



COVID-19 Recommendations Checklist

for K-12 Schools and other School-Based Programs

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

These recommendations are supplemental to:

- The California Department of Public Health (CDPH):
 - [COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California, 2020-2021 School Year](#)
 - [Evidence Summary: TK-6 Schools and COVID-19 Transmission](#)
- The Centers for Disease Control and Prevention (CDC):
 - [Operational Strategy for K-12 Schools through Phased Prevention](#)
 - [Operating Schools during COVID-19: CDC's Considerations](#)
 - [K-12 Schools COVID-19 Mitigation Toolkit](#)

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





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Definitions

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

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

Suspected Case of COVID-19 Infection:

In the absence of a more likely diagnosis:

At least 1 of the following Class A symptoms:

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

OR at least 2 of the following Class B symptoms excluding pre-existing/longstanding symptoms and/or symptoms that can be attributed to a diagnosis other than COVID-19:

- Chills
- Repeated shaking with chills (rigors)
- Chest pain with deep breathing
- Sore throat
- Hoarseness
- Runny nose or congestion
- Muscle pain (myalgias)
- Malaise or fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Headache
- Altered mental status (e.g., confusion)
- Conjunctivitis or “pink eye”
- Rash

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

Stable Group: A group with fixed membership that stays together without mixing with any other groups for any activities.

Considerations for elementary schools to create stable groups include:

- Students can be placed into stable groups that stay together all day with their core teacher (and any aide or student teacher who is present). If there are counselors or teachers of electives, they should ideally be assigned to only one group or conduct their classes/ counseling virtually.





- Students should eat lunch and go to recess with their group at times that are staggered and separated from other groups.
- Students can be divided into smaller groups that attend school in person on a rotating schedule. Examples of different approaches include:
 - A group of students comes to school for in-person instruction on Monday and Tuesday. Another attends on Thursday and Friday.
 - On the alternating days, they learn remotely.
 - Have students attend school in-person during alternating weeks.
 - Have one group of students attend school in person in the morning and another group attend school in person in the afternoon.

Considerations for middle or high schools to create stable groups include:

- Schools may keep a single group together in one classroom and have educators rotate between groups, or have smaller groups move together in staggered passing schedules to other rooms they need to use (e.g., science labs) without allowing students or staff to mix with others from distinctive groups.
- Teachers and supports staff from different content areas can work in teams that share students, preferably in a dedicated space, separate from others.
- When combined with block schedules that reduce the number of courses students take in any one day, the number of educators and students who interact can be minimized further.
- It is also possible to keep students in one stable group that stays together with one or two instructors who teach them directly part of the day and support their instruction from others who teach them virtually during other parts of the day.
- Electives can be offered virtually or organized so that no group of students takes more than one elective in a term and the elective teachers do not work with more than one or two groups.
- Stable groups could switch schedules or even membership after a break at the quarter, trimester, or semester in ways that support students being able to take additional classes without substantial group mixing.
- The school year can be divided into even smaller time units – 4 to 8 weeks for example – in which students study one or two subjects intensively, completing all of the work they might normally have completed in a semester or a year. They stay in stable groups with only 1 or 2 teachers during this time. At the end of unit, they switch schedules and groups to take 1 or 2 other courses, and so on throughout the year.

Cohort: A group of students who are meeting for targeted supports and intervention services, under the direction of a school or Local Educational Agency (LEA), while the school is closed to in-person instruction and in addition to distance learning. All of the provisions in the CDPH [Cohorting Guidance](#) must be followed **when San Mateo County is in Purple/Widespread Tier** per the State's [Blueprint for a Safer Economy](#) for such cohorts to meet, whether they are operated by LEAs, non-profits, or other providers, as a maximum of 16 individuals (students and staff). "Cohort" does not refer to the more general "stable group" that is described above.

Close Contact: A close contact is someone who was within 6 feet of a person with COVID-19 for at least 15 cumulative minutes whether or not well-fitting masks were worn, or someone who had direct contact with potentially infectious bodily fluids, regardless of the length of exposure. Please note that cases are considered infectious starting 2 days before developing symptoms or, for asymptomatic cases, 2 days prior to the date of their positive test.





If contact tracing and investigation can determine which stable group members were exposed (e.g., wearable COVID-19 tracing devices are used), those who were not close contacts may continue with in-person instruction. If it is impossible to determine which stable group members were exposed, an entire stable group, classroom, or other group may need to be considered exposed and therefore excluded, particularly if people have spent time together indoors.

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

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

Close contacts of confirmed COVID-19 cases should remain in quarantine for a full 14 days after the date of last exposure. If ongoing contact between the case and the contact is unavoidable, then quarantine should be extended through 14 days after the date the COVID-19 positive case completes his/her isolation. Recognizing that in some cases a 14 day quarantine could be a hardship, it may be appropriate in some cases to shorten the quarantine period to 10 days as outlined in the [COVID-19 Release from Quarantine Guidance](#). See the [Home Isolation and Quarantine Instructions](#).

While SMC CD Control strongly recommends a 14-day quarantine for all close contacts, individual schools may choose to shorten the quarantine period to 10 days (a) across the board, for all students and staff members, or (b) for certain individuals only if a 14-day quarantine is a hardship for these individuals based on their individual circumstances. In certain situations of public health significance (e.g., a variant of concern is identified or there is evidence of widespread, ongoing transmission), SMC CD Control may require strict 14-day quarantine for all close contacts.

Fully vaccinated individuals (with documentation of COVID-19 vaccination completion submitted to San Mateo County Health) are not required to quarantine but a 14-day symptom-watch period is still required. However, if fully vaccinated individuals are identified as close contacts exposed to a variant of concern, they may be asked to quarantine. See [San Mateo County Health Release from Quarantine for Fully Vaccinated Individuals Flow Chart](#) for more details.

Outbreak: School [outbreak](#) is defined as 3 or more confirmed or probable cases of staff or students occurring within a 14-day period who are epidemiologically linked* in the school, are from different households and are not contacts of each other in any other investigation cases (e.g., transmission likely occurred in the school setting).

*Epidemiologically linked: if a COVID-19 case was present in the setting during the same time period (e.g. same classroom, school event, etc.) within 14 days prior to the event date and where there is no other more likely source of exposure for identified cases (e.g. same household).





