and on public transportation for all students, teachers, staff, volunteers, etc.
- Although masks are optional while outdoors, masks are recommended when unable to maintain physical distancing
- Availability of hand sanitizer at all entrances and commonly visited locations.
- Practice physical distancing in all indoor and outdoor settings when possible, particularly when not wearing face coverings such as in cafeterias.
- Assess and address adequacy of ventilation in all indoor school settings.
- Maximize space between students and between students and the driver on school buses, and open windows and keep air circulation open to outside air to the greatest extent practicable.
- For activities where physical distancing is difficult to maintain we recommend:
 - students stay with their class cohorts
 - limit these activities to 15 minutes or less
 - stay outdoors as much as possible
- Maintain capacity for isolation of symptomatic students in a room with a separate entrance when students are on campus, with staff with appropriate PPE immediately available.
- Cleaning all high use surfaces at least daily.
- Minimize opportunities for contact where students/staff may congregate, i.e., start/end of the school day, lining up for lunch, etc.
- Consider classroom or extra-curricular activity closure in consultation with FCDPH if in-classroom or extra-curricular transmission of COVID-19 is suspected.

Guidelines for COVID-19 Exposure Scenarios for Schools

This following is guidance for steps to take in response to confirmed and suspected positive cases on your school campus.

Scenario	Response and Isolation Steps	Communication and Contact Tracing Steps
<p>1. Student has tested positive for COVID-19.</p>	<p>Per CDPH,</p> <ul style="list-style-type: none"> • Stay home for at least 5 days. • Isolation can end after day 5 if symptoms are not present or are resolving and a diagnostic specimen* collected on day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10. • If fever is present, isolation should be continued until fever resolves. • If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10. • Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see Section below on masking for additional information). <p>*Antigen test preferred. If asymptomatic, the minimum 5-day isolation period begins on the date the student is tested. If symptomatic, day 0 is the day the symptoms begin.</p> <p>If symptoms persist beyond 10 days, student to remain at home until at least 1 day after symptoms have resolved without the use of medication.</p> <p>Identify locations where the index case spent more than 15 minutes over a 24-hour period in the two days prior to the day the positive test was collected OR to symptom onset: classroom, library, cafeteria, school bus, etc. If these locations have not been cleaned and disinfected since the student was present, close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting, wait as long as possible (at least several hours) before you clean and disinfect.</p>	<p>School to identify close contacts in the two days prior to the day the positive test was collected OR to symptom onset, up to the time the student was last in class. School to send notification letter to all close contacts.</p> <p>If close contact is fully vaccinated or had a COVID-19 positive test in the last 90 days, see #2 below.</p> <p>If other school-aged children are in the household, notify their respective school sites.</p> <p>Quarantine Guidance to follow one of the options noted below:</p> <p>Per CDPH: The quarantine recommendations for student close contacts who have NOT completed the <u>primary series</u> of COVID-19 vaccines NOR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days for exposures when both parties were wearing a mask, as required in K-12 indoor settings are:</p> <p>a. When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), students close contacts (more than 15 minutes over a 24-hour period within 0-6 feet) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:</p> <ul style="list-style-type: none"> i. Are asymptomatic; ii. Continue to appropriately mask, as required;

iii. Undergo at least twice weekly testing during quarantine (per FCDPH at least once on or after day 5); and

iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting;

Advise students who do not fall into the above categories – including students who were not wearing masks or for whom the infected individual was not wearing a mask during the exposure, as well as household contacts and other close contacts who do not fall under CalOSHA Guidance, to quarantine per CDPH Isolation and Quarantine Guidance:

- [Stay home](#) for at least 5 days, after your last contact with a person who has COVID-19.
- Test on day 5.
- Quarantine can end after day 5 if symptoms are not present and a diagnostic specimen collected on day 5 or later tests negative.
- If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10.
- Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see Section below on masking for additional information).
- Strongly encouraged to get vaccinated or boosted.
- If testing positive, follow isolation recommendations here.

If symptoms develop, test and stay home.

Schools may also follow the recommendations provided in the [Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting](#):

1. 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.

