



Trinity County Office of Education
Health and Safety Plan for Reopening
Trinity County Schools
2021-2022 School Year

Updated October 1, 2021



In order to address the learning loss and increased social and emotional needs of students and staff because of COVID-19, Trinity County schools plan is based primarily on in-person instruction.

Introduction

Schools and early care and education (ECE) programs are an important part of the infrastructure of communities. They provide safe, supportive learning environments for children and adolescents and employ teachers and other staff. Schools and some ECE programs also provide critical services, including school meal programs and social, physical, behavioral, and mental health services. Schools and ECE programs have other benefits for the community, including enabling parents, guardians, and caregivers to work. In the spring of 2020, kindergarten to grade 12 (K-12) schools and many ECE programs in the United States closed for in-person instruction or care as a strategy to slow the spread of SARS-CoV-2, the virus that causes COVID-19. Reports suggest that the limited in-person instruction during the pandemic may have had a negative effect on learning for children⁵ and on the mental and emotional well-being of both parents and children. For schools and ECE programs, the benefits of in-person school and caregiving need to be balanced against the risk of acquiring and spreading SARS-CoV-2 in these settings.¹

Globally, K-12 schools and ECE programs used various, layered COVID-19 prevention strategies with in-person, hybrid, and virtual models of instruction and care during the 2020-2021 academic year. These experiences have contributed to our knowledge of the nature of SARS-CoV-2 transmission in schools.² Consequently, understanding of how COVID-19 spreads and how to limit transmission has increased overtime. There is now evidence that certain precautions effectively decrease the risk of COVID-19 transmission. By coordinating and layering effective mitigations, we can greatly reduce the risk of COVID-19 for students and staff.

This plan is based on the best science available at this time and the current degree of COVID-19 transmission in Trinity County. It is subject to change as new knowledge emerges and as local community transmission changes.

California Department of Public Health (CDPH) has provided schools with a supply of protective equipment. Each school has a plan for reordering of supplies and Trinity County Office of Education, along with Trinity County Public Health, may assist with accessing these resources.

Cleaning and disinfecting supplies are secured. All schools will follow the Centers for Disease Control and Prevention (CDC) guidelines. These guidelines include recommendations for frequently

¹ See https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html#:~:text=Children%20and%20adolescents%20can%20be,the%20virus%20to%20others with multiple references to studies

² Ibid.



touched surfaces such as; desks, tables, chairs, bus seats, bus handrails, phones, door handles, restroom surfaces etc.

Supplies for healthy hygiene have also been stocked. The California Department of Public Health has provided hand sanitizer to the county schools. Other items such as soap, tissues, papers towels etc., have been purchased by each school district and stock will be regularly assessed and ordered.

The schools in Trinity County are unique to most other schools in the state. This gives them an advantage in many ways to continue to provide a healthy and safe learning environment. Not only are the class sizes small, many are remote, creating a natural distancing setting.

The social-emotional considerations, due to the effects of COVID-19, of our students, staff, and other stakeholders is concerning and it crosses all socio-economic boundaries. The following observations have been received from students, parents, and teachers of those students identified as having pre-existing mental health conditions when schools were closed during the 2020 school year:

1. Academic effects of school closure: Not surprisingly, a disproportionately high rate of school failure has resulted for high-risk students due to a lack of access to instructors, resulting from school closure. Anxiety, apathy, depression, limited skills and coping mechanisms for major lifestyle changes, loss of a sense of connection(s), and trauma have all been observed and reported. Consequently, of the 19 students served weekly at one school district: 8 have multiple failing grades; 6 have one failing grade, 3 have more than one D grade, 1 has a single D grade, and 1 student is doing well in all classes.
2. Student reports include allegations of parental drug and alcohol abuse increasing during the pandemic, more frequent interpersonal conflict with parents, sadness and isolation, impotence (to do anything about the circumstances), anger and resentment “if we can’t play sports I am going to quit” etc.
3. Parent reports include inability to help their children (academically and emotionally); financial hardship and “overwhelmed” statements; “the kids are bored and doing nothing”; frustration over alternative educational service delivery options; and concern over forcing their children to wear masks.
4. Teachers during the spring of 2020 reported, “40% of my students have done nothing since we closed”.