Reporting Requirements and Communication

- All COVID-19 cases and clusters of undiagnosed respiratory illness** must be immediately reported by the school Principal or designee to the San Mateo County Communicable Disease Control Program (SMC CD Control) by email to COVID19_SchoolTeam@smcgov.org (COVID19_SchoolTeam@smcgov.org). For urgent matters, call (650) 573-2346, Mon-Fri 8am to 5pm.
- The school Principal or designee should notify the appropriate District Superintendent of all suspected or confirmed COVID-19 cases and ensure that the San Mateo County Office of Education is also notified per the Communication Structure outlined in the [San Mateo County Coalition for Safe Schools and Communities Pandemic Recovery Framework](#).
- The school Principal or designee must complete the attached line list daily for all **new** cases and submit it via secure email to COVID19_SchoolTeam@smcgov.org and the assigned investigator daily by 10:00AM until instructed otherwise by SMC CD Control.
- The school Principal or designee and the assigned investigator will be in daily contact Monday–Friday until instructed otherwise by SMC CD Control.
- Submit a school map/floor plan to SMC CD Control within 24 hours of reporting unless a map has been submitted to SMC Health within the last 12 months.
- Implement an internal communication plan for students, families and staff. Ensure communication systems that allow staff and families to self-report symptoms and to receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by the Americans with Disabilities Act (ADA), and the Family Education Rights and Privacy Act (FERPA) related to privacy.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Staff should know who the liaisons are and how to contact them. The liaisons should be trained to coordinate the documentation and tracking of possible exposures, in order to notify local health officials, staff and families in a prompt and responsible manner.





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

Scenario:	Immediate Actions	Communication
<p><u>Scenario 1:</u> A student or staff member exhibits COVID-19 symptoms, answers “yes” to a health screening question, or has a temperature of 100.4°F or above</p>	<ul style="list-style-type: none"> • Send home • Recommend testing (If positive, see Scenario 3; if negative, see Table 2) • School/classroom remain open for the time being 	<p>No action is needed</p>
<p><u>Scenario 2:</u> A family member of a student or staff member OR someone in close contact with a student or staff member (outside the school community) tests positive for COVID-19</p>	<ul style="list-style-type: none"> • Send home • Contacts should be quarantined for 14 days from the last exposure to the case. If a 14 day quarantine represents a true hardship, shortening the quarantine period to 10 days may be considered in select cases. • Testing is recommended but generally will not shorten quarantine. See Testing of Close Contacts section for details. • School/classroom remain open 	<p>No action is needed</p>
<p>Scenario 3: A student or staff member tests positive for COVID-19</p>	<ul style="list-style-type: none"> • The school Principal or designee must promptly notify SMC CD Control • Case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved. <ul style="list-style-type: none"> ○ If the case has <u>not</u> had any symptoms and remains symptom-free during his/her isolation period, the case still needs to wait until 10 days have passed since the positive sample was collected before resuming normal activities. ○ If the case is initially asymptomatic and develops symptoms during his/her isolation period, then the case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved. • Identify, quarantine, and exclude school close contacts (possibly the entire stable group) for 14 days after the last day the case was present at school <u>while infectious</u>. Specific questions should be directed to SMC CD Control at COVID19_SchoolTeam@smcgov.org. • Testing of contacts is recommended. See Testing of Close Contacts section for details. • Thoroughly clean and disinfect the classroom and primary spaces where the case spent a significant amount of time • Other stable groups continue in-person instruction. I.e., the entire school does <u>not</u> need to close. 	<p>Exposure notification to affected stable group. Consider school community notification.</p>





Table 2. Procedure in Response to Negative COVID-19 Test Results

Scenario	Immediate Actions	Communication
A <u>symptomatic</u> student or staff member tests negative for COVID-19 and was a <u>household contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full <u>14 days</u> after the COVID-19 positive household member completes his/her isolation. One generally cannot test out of quarantine. 	No action is needed
A <u>symptomatic</u> student or staff member tests negative for COVID-19 and was a <u>non-household close contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full <u>14 days</u> after the date of last exposure. One generally cannot test out of quarantine. 	No action is needed
A <u>symptomatic</u> student or staff member tests negative for COVID-19 and <u>was not a close contact</u> to a known case	<ul style="list-style-type: none"> Student/staff may return to school based on the diagnosis and instructions given by the healthcare provider OR when at least 24 hours have passed since the last fever without the use of fever-reducing medication AND symptoms have improved. 	No action is needed

Scenario	Immediate Actions	Communication
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 and was a <u>household contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full <u>14 days</u> after the COVID-19 positive household member completes his/her isolation. One generally cannot test out of quarantine. 	No action is needed
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 and was a <u>non-household close contact</u> to a case	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full <u>14 days</u> after the date of last exposure. One generally cannot test out of quarantine. 	No action is needed
An <u>asymptomatic</u> student or staff member tests negative for COVID-19 and <u>was not a close contact</u> to a known case	<ul style="list-style-type: none"> Can return to school/work immediately. 	No action is needed

Scenario	Immediate Actions	Communication
A symptomatic student or staff member who is <u>not a close contact</u> to a known COVID-19 case tests negative for COVID-19 after <u>Scenario 1</u>	<ul style="list-style-type: none"> Student/staff may return to school based on the diagnosis and instructions given by the healthcare provider OR when at least 24 hours have passed since the last fever without the use of fever-reducing medication AND symptoms have improved. 	No action is needed
A symptomatic or asymptomatic student or staff member who is a <u>close contact</u> to a known COVID-19 case tests negative after <u>Scenario 2</u>	<ul style="list-style-type: none"> Student/staff must remain in quarantine for a full <u>14 days</u> after the date of last exposure. If ongoing contact between the case and the contact is unavoidable, then quarantine should be extended through 14 days after the date the COVID-19 positive case completes his/her isolation. 	No action is needed
A student or staff member tests negative after routine surveillance testing (no symptoms and no close contact to a confirmed COVID-19 case)	<ul style="list-style-type: none"> May continue to attend school/work 	No action is needed





Response to Suspected or Confirmed Cases and Close Contacts

Suspected COVID-19 Case(s):

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

Confirmed COVID-19 Case(s):

- **The school Principal or designee must promptly notify SMC CD Control of any positive COVID-19 case by secure email to COVID19_SchoolTeam@smcgov.org (COVID19_SchoolTeam@smcgov.org).** For urgent matters, call (650) 573-2346, Mon-Fri 8am to 5pm. Please note that this number is not meant for the general public. Please do not share it with parents and staff members not responsible for reporting.
- Send an exposure notification to staff and families of the affected stable group of the positive COVID-19 case while maintaining confidentiality as required by state and federal laws. Consider sending a general school community notification. Information concerning confidentiality can be found [here](#).
- Close off areas used by any sick person and do not use before thoroughly cleaning and disinfecting. To reduce the risk of exposure, ideally wait 24 hours before [cleaning and disinfecting](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants with proper PPE and ventilation.
- Find alternative locations for students and teachers whose regular classroom is being cleaned or disinfected.
- **Advise sick staff members and students with confirmed COVID-19 not to return to school until they have met the discontinuation of home isolation criteria.** Usually the case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved.