1. 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).
 2. Notifications should be provided to all individuals considered exposed, including those who are vaccinated and/or recently infected.
 1. 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.
 3. A sample notification letter is available [here](#) for school edit and use.
2. 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.
 1. In the event of wide-scale and/or repeated exposures, broader (e.g., grade-wide or

		<p>campus-wide) once weekly testing for COVID-19 may be considered until such time that exposure events become less frequent.</p> <ol style="list-style-type: none">2. 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).3. 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.<ol style="list-style-type: none">1. Exposed students who develop symptoms should see Section 4 of the K-12 Guidance.
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2. Exposed students who receive a positive test result should isolate in accordance with Section 10 of the [K-12 School Guidance](#).

In consideration of data indicating very few close contacts who are tested have positive results, and the challenges associated with large-scale contact tracing and the subsequent testing associated with modified quarantine protocols, schools may defer contact tracing in the following circumstance:

There is a single positive case in a classroom or extracurricular activity and all other students and staff in the classroom or extracurricular activity are masked

- i. If a second positive case in the same classroom or extracurricular activity see Scenario 14.
- ii. If there are other symptomatic students in the same classroom or extracurricular activity see scenarios 6 and 7.
- iii. If positive case is a staff member, see scenario 9.

Regardless of which option is chosen; Notify FCDPH liaison, and, Notify school community including staff and parents of a new positive case. Notification to indicate the date the school was informed of the positive case and the number of new positive cases that day without releasing information that would identify whether the positive case was a student or staff member or what grade or class was involved.

<p>2. Quarantine recommendations for student close contacts who have completed the primary series of COVID-19 vaccines OR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days.</p>		<p>a. Quarantine is NOT recommended. Students without symptoms may remain in school and participate in all school activities. If symptoms develop, they should test and stay home; OR</p> <p>b. Schools may follow the recommendations provided in the Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting (see above)</p>
<p>3. Student is a close contact while wearing a mask when index case not wearing a mask.</p>		<p>Recommend quarantine for close contacts as described in #1 above.</p>
<p>4. Student is a close contact while not wearing a mask when index case was wearing a mask.</p>		<p>Recommend quarantine for close contacts as described in #1 above.</p>
<p>5. Teacher or staff person or volunteer (school employee) is an unvaccinated close contact.</p>		<p>Follow CalOSHA ETS guidance for close contact:</p> <p>COVID-19 Prevention Emergency Temporary Standards - Fact Sheets, Model Written Program and Other Resources (ca.gov)</p>
<p>6. Student becomes ill off school campus and is waiting for test results.</p>	<p>Student to isolate as described in #1. OK to return to school if test negative for COVID-19 (PCR or rapid antigen) AND symptoms have resolved for at least one day, OR if test negative for COVID-19 (PCR or rapid antigen) AND symptoms do not include fever, cough, or shortness of breath, OR if a licensed health care provider determines that symptoms are not new, or worsening based on a chronic medical condition OR if a licensed health care provider has made an alternative diagnosis based on a diagnostic test such as a positive strep screen or a positive screen for influenza.</p>	<p>Recommend student follow up with physician for evaluation and testing.</p> <p>Notify student's family that other school-aged household contacts should follow guidance in #1. Household contacts may also return if index case tests negative AND household contacts have been asymptomatic for at least one day without the use of medication OR if a licensed health care provider determines that index case symptoms are not new, or worsening based on a chronic medical condition OR if a licensed health care provider has made an alternative diagnosis for the index case based on a diagnostic test such as a positive strep screen or a positive screen for influenza.</p>