Please remember to report any suspected child abuse or neglect to Child Welfare 530-623-1314



Health and Safety Plan

*****School Districts will require all employees, students, and visitors to follow California Department of Public Health (CDPH) and Cal/OSHA guidance for COVID-19 protocols.***

*****After School programs will put this plan into place as appropriate for their individual district program.***

Training/Education for Staff and Parents/Guardians

Staff Training

Reopening Plan- Communicate with staff regarding the district's reopening plan. Make the plan available and accessible through the district office, school website and/or email.

COVID-19- Educate staff on the signs and symptoms of COVID-19. (Many trainings are available through Keenan)

COVID-19 Testing requirements- If school staff are not vaccinated, regular, weekly testing of those staff members will take place through the TCOE nursing program. Staff members include teachers, paraprofessionals, cafeteria workers, janitors, bus drivers, and any other school employee.

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx)

Physical Distancing- Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented. This is consistent with [CDC K-12 School Guidance](https://www.cdc.gov/k12schoolguidance/).

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx)

Face Coverings- All students and staff must use face coverings in accordance with CDPH guidelines. (See Appendix A)

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx)

Other Mitigation Strategies- Educate and train staff on mitigation strategies being implemented and their importance in reducing the transmission of COVID-19. (See Appendix B, C, D, E)

Human Resources- Educate staff on information regarding labor laws, Disability Insurance, leave benefits, Unemployment Insurance, and on any other programs supporting sick leave and workers compensation for COVID-19.

Parent/Guardian Education

Reopening Plan- Communicate with families regarding this reopening plan. Make the plan available and accessible through the district office, school website and/or email.



Mitigation Strategies- Reproducible information regarding the mitigation strategies the district will implement are found in the appendices; these include but are not limited to face coverings, cleaning/disinfecting, COVID-19 signs, and symptoms checklist, importance of staying home when sick etc. (See Appendix A, C, D)

Hygiene Practices

Students and staff will wash their hands or use hand sanitizer frequently throughout the day including:

- Upon entering and exiting the bus
- Upon entering and exiting the classroom
- Before and after eating
- After coughing or sneezing
- After classes where they handle shared items, such as outside recreation, art, or shop
- Before and after using the restroom

Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as “antimicrobial” are not necessary or recommended. (See Appendix C)

Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.

Ethyl alcohol-based hand sanitizers are preferred if there is the potential of unsupervised use by children. Do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.

Children under age 9 should only use hand sanitizer under adult supervision.

Call **Poison Control** if hand sanitizer is consumed: **1-800-222-1222**.

Handwashing or sanitizer stations will be placed at the entrance to all classrooms, cafeterias, libraries, restrooms, and offices.

Trinity County Public Health will provide districts with:

- Wall mounted hand sanitizer stations
- Handwashing stations

Face Coverings

*****Employers must provide and ensure staff use face coverings in accordance with CDPH and Cal/OSHA guidelines.***



Face coverings must be used in accordance with CDPH and Cal/OSHA guidelines as recommended by the American Academy of Pediatrics and by the CDC (unless a person is exempt as explained in the guidelines). (See Appendix A)

www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Schools-FAQ.aspx

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

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

www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/k-12-guidance.html#anchor_1625661984621

Students

K-12 students are required to mask indoors, with exemptions per [CDPH face mask guidance](#). Masks are optional outdoors for all in K-12 school settings.

Persons younger than two years old, anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face covering without assistance are exempt from wearing a face covering.

A cloth face covering or face shield should be removed for meals, snacks, and naptime, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag until it needs to be put on again.

Schools will provide students with a face covering if needed.

Consistent with guidance from the 2020-21 school year, schools must develop and implement local protocols to enforce the mask requirements.