	<p>Close contacts to confirmed COVID-19 Case(s):</p> <ul style="list-style-type: none"> • Close contacts (household or non-household) of confirmed COVID-19 cases should be sent home. Because one generally cannot test out of quarantine, they should, even if they test negative, remain in quarantine for a full 14 days after <ol style="list-style-type: none"> (1) date of last exposure to COVID-19 positive <u>non-household</u> contact OR (2) date that COVID-19 positive <u>household</u> member completes his/her isolation. If a 14 day quarantine represents a true hardship, shortening the quarantine period to 10 days may be considered in select cases. • While a negative test generally will not shorten the duration of quarantine, students or staff with close contact to a confirmed case should be encouraged to get tested to help inform appropriate isolation/quarantine periods. • No actions need to be taken for persons who <u>have not had direct contact with a confirmed COVID-19 case</u> but were contacts to a contact. For example, if a student is under quarantine due to contact with a household member who is a confirmed case, the student’s stable group can continue with in-person instruction. • Those who test positive should not return until they have met criteria to discontinue home isolation (see box above for Confirmed COVID-19 Case(s)).
	<p>Return to Campus Criteria:</p> <ul style="list-style-type: none"> • <u>Symptomatic</u> individuals who <u>test positive</u> for COVID-19 should not return until they have met the discontinuation of home isolation criteria. Usually the case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved. • <u>Asymptomatic</u> individuals who <u>test positive</u> for COVID-19 and never develop symptoms can usually return 10 days after the collection date of their positive test result. If symptoms develop, follow the criteria for symptomatic individuals who test positive for COVID-19. • <u>Symptomatic</u> individuals who <u>test negative</u> for COVID-19 can usually return 24 hours after resolution of symptoms <u>as long as they were not contacts to a known case of COVID-19.</u> • Anyone (<u>symptomatic or asymptomatic</u>) who <u>tests negative</u> for COVID-19 and who is a non-household <u>close contact</u> or a <u>household contact</u> to a confirmed case of COVID-19 should not return to campus until completion of a full 14-day quarantine after <ol style="list-style-type: none"> (1) date of last exposure to COVID-19 positive <u>non-household</u> close contact or (2) date that COVID-19 positive <u>household</u> member completes his/her isolation. • For further guidance, refer to the Return to School / Childcare / Work for Persons with Symptoms of COVID-19 and No Exposure in Prior 14 Days.





COVID-19 Testing

Surveillance or Screening Testing

1. CDPH recommends that surveillance or screening testing be implemented based on the local disease trends.
 - o When San Mateo County is in the Red or Purple tier per CDPH's [Blue Print for a Safer Economy](#), it is recommended that staff and students be tested every 2 weeks.
 - o If San Mateo County's adjusted case rate exceeds 14 (Deep Purple tier), it is recommended that staff and students be tested either weekly if using PCR testing or twice weekly if using antigen testing.
 - o For details regarding the recommended testing cadence, please refer to Table 3. Testing Cadences with Support from the State of California for K-12 schools of the [COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California, 2020-2021 School Year](#).
2. If epidemiological data indicates concern for in-school transmission, and if laboratory testing capacity allows it, schools should consider increasing the testing cadence to detect potential asymptomatic or silent transmission.
3. COVID-19 testing laboratory options:
 - o Any laboratory in the California Testing Task Force (TTF) list of testing facilities in CDPH's [Testing Considerations for LEAs and School Communities](#)
 - o CDPH [Valencia Branch Laboratory](#)
4. For sample testing models and billing related information, refer to [Testing Considerations for LEAs and School Communities](#).

Testing of Close Contacts

- Symptomatic contacts should be tested immediately.
- If asymptomatic contacts are tested, they should ideally be tested 5-7 days after exposure to the case. Testing should not be performed any earlier than 4 days after exposure to the case.
- A negative test result generally will not shorten the duration of quarantine. One generally cannot test out of quarantine.





COVID-19 Control Measures and Recommendations	
Symptom and Exposure Screening	
	Post signs at each school entrance. Post visual alerts instructing students, families and staff not to enter campus if they have any COVID-19 symptoms or exposures .
	All students and staff should be screened for symptoms and exposure prior to entering the facility. Clearly communicate screening requirements to all staff and families prior to the start of the school year. Provide periodic reminders throughout the school year.
	Ensure that all staff and students who are sick or were recently in close contact with a known COVID-19 case stay home. Develop policies that encourage sick staff and students to stay at home without fear of retaliation, and ensure staff, students and students' families are aware of these policies. Ensure that students who are required to stay home have access to distance learning.
	Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher or other COVID-19 symptoms .
Screening at Home	
	Establish procedures for staff and students' parents or guardians to conduct symptom and exposure screening at-home each day before leaving for school .
	Parents may use the Sample COVID-19 Health Screening Questionnaire on the next page to determine if their child should be kept at home. If the child is feeling ill or has symptoms of COVID-19, even if symptoms are very mild, the ill child should be kept at home and get tested for COVID-19.
	Staff members may use the Sample COVID-19 Health Screening Questionnaire on the next page to determine if they should report to work. If they have symptoms of COVID-19, staff members should be instructed to call in sick, stay home, and get tested for COVID-19.
	If a student or staff member has chronic allergic or asthmatic symptoms (e.g., cough or runny nose), then a change in symptoms from baseline would be considered a positive symptom.
	Schools may consider implementing a daily reminder system for home screening, such as sending a text message or asking parents and staff to log in to an online screening application. Families and staff would need to review the symptom list each day before leaving for school to confirm that they do not have symptoms of COVID-19 and have not had close contact with a known case of COVID-19.
	Students and staff exhibiting symptoms of COVID-19 should not be allowed to enter the school campus.





Sample COVID-19 Symptom and Exposure Screening Questionnaire

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

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

Yes – STAY HOME and seek medical care as needed.