		<p>Notify classroom teacher and advise teacher to monitor other students for symptoms.</p> <p>If second confirmed or suspected case in classroom, school to identify close contacts in classroom and other school settings in the two days prior to illness up to the time the student was last in class, including key contributing factors. Identify close contacts with symptoms and advise them to follow guidance in #6, or if asymptomatic, begin modified quarantine or quarantine as described in #1 and notify FCDPH liaison.</p> <p>If student or close contact test positive for COVID-19, identify and notify close contacts, as well as school community, and FCDPH liaison as described in #1.</p>
<p>7. Student develops COVID-19 symptoms while at school.</p>	<p>Place student in isolation room with separate entrance until transported home or to higher level of care. More than one student may be placed in isolation room if all masked and physically distanced as much as possible. If unable to maintain six feet distance from index case, staff person with full PPE (N95 or higher mask, goggles/eye protector, gown, and gloves) must be immediately available to evaluate or assist student if necessary or arrange for prompt transfer to appropriate level of care.</p> <p>Student may be accompanied while moving from classroom or other school site to isolation room by staff person with face covering AND observing physical distancing protocols. If closer contact required, staff person with full PPE must accompany child to isolation room.</p> <p>Isolation room to be cleaned and sanitized after symptomatic student leaves. Room cannot be re-used until cleaning and disinfecting completed.</p> <p>Student to isolate as described in #1. OK to return to school if test negative for COVID-19 (PCR) AND symptoms have resolved for at least one day, or if test negative for COVID-19 with either PCR or rapid antigen and evaluated by a licensed health care provider AND symptoms have resolved for at least one day without the use of medication OR if a licensed health care provider determines that symptoms are not new, or worsening based on a chronic medical condition OR if a licensed health care provider has made an alternative diagnosis based on a diagnostic test such as a positive strep screen or a positive screen for influenza.</p>	<p>Recommend student follow up with physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician for evaluation and testing.</p> <p>Notify student's family that other school-aged household contacts should follow guidance in #1. Household contacts may also return if index case tests negative AND household contacts have been asymptomatic for at least one day without the use of medication OR if a licensed health care provider determines that index case symptoms are not new, or worsening based on a chronic medical condition OR if a licensed health care provider has made an alternative diagnosis for the index case based on a diagnostic test such as a positive strep screen or a positive screen for influenza.</p> <p>Notify classroom teacher and advise teacher to monitor other students for symptoms.</p> <p>If second confirmed or suspected case in classroom, school to identify close contacts in classroom and other school settings in the two days prior to illness up to the time the student was last in class, including key contributing factors. Identify close contacts with symptoms and advise them to follow modified quarantine or quarantine</p>

		<p>guidance as described in #1 and notify FCDPH liaison.</p> <p>If student tests positive for COVID-19, identify and notify close contacts, school community, and FCDPH liaison.</p>
8. Member of student's household tests positive.	Refer to guidance in Scenario #1.	<p>If student in same household becomes symptomatic, refer to scenario #6 or #7 above. If student tests positive for COVID-19, refer to scenario #1 above.</p> <p>Notify school community including staff and parents of a new positive case. Notification to indicate the date the school was informed of the positive case and the number of new positive cases that day without releasing information that would identify whether the positive case was a student or staff member or what grade or class was involved.</p>
9. Teacher or staff or volunteer (school employee) tests positive.	Follow CalOSHA ETS.	<p>Follow CalOSHA ETS guidance for others subject to CalOSHA. Follow guidance in Scenario #1 for others not subject to CalOSHA who are close contacts in the two days prior to the day the positive test was collected OR to symptom onset, up to the time the teacher was last in class.</p> <p>School to send notification letter to all close contacts.</p> <p>If there are school-aged children in the household, notify their respective school sites.</p> <p>Notify FCDPH liaison.</p> <p>If no violations of local or state health officer orders for isolation, quarantine, or exclusion would result, the Division may, upon request, allow employees to return to work on the basis that the removal of an employee would create undue risk to a community's health and safety. In such cases, the employer shall develop, implement, and maintain effective control measures to prevent transmission in the workplace including providing isolation for the employee at the workplace, and if isolation is not feasible, the use of respirators in the workplace.</p> <p>Notify school community including staff and parents of a new positive case.</p>