2. Within the past 14 days did you live in the same household as, or did you have close contact with, someone who tested positive for COVID-19 and/or someone who has been in isolation for COVID-19? A close contact is someone who was within 6 feet of a person with COVID-19 for at least 15 cumulative minutes whether or not well-fitting masks were worn. Please note that cases are considered infectious starting 2 days before developing symptoms or, for asymptomatic cases, 2 days prior to the date of their positive test.

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

3. Have you had any new symptoms, excluding pre-existing/longstanding symptoms and/or symptoms that can be attributed to a diagnosis other than COVID-19, since the last symptom check?

In the absence of a more likely diagnosis:

- New loss of taste or smell (i.e., new olfactory or taste disorder)
- Painful purple or red lesions on the feet or swelling of the toes (“COVID Toes”)
- Pneumonia (on clinical exam or imaging)
- Fever (temperature $\geq 100.4^{\circ}$ F / 38° C or subjective fever)
- Cough (new or change in baseline)
- Shortness of breath or difficulty breathing (new or change in baseline)
- Chills
- Repeated shaking with chills (rigors)
- Chest pain with deep breathing
- Sore throat
- Hoarseness
- Runny nose or congestion
- Muscle pain (myalgias)
- Malaise or fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Headache
- Altered mental status (e.g., confusion)
- Conjunctivitis or “pink eye”
- Rash

Note: If a student or staff member has chronic allergic or asthmatic symptoms (e.g., cough or runny nose), then a change in their symptoms from baseline would be considered a positive symptom.

Yes – STAY HOME and refer to the [Return to School/Childcare/Work for Persons with Symptoms of COVID-19 and No Exposure in Prior 14 Days](#) Algorithm at end of document.





Ventilation	
	<p>Ensure sufficient ventilation in all indoor environments including classrooms, shared workspaces, offices and school buses per American Society of Heating, Refrigerating, and Air- Conditioning Engineers (ASHRAE) guidance on ventilation.</p> <ul style="list-style-type: none"> • Contact a mechanical engineer, heating, ventilation, and air conditioning (HVAC) design professional, or mechanical contractor in order to evaluate school ventilation system in regard to the ASHRAE guidance. • When indoors, increase circulation of outdoor air as much as possible by opening windows and doors. If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms), consider alternatives. For example, maximize central air filtration for HVAC systems by using filters with a minimum efficiency reporting value (MERV) of at least 13. • Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
	<p>Maximize the use of outdoor space whenever possible:</p> <ul style="list-style-type: none"> • If not able to properly ventilate indoor instructional spaces, outdoor instruction is preferred (use caution in poor air quality conditions). • Meetings among the staff from different stable groups should ideally be conducted remotely. If not possible, hold meetings outdoors, or in a large room with the windows open and with all staff members wearing well-fitting masks and maintaining at least 6 feet distance from each other. • Consider serving meals outdoors or in classrooms instead of cafeterias or group dining rooms.
	<p>Ventilation considerations are also important on school buses: Open windows to the greatest extent possible. Two windows on a bus should be opened fully at a minimum.</p>
	<p>Avoid the following specific practices:</p> <ul style="list-style-type: none"> • Classrooms or buses with no ventilation. • Classrooms or buses with increased airflow across occupants (e.g., air conditioners or fans blowing into the classroom or overhead fans creating air currents across occupants).





Physical Distancing	
	Prior to the start of the school year, communicate with all staff and families regarding physical distancing requirements and recommendations.
	Train all staff and students on protocols for physical distancing for both indoor and outdoor spaces.
	Post signage reminding students and staff about physical distancing in prominent locations throughout the school campus.
	For outside organizations utilizing school facilities outside of school hours if any, ensure that they follow all required health and safety measures.
	<p>Minimize close contact between students, staff, families, and the broader community at arrival and dismissal with the following methods:</p> <ul style="list-style-type: none"> • Designate routes for entry and exit, using as many entrances and exit points as can be supervised appropriately to decrease congregating and crowding. • Provide supervision to minimize student gatherings during school arrival and departure. • Stagger arrival and drop off-times and locations while attempting to minimize scheduling challenges for families with multiple children of different school age. • If applicable, instruct drivers dropping-off or picking-up students to remain in their vehicles to the extent possible. When in-person drop-off or pick-up is needed, only one parent or caregiver should enter the facility to pick up or drop off the child. • Require adults entering campus for in-person pick-up or drop-off to wear a well-fitting mask and minimize contacts with others on campus.
	<p>Classroom Settings:</p> <ul style="list-style-type: none"> • Students should remain in the same space and <u>in stable groups as small and consistent as feasible</u>, including for recess and lunch. Limit face-to-face interactions between stable groups, including face-to-face interactions between staff assigned to different stable groups. • Minimize movement of students and teachers or staff as much as possible. Try to keep teachers with one stable group of students. In secondary schools or in situations where students have individualized schedules, plan for ways to reduce mixing among stable groups and to minimize contact between stable groups. • Maximize space between individuals. <ul style="list-style-type: none"> ○ <u>There should be a minimum distance of 6 feet between the teachers' and other staff's desks and the desks of students.</u> ○ In terms of the distance between student chairs, a range of physical distancing recommendations have been made nationally and internationally, from 3 feet to 6 feet. There should be a minimum distance of 3 feet between student chairs. As a reminder, all individuals must wear well-fitting masks at all times and other mitigation layers need to be strictly adhered to, including but not limited to COVID-19 symptom and exposure screening, COVID-19 testing, use of stable groups, maximized ventilation, and excellent hygiene and cleaning/disinfecting measures. When students or staff cannot be masked, e.g., while eating or drinking, a minimum of 6 feet of distancing must be observed. • Place markings on classroom and hallway floors to promote distancing at all times.





	<ul style="list-style-type: none"> • Consider using clear screens or clear physical barriers whenever possible to increase and enforce separation between staff and students. • Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation. • Implement procedures for turning in assignments to minimize contact.
	<p>Non-Classroom Settings:</p> <ul style="list-style-type: none"> • Limit entry of nonessential visitors and volunteers. • Limit group activities (e.g., lunch, recess, gym class) to a single stable group. Do not combine stable groups for activities. As always, stagger use and properly space occupants. • Consider use of non-classroom space for instruction, including regular use of outdoor space, weather conditions permitting. • Minimize congregate movement through hallways as much as possible. Establish more ways to enter and exit the campus, create staggered passing period times when necessary or when students cannot stay in one room and place markings on the floor that students can follow to enable physical distancing while passing. In addition, consider eliminating the use of lockers and moving to block scheduling, which supports the creation of stable groups and reduces movement between classrooms. • Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms. When cafeterias or group dining rooms must be used, keep students together in their stable groups, ensure 6 feet of physical distancing, and consider assigned seating. Serve individually plated or bagged meals. Avoid sharing of food, drinks, and utensils and buffet or family-style meals. Encourage frequent hand washing/hand hygiene. • Consider holding recess activities in separated, stable-group-specific areas.
	<p>Bus Transportation to and from School:</p> <ul style="list-style-type: none"> • Ensure bus drivers and students wear well-fitting masks at all times while awaiting and riding on buses. • Maximize physical distancing between students and between students and the driver by limiting available seats to the extent practicable (e.g., every other row available for seating) and opening windows to the greatest extent possible. • Students from the same family and/or the same stable group should sit together whenever possible to minimize exposure between stable groups. • Ensure each bus is equipped with extra unused well-fitting masks for students who may have forgotten to bring one. • Buses should be thoroughly cleaned on a daily basis and should be cleaned and disinfected after transporting an individual who is exhibiting symptoms suggestive of COVID-19 or who has tested positive for COVID-19.





Well-Fitting Masks	
	Well-fitting masks must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines, particularly in indoor environments, on school buses, and areas where physical distancing alone is not sufficient to prevent disease transmission.
	Communicate before the start of the school year with all staff and families regarding expectations for use of well-fitting masks while at school.
	Educate students, particularly younger elementary school students, on the rationale and proper use of well-fitting masks.
	<p>Teachers and staff:</p> <ul style="list-style-type: none"> All adults must wear a well-fitting mask <u>at all times</u> while on campus, except while eating or drinking. For staff who come into routine contact with others, CDPH recommends the use of disposable 3-ply surgical masks, which are more effective than cloth face coverings. In limited situations where a well-fitting mask cannot be used for pedagogical or developmental reasons, (i.e. communicating or assisting young children or those with special needs) a face shield with a drape on the bottom edge may be used instead of a well-fitting mask while in the classroom as long as the wearer maintains physical distance from others, to the extent possible. Staff must return to wearing a well-fitting mask outside of the classroom.
	<p>Students:</p> <ul style="list-style-type: none"> Students two years and older are required to wear well-fitting masks at all times, while at school, unless exempted. <ul style="list-style-type: none"> A well-fitting mask or face shield with a drape on the bottom edge should be removed for meals, snacks, naptime, or when it needs to be replaced. When a well-fitting mask is temporarily removed, it should be placed in an individual clean paper bag (marked with the student's name and date) until needed again.
	<p>Individuals excluded from well-fitting mask requirements include:</p> <ul style="list-style-type: none"> Children under 2 years of age. They should not wear a well-fitting mask because of the risk of suffocation. Individuals who have a medical or mental health condition or disability that prevents them from properly wearing or handling a well-fitting mask. Students with special needs who are unable to tolerate a well-fitting mask. Individuals with a communication disability or when wearing a well-fitting mask would inhibit communication with a person who is hearing impaired.
	Persons exempted from wearing a well-fitting mask due to a medical condition, as confirmed by the school district health team and therapists, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits.
	Those with communication disabilities or caregivers of those with communication disabilities may wear a clear mask or cloth mask with a clear panel.
	Schools should develop protocols to provide a well-fitting mask to students who fail to bring one to school. Schools must exclude students from campus if they are not exempt from wearing a well-fitting mask under CDPH guidelines and refuse to wear one. Schools should offer alternative educational opportunities for students who are excluded from campus.





Hand Washing and Other Hygiene Measures	
	Teach students and staff proper handwashing technique . Reinforce the importance of avoiding touching one’s eyes, nose, and mouth and covering coughs and sneezes . Model, practice, and monitor handwashing, particularly for lower grade levels.
	Post signage in high visibility areas to remind students and staff of proper handwashing , covering of coughs and sneezes , and other infection prevention measures .
	Ensure adequate supplies to support healthy hygiene behaviors, including providing staff and students with tissues, soap, no-touch trashcans, and, when appropriate, no-touch hand sanitizers with at least 60 percent ethyl alcohol.
	Soap products marketed as “antimicrobial” are not necessary or recommended.
	Frequent handwashing is more effective than using hand sanitizer; however, when handwashing is not practicable, students and staff may use hand sanitizer. Ideally the hand sanitizer used should be fragrance-free. Sanitizer must be rubbed into hands until completely dry.
	Provide ethyl alcohol-based no-touch hand sanitizer in each classroom, in any other indoor space used by students or staff, at building entrances/exits, and at locations designated for students or staff to eat. <ul style="list-style-type: none"> • Students under the age of 9 should use hand sanitizer only under adult supervision. If consumed, call Poison Control at 1-800-222-1222.
	Have students and staff wash hands at staggered intervals to minimize congregation around handwashing and hand sanitizer stations.
	Minimize the sharing of supplies and equipment among staff and students to the extent feasible. When items must be shared, clean and disinfect items between uses. <ul style="list-style-type: none"> • If personal belongings are allowed on school campus, keep each child’s belongings separate and in individually-labeled storage containers/cubbies. Ensure belongings are taken home each day to be cleaned.
	Minimize contact with high-touch surfaces (e.g., by propping open building or room doors, particularly at arrival and departure times).





Cleaning and Disinfecting	
	<ul style="list-style-type: none"> • “Cleaning” uses detergents or soap and water to physically remove pathogens such as bacteria, viruses, and fungi from surfaces. • “Disinfecting” uses chemical agents to destroy, inactivate, or significantly reduce the concentration of pathogens. It is not recommended in the school setting <u>unless a case has been identified</u>.
	<p>At least daily, and more frequently if feasible, clean frequently touched hard surfaces in the school. These include, but are not limited to:</p> <ul style="list-style-type: none"> • Door handles. • Bathroom surfaces (toilets, countertops, faucets). • Shared tables, desks, or chairs. <ul style="list-style-type: none"> ○ If a school has morning and afternoon stable groups, the desks and tables are considered shared and should be cleaned before the next stable group arrives. • Shared technology (phones, copy/fax machines, keyboards, tablets) and objects (toys, games, art supplies, books).
	<p>If used, continue routine maintenance of outdoor playgrounds/natural play areas. Make sure that children wash or sanitize their hands before and after using these spaces.</p>
	<p>Buses should be thoroughly cleaned on a daily basis and should be cleaned and disinfected after transporting an individual who is exhibiting symptoms suggestive of COVID-19 or who has tested positive for COVID-19. Drivers should be provided cleaning materials, including but not limited to wipes and disposable gloves, to support cleaning of frequently touched surfaces during the day.</p>
	<p>Close off areas used by any ill individual until they have been appropriately cleaned and disinfected. To reduce risk of exposure, ideally wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants with proper use of PPE and ventilation.</p>
	<p>Choose cleaning and disinfection products on the Environmental Protection Agency (EPA)-approved list “N” for use against COVID-19 and follow label instructions. Choose asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) whenever possible and avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can exacerbate asthma.</p>
	<p>Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible (i.e., by opening windows). If using air conditioning, use the setting that brings in fresh air. Check and maintain air filtration systems at regular intervals to ensure optimal air quality.</p>
	<p>To minimize the risk of Legionnaires’ disease and other waterborne diseases, ensure that all water systems are safe to use after a prolonged facility shutdown.</p>