		Notification to indicate the date the school was informed of the positive case and the number of new positive cases that day without releasing information that would identify whether the positive case was a student or staff member or what grade or class was involved.
10. Teacher or staff or volunteer (school employee) has symptoms.	Follow CalOSHA ETS and #9 for school employees who either test positive for COVID-19 or are awaiting evaluation for COVID-19 symptoms. COVID-19 symptoms means fever of 100.4 degrees Fahrenheit or higher, 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, or diarrhea, unless a licensed health care professional determines the person's symptoms were caused by a known condition other than COVID-19.	
11. Student feels ill with COVID-19 symptoms, but parent/guardian will NOT be testing child.	Follow guidance in Scenario #1.	Follow guidance in Scenario #1.
12. Student tests negative but has COVID-19 symptoms (possible false negative).	Student to remain at home while symptoms persist consistent with screening protocols at school. Ok to return to school after negative COVID-19 test (PCR or rapid antigen) AND all symptoms have resolved without the use of medications OR if a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician determines that symptoms are not new, or worsening based on a chronic medical condition OR if a licensed health care provider has made an alternative diagnosis based on a diagnostic test such as a positive strep screen or a positive screen for influenza.	<p>Recommend evaluation and testing with physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician for index case.</p> <p>Notify teacher of symptomatic student and to monitor class to determine if others become ill.</p> <p>If second confirmed or suspected case in classroom, school to identify close contacts in classroom and other school settings in the two days prior to illness up to the time the student was last in class, including key contributing factors. Close contacts to follow modified quarantine or quarantine guidance as described in #1 above, and if symptoms occur, immediately self-isolate and contact their local public health department or physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician and seek evaluation and testing to guide further isolation recommendations.</p>
13. AM Kindergarten	PM Kindergarten sharing classroom with AM class with positive case shall move class to another location on the day	See scenario #1, #5, and/or #8 above.

student or teacher tests positive.	of notification unless classroom cleaned since index case tested positive. See scenario #1 and/or #8 regarding student tests positive for additional guidance, or #5 if teacher tests positive.	
14. Outbreak of cases on campus.	Report all positive cases identified by the school to FCDPH immediately per CCR Title 17. Evaluate all situations when two or more positive cases in a classroom are identified, or 3 or more positive cases within a 2-week period on a school campus to determine source of spread consistent with CDPH guidance. Consult with FCDPH, as needed.	FCDPH recommends classroom closure for those schools where 2 or more students in a classroom with no alternative source of transmission is identified, particularly in middle and high schools where students are moving from classroom to classroom. Consider classroom or school shutdown on a case-by-case basis in coordination with FCDPH and consistent with CDPH guidance.
15. What should a school do if a student is not wearing a face covering?	Recommend request documentation of a medical, mental health, or disability exemption from a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician based on a diagnosis that is documented in their medical record to not wear a face covering. Students with a medical exemption from a licensed health care provider based on a diagnosis that is documented in their medical record to not wear a face covering are expected to wear a face shield with a drape.	
16. What should a school do if a student has a medical exemption from a licensed health care provider to not wear a face covering and is not wearing a face shield and drape?	Verify that a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician has determined that the student is medically exempt from wearing both a mask as well as face shield and drape. If there is a medical exemption for both a mask as well as a face shield and drape from a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician that is based on a diagnosis documented in their medical record, consider assigning students to sit in seats that are physically distanced from others in the classroom.	
17. What should a school do for students in TK to second grade if the student is not wearing a face covering or a face shield and drape?	See scenario #15 and #16 above.	
18. What should a school do if a student engages in high-risk behaviors such as speaking loudly, yelling, or singing without a mask or face shield with drape, or not	Consider alternative educational models other than in-person classroom instruction.	