Sports and Extracurricular Activities	
	The risk of infection transmission increases for indoor activities; in general, indoor sports are higher risk than outdoor sports due to reduced ventilation. Please note that the greater the physical exertion, the longer the interaction between individuals, and the closer the physical interaction, the higher the transmission risk.
	Physical conditioning, practice, skill-building, and training that can be conducted outdoors, with 6 feet of physical distancing, and within stable groups are authorized regardless of case rate or sport. Such activities may be conducted indoors consistent with restrictions by Tier in the Gym & Fitness Center Guidance Capacity .
	School athletic activities and sports should follow the CDPH Outdoor and Indoor Youth and Adult Recreational Guidance and Youth Sports Q&A , which address multiple topics including, but not limited to, the recreational sports permitted by current tier of county, sports risk profiles, and general guidance for youth and adult sports participants, coaches and support staff.
	Outdoor singing and band practice are permitted, provided that precautions such as physical distancing and mask wearing are implemented to the maximum extent possible. Playing of wind instruments (any instrument played by the mouth, such as a trumpet or clarinet) is strongly discouraged. School officials, staff, parents, and students should be aware of the increased likelihood for transmission from exhaled aerosols during singing and band practice, and physical distancing beyond 6 feet is strongly recommended for any of these activities.

Individual School and School District Closure Criteria	
	<ul style="list-style-type: none"> • <u>Individual school closure</u> may be recommended by SMC CD Control based on the number of cases and stable groups impacted, and percentage of teachers/students/staff members that are positive for COVID-19. Situations that may indicate the need for <u>individual school closure</u>: <ul style="list-style-type: none"> ○ Within a 14-day period, an outbreak has occurred in 25% or more stable groups in the school. ○ Within a 14-day period, at least three outbreaks have occurred in the school AND more than 5% of the school population is infected. ○ SMC CD Control may determine <u>individual school closure</u> is warranted for other reasons, including results from public health investigations or other local epidemiological data. • A school <u>district</u> should close, in consultation with SMC CD Control, if 25% or more of schools in a district have closed due to COVID-19 within a 14-day period.

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

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





Additional Resources

State of California [Safe Schools for All Hub](#)

CDPH:

- [COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California, 2020-2021 School Year](#) (updated 3/20/2021)
- [Evidence Summary: TK-6 Schools and COVID-19 Transmission](#) (updated 2/23/2021)
- [Guidance Related to Cohorts](#) (updated 3/22/2021)
- [Youth Sports Q&A](#) (updated 3/16/2021)
- [Outdoor and Indoor Youth and Recreational Adult Sports](#) (updated 3/4/2021)
- [Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) (issued 2/26/2021)
- [Testing Considerations for LEAs and School Communities](#) (issued 1/14/2021)
- [Guidance for COVID-19 Case Reporting By Schools](#) (issued 1/14/2021)
- [Guidance for the Use of Face Coverings](#) (updated 11/16/2020)
- [Guidance on Returning to Work or School Following COVID-19 Diagnosis](#) (issued 8/24/2020)

California Department of Education (CDE):

- [Stronger Together – A Guidebook for the Safe Reopening of California’s Public Schools](#) (issued June 2020)
- [Coronavirus Response and School Reopening Guidance](#) webpage

San Mateo County Office of Education (SMCOE):

- [San Mateo County Coalition for Safe Schools and Communities Pandemic Recovery Framework](#) (updated 3/9/2021)
- [Pandemic Recovery Framework](#) webpage

CDC:

- [Operational Strategy for K-12 Schools through Phased Prevention](#) (updated 3/19/2021)
- [Operating Schools during COVID-19: CDC’s Considerations](#) (updated 3/19/2021)
- [K-12 Schools COVID-19 Mitigation Toolkit](#) (updated 1/26/2021)
- [Strategies for Protecting K-12 School Staff from COVID-19](#) (updated 1/4/2021)
- [Interim Guidance for Case Investigation and Contact Tracing in K-12 Schools](#) (updated 12/30/2020)
- [Guidance for K-12 School Administrators on the Use of Masks in Schools](#) (updated 12/18/2020)
- [Maximizing Fit for Cloth and Medical Procedure Masks to Improve Performance and Reduce SARS-CoV-2 Transmission and Exposure, 2021](#) (issued 02/10/2021)
- [Screening K-12 Students for Symptoms of COVID-19: Limitations and Considerations](#) (updated 12/14/2020)
- [Interim Considerations for Testing for K-12 School Administrators and Public Health Officials](#) (updated 12/4/2020)
- [Information for School Nurses and Other Healthcare Personnel \(HCP\) Working in Schools and Child Care Settings](#) (updated 12/3/2020)
- [Cleaning, Disinfection, and Hand Hygiene in Schools – a Toolkit for School Administrators](#) (updated 11/19/2020)

American Academy of Pediatrics:

- [COVID-19 Interim Guidance: Return to Sports and Physical Activity](#) (updated 3/1/2021)

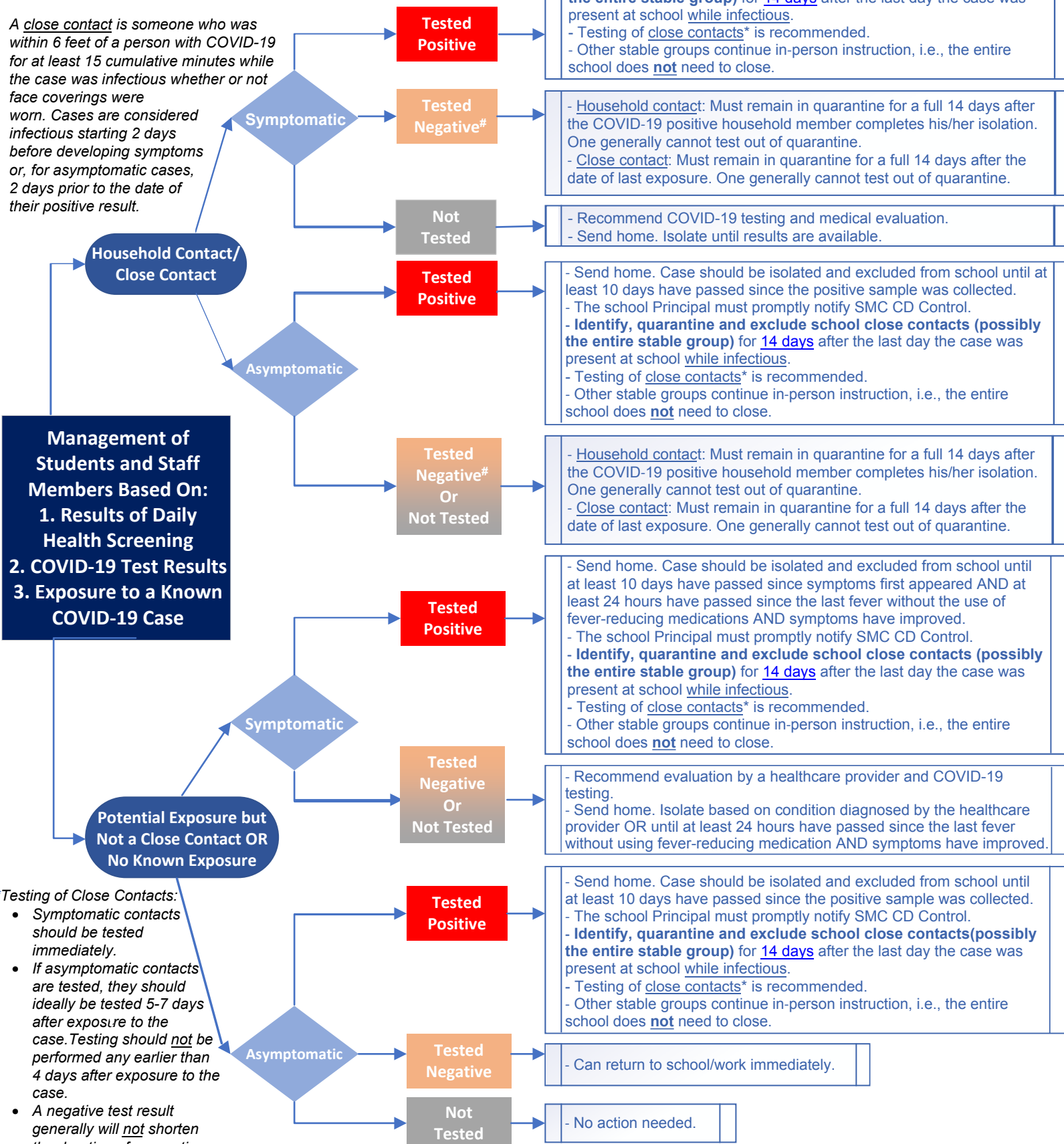


San Mateo County COVID-19 Recommendations Checklist for K-12 Schools and other School-Based Programs Companion Flow Chart

A close contact is someone who was within 6 feet of a person with COVID-19 for at least 15 cumulative minutes while the case was infectious whether or not face coverings were worn. Cases are considered infectious starting 2 days before developing symptoms or, for asymptomatic cases, 2 days prior to the date of their positive result.

Management of Students and Staff Members Based On:

1. Results of Daily Health Screening
2. COVID-19 Test Results
3. Exposure to a Known COVID-19 Case



- Send home. Case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved.
 - The school Principal must promptly notify SMC CD Control.
 - **Identify, quarantine and exclude school close contacts (possibly the entire stable group) for 14 days** after the last day the case was present at school while infectious.
 - Testing of close contacts* is recommended.
 - Other stable groups continue in-person instruction, i.e., the entire school does not need to close.

- Household contact: Must remain in quarantine for a full 14 days after the COVID-19 positive household member completes his/her isolation. One generally cannot test out of quarantine.
 - Close contact: Must remain in quarantine for a full 14 days after the date of last exposure. One generally cannot test out of quarantine.

- Recommend COVID-19 testing and medical evaluation.
 - Send home. Isolate until results are available.

- Send home. Case should be isolated and excluded from school until at least 10 days have passed since the positive sample was collected.
 - The school Principal must promptly notify SMC CD Control.
 - **Identify, quarantine and exclude school close contacts (possibly the entire stable group) for 14 days** after the last day the case was present at school while infectious.
 - Testing of close contacts* is recommended.
 - Other stable groups continue in-person instruction, i.e., the entire school does not need to close.

- Household contact: Must remain in quarantine for a full 14 days after the COVID-19 positive household member completes his/her isolation. One generally cannot test out of quarantine.
 - Close contact: Must remain in quarantine for a full 14 days after the date of last exposure. One generally cannot test out of quarantine.

- Send home. Case should be isolated and excluded from school until at least 10 days have passed since symptoms first appeared AND at least 24 hours have passed since the last fever without the use of fever-reducing medications AND symptoms have improved.
 - The school Principal must promptly notify SMC CD Control.
 - **Identify, quarantine and exclude school close contacts (possibly the entire stable group) for 14 days** after the last day the case was present at school while infectious.
 - Testing of close contacts* is recommended.
 - Other stable groups continue in-person instruction, i.e., the entire school does not need to close.

- Recommend evaluation by a healthcare provider and COVID-19 testing.
 - Send home. Isolate based on condition diagnosed by the healthcare provider OR until at least 24 hours have passed since the last fever without using fever-reducing medication AND symptoms have improved.

- Send home. Case should be isolated and excluded from school until at least 10 days have passed since the positive sample was collected.
 - The school Principal must promptly notify SMC CD Control.
 - **Identify, quarantine and exclude school close contacts (possibly the entire stable group) for 14 days** after the last day the case was present at school while infectious.
 - Testing of close contacts* is recommended.
 - Other stable groups continue in-person instruction, i.e., the entire school does not need to close.

- Can return to school/work immediately.

- No action needed.