<p>following directions to maintain physical distancing?</p>		
<p>19. What if a student or staff member has a chronic condition causing one of the COVID-19 symptoms?</p>	<p>Students and staff members with a chronic condition that in the opinion of a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician is causing one of the COVID-19 symptoms can return to school if they have a note from a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician indicating that their symptoms are related to a chronic condition and are not new or worsening.</p> <p>The physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician should document in their medical record the chronic condition that is the basis for the symptom(s) in question. If a student or staff member has recurrence of similar symptoms related to the same chronic condition on a later date, schools should consider both symptoms and prior notes written by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician when determining next steps.</p> <p>Students or teachers who have fever, cough, or shortness of breath when they are screened upon entry to school or during school should be advised to stay at home or return to home until their symptoms have resolved even if they have been diagnosed with a chronic condition that in the opinion of a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician is causing one of the COVID-19 symptoms.</p>	
<p>20. What if a student or staff member has one of the COVID-19 symptoms but has been diagnosed with another infectious disease or medical condition?</p>	<p>Students or staff members may return to school if their symptoms have resolved and if a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician has determined that the cause for their symptoms is due to another infectious process or medical condition that is confirmed by diagnostic testing, such as a positive strep test for sore throat, or a positive influenza test for flu symptoms. Students or teachers who have fever, cough, or shortness of breath when they are screened upon entry to school or during school should be advised to stay at home or return to home until their symptoms have resolved even if they have been diagnosed with a condition other than COVID-19.</p>	

<p>21. Can school nurses that are identified as close contacts quarantine under the health care worker guidance?</p>	<p>Quarantine guidance for school nurses falls under CalOSHA Emergency Temporary Standards.</p>	
<p>22. Are there any requirements for schools that are planning for indoor dances or large assemblies?</p>	<p>Dances in particular are considered higher risk activities because they can involve direct physical contact similar to high-risk sports. CDPH includes the following consideration for K-12 school dances and large assemblies; “Ensure all eligible attendees (students and adults) are fully vaccinated. Conduct pre-entry testing for all unvaccinated attendees at or just prior to the event.”</p> <p>For these reasons and to protect the health and safety of all attendees at events that are high risk for the transmission of COVID-19, FCDPH strongly encourages all schools to screen for completed vaccination status for all K-12 dance participants, and to ensure that all participants who are not fully vaccinated have had a negative COVID-19 test (PCR or rapid antigen) within 72 hours of the dance. CDPH masking requirements in K-12 schools remain in place during dances and large assemblies.</p> <p>Indoor events where more than 500 attendees are expected, follow CDPH guidance for indoor mega-events. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Beyond-Blueprint-Framework.aspx</p>	

Transportation Services

Scenario	Response and Isolation Steps	Communication and Contact Tracing Steps
<p>23. Bus driver or student rider on bus tests positive</p>	<p>Refer to #1 or #9 above.</p>	<p>Refer to #1 or #9 above. Conduct contact tracing consistent with guidance for school scenarios described above, paying attention to key contributing factors. Consult with FCDPH if questions regarding determining close contacts on bus.</p>

After school programs

Scenario	Response and Isolation Steps	Communication and Contact Tracing Steps
24. Student or teacher or staff tests positive, or has symptoms	<p>Ensure availability of space to isolate children or staff with symptoms, with staff person with appropriate PPE available to monitor while awaiting disposition to home or for higher level of care consistent with guidance in above scenarios.</p> <p>Refer to #1, #3, and/or #8 above.</p>	<p>Conduct contact tracing consistent with guidance for school scenarios described above, while determining if any close contacts in alternative settings utilized by after-care program.</p> <p>If any close contacts with symptoms identified, consider key contributing factors and notify FCDPH.</p> <p>Refer to #1, #3, and/or #8 above.</p> <p>Notify school community of positive cases.</p>

Definitions:

COVID-19 Symptoms: 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. Anyone can have mild to severe symptoms. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

[Symptoms of COVID-19 | CDC](#)

A person who had a documented case of COVID-19 and whose isolation period ended (including being asymptomatic for at least one day) and who then develops new symptoms consistent with COVID-19 during the 90 days after the date of initial symptom onset, likely warrants additional testing unless an alternative etiology can be or has been readily identified by a healthcare provider.

Testing: Both PCR and rapid antigen tests are available and can be used in school settings to determine if COVID-19 is present or absent. PCR is considered the, “gold standard”. If both a rapid antigen and a PCR test are done on the same day and have different results, the PCR result should determine if the individual who is tested has COVID-19. If the rapid antigen and PCR tests are done on different days, the result from the first COVID-19 test should be used to determine COVID-19 status. Home tests may be considered when determining COVID-19 status if there is a mechanism for school personnel to verify the test result, such as through direct observation. Positive COVID-19 home test results entered by schools into State of California data bases such as CalConnect will be accepted as true positives. For more information regarding testing, please refer to CDPH COVID-19 testing guidance.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx>

Index case: person with a positive COVID-19 test. In these scenarios, index case also refers to the person (student, teacher, or staff) who reports symptoms.

Close contact*: Close contact is defined as someone who has been within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period, cumulative time, during the infectious period. For the purposes of determining a close contact, cumulative time is defined as the period of time of exposure to ANY/ALL COVID-19 positive person(s), and is calculated as 15 minutes or more of time where a close contact has been in contact to a person(s) positive with COVID-19 while that person(s) was infectious, i.e. 2 days prior to symptom onset while symptomatic, or 2 days prior to test date if asymptomatic, up to the last contact with the COVID-19 positive person(s). The close contact definition applies in both the indoor and outdoor settings. If questions about whether an individual meets the criteria for a close contact, refer to key contributing factors. Refer additional questions regarding close contact criteria to FCDPH.

Outbreak: Two or more confirmed COVID-19 positive cases in a classroom OR three or more confirmed COVID-19 positive cases on the school campus within 14 days.

Quarantine: Separates individuals who are close contacts of a confirmed COVID-19 positive case but who are not yet ill

Modified Quarantine: When both parties were wearing a mask in the indoor classroom setting, unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified quarantine as described by CDPH.

Isolation: Separates infected people who have a confirmed COVID-19 test from others.

Covid-19 School Scenario Guidance

Potential Scenarios	Key Contributing Factors	Potential Responses/Actions
<ul style="list-style-type: none"> <input type="checkbox"/> Student has tested positive for COVID-19 <input type="checkbox"/> Student feels ill and is waiting for test results <input type="checkbox"/> Student develops COVID symptoms while at school <input type="checkbox"/> Member of student's household tests positive <input type="checkbox"/> Teacher tests positive <input type="checkbox"/> Student feels ill with COVID symptoms but parent will not be testing child <input type="checkbox"/> Student tests negative but has COVID symptoms (possible false negative) <input type="checkbox"/> Administrator or staff member, or volunteer tests positive <input type="checkbox"/> Administrator or staff, or volunteer feels ill with COVID symptoms <input type="checkbox"/> AM Kindergarten student or teacher tests positive <input type="checkbox"/> Outbreak of cases on campus <input type="checkbox"/> Bus driver, or student rider on bus, tests positive <input type="checkbox"/> Student or teacher in after school program tests positive 	<ul style="list-style-type: none"> <input type="checkbox"/> Was index case wearing mask properly? <input type="checkbox"/> Was social distancing maintained? <input type="checkbox"/> Duration of exposure to index case. <input type="checkbox"/> COVID-19 confirmed or suspected <input type="checkbox"/> Index case symptomatic or asymptomatic <input type="checkbox"/> Location of exposure - classroom, outdoors, other indoor setting <input type="checkbox"/> Proper PPE used? <input type="checkbox"/> Prior positive cases in classroom? <input type="checkbox"/> Prior positive cases on school campus? <input type="checkbox"/> Type of transportation to and from school <input type="checkbox"/> Windows open or closed on bus <input type="checkbox"/> Presumed source of spread to index case-school vs community <input type="checkbox"/> Household contacts at other schools <input type="checkbox"/> Close contacts in school sports or other after-school programs 	<ul style="list-style-type: none"> <input type="checkbox"/> Notify school community of COVID positive cases in the child's classroom or school <input type="checkbox"/> Complete contact tracing <input type="checkbox"/> Quarantine close contacts <input type="checkbox"/> Inform potential close contacts to self-monitor, follow up with physician if symptoms develop. <input type="checkbox"/> Sanitize and disinfect potentially contaminated equipment, supplies, and rooms <input type="checkbox"/> Close classroom <input type="checkbox"/> Contact the Fresno County Department of Public Health (FC DPH) <input type="checkbox"/> Recommend testing if not already done <input type="checkbox"/> Recommend evaluation from physician <input type="checkbox"/> Follow up contact with index case and/or close contacts scheduled