***Testing of Close Contacts:**

- Symptomatic contacts should be tested immediately.
- If asymptomatic contacts are tested, they should ideally be tested 5-7 days after exposure to the case. Testing should not be performed any earlier than 4 days after exposure to the case.
- A negative test result generally will not shorten the duration of quarantine. One generally cannot test out of quarantine.

#While SMC CD Control strongly recommends a 14-day quarantine for all close contacts, individual schools may choose to shorten the quarantine period to 10 days (a) across the board, for all students and staff members, or (b) for certain individuals only if a 14-day quarantine is a hardship for these individuals based on their individual circumstances. In certain situations of public health significance (e.g., a variant of concern is identified or there is evidence of widespread, ongoing transmission), SMC CD Control may require strict 14-day quarantine for all close contacts.

RETURN TO SCHOOL/CHILDCARE/WORK¹ FOR PERSONS WITH SYMPTOMS OF COVID-19 AND NO EXPOSURE IN PRIOR 14 DAYS

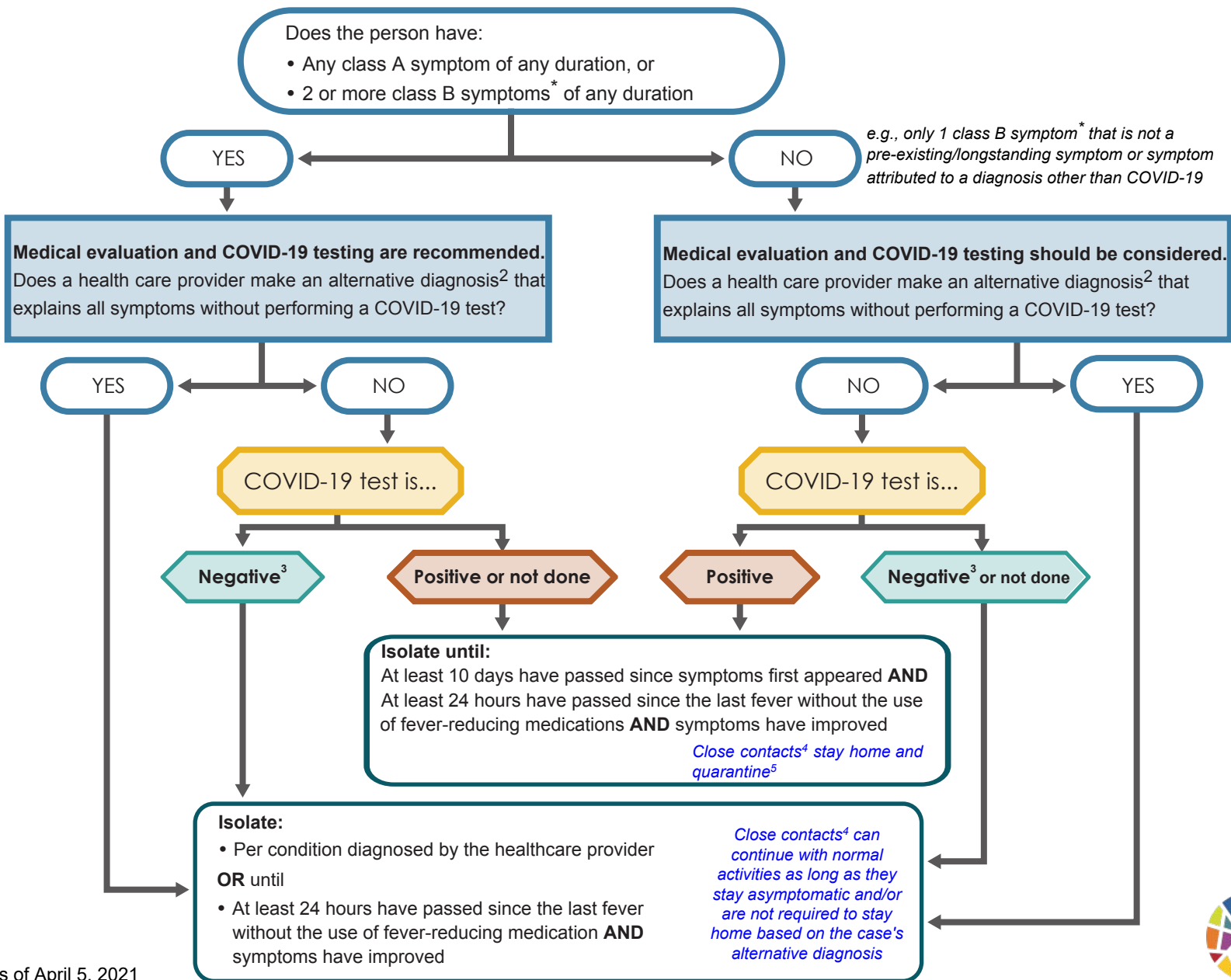
Symptoms consistent with COVID-19

Class A Symptoms:

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

Class B Symptoms* excluding pre-existing/longstanding symptoms and/or symptoms that can be attributed to a diagnosis other than COVID-19:

- Chills
- Repeated shaking with chills (rigors)
- Chest pain with deep breathing
- Sore throat
- Hoarseness
- Runny nose or congestion
- Malaise or fatigue
- Abdominal pain
- Loss of appetite
- Nausea
- Vomiting
- Diarrhea
- Headache
- Altered mental status (e.g., confusion)
- Conjunctivitis or "pink eye"
- Rash
- Muscle pain (myalgias)



¹Please note that this guidance does not apply to healthcare workers. Refer to the [Healthcare Workers Return to Work Criteria](#).

²Examples of alternative diagnosis include childhood rash illness, acute otitis media, or a laboratory-confirmed diagnosis such as strep throat or non-COVID-19 viral pathogen. Testing for other viral pathogens (e.g., influenza) is strongly recommended.

³In symptomatic persons, a negative antigen test should be confirmed with a PCR test. See the [CDPH Guidance on the Use of Antigen Tests for Diagnosis of Acute COVID-19](#).

⁴A close contact is someone who was within 6 feet of a person with COVID-19 for at least 15 cumulative minutes while the case was infectious whether or not face coverings were worn. Please note that cases are considered infectious starting 2 days before developing symptoms or, for asymptomatic cases, 2 days prior to the date of their positive test.

⁵Close contacts of confirmed COVID-19 cases should remain in quarantine for a full **14 days** after the date of last exposure. If ongoing contact between the case and the contact is unavoidable, then quarantine should be extended through 14 days after the date the COVID-19 positive case completes his/her isolation. See the [Home Isolation and Quarantine Instructions](#).