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

Staff

All staff must use face coverings when sharing indoor space with students in accordance with [CDPH and Cal/OSHA guidelines](#). Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

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



In limited situations where a face covering cannot be used for instructional or developmental reasons, (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a cloth face covering while in the classroom as long as the wearer maintains physical distance from others, to the extent practicable.

*****Workers or other persons handling or serving food must use gloves in addition to face coverings.***

Cleaning, Disinfecting, and Ventilation

Trained staff should clean and disinfect frequently-touched surfaces at school and on school buses at least daily and, as practicable. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting removes any remaining germs on surfaces, which further reduces any risk of spreading infection. (See Appendix E)

(www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html)

Limit use and sharing of objects and equipment, such as toys, games, and art supplies to the extent practicable. When shared use is allowed, clean and disinfect between uses.

When choosing disinfecting products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA)- approved list “N” and follow product instructions.

(www.epa.gov/coronavirus/about-list-n-disinfectants-coronavirus-covid-19-0)

To reduce the risk of asthma and other health effects related to disinfecting, schools should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.

(www.cdph.ca.gov/Programs/CCDPPH/DEODC/OHB/Pages/OHWMay2020.aspx)

Cleaning staff and any other workers who clean and disinfect the school site must be equipped with proper protective equipment as required by the product instructions.

Introduce fresh outdoor air as much as possible, for example, by opening windows (weather permitting). Replace and check air filters and filtration systems to ensure optimal air quality. Refer to: [CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools.](#)

Take steps to ensure that all water systems and features are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water.

(www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html)



Passive Screening and Wellness Check

While temperature screening is no longer required, educate all staff members, students, and parents regarding when to stay at home (See Appendix B) and to follow the strategy for Staying Home when Sick and Getting Tested from the [CDC](#). Getting tested for COVID-19 when symptoms are [consistent with COVID-19](#) will help with rapid contact tracing and prevent possible spread at schools.

Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met CDPH criteria to return to school for those with symptoms:

- i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- ii. Other symptoms have improved; and
- iii. They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

Illness at School

Follow the strategy for Staying Home when Sick and Getting Tested from the [CDC](#). Getting tested for COVID-19 when symptoms are [consistent with COVID-19](#) will help with rapid contact tracing and prevent possible spread at schools.

Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met CDPH criteria to return to school for those with symptoms:

- i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- ii. Other symptoms have improved; and
- iii. They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset. (www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx)

Any student or staff member who exhibits symptoms of COVID-19 after they are on campus will be isolated in a designated private room until departure from campus is possible. They should continue to wear a face covering.



COVID-19 symptoms may include:

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

Or find the most recent list at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face.

Close off areas used by any individual suspected of being infected with COVID-19 and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. (See Appendix D, E)

Advise sick staff members and students not to return until they have met CDC criteria to discontinue home isolation. See information at www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx, or www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html, or follow the updated quarantining guidelines available at tcoek12.org at the top of the page in red, “COVID-19 Resources”, also found in Appendix B.

School Transportation

Face coverings will be required to ride the bus. This is required for both passengers and drivers. Hand sanitizer will be used upon entrance to and exiting the bus. (See Appendix A, C)

Students will be assigned seats and families will be seated together.

Buses will be thoroughly cleaned and disinfected daily and after transporting any individual who is exhibiting symptoms of COVID-19. (See Appendix E)

Classroom/Restroom

To reduce possibilities for infection, it is best practice for students to remain in the same space and in cohorts as small and consistent as practicable, including for recess and lunch. Keep the same



students and teacher or staff with each group, to the greatest extent practicable. Assigned seating makes contact tracing easier.

Prioritize the use and maximization of outdoor space for activities where practicable. Use non-classroom space for instruction, including regular use of outdoor space, weather permitting.

Minimize congregate movement through hallways as much as practicable. Provide markings for staff and students for entrance, exit, and physical distancing where lines may be located.

The requirements also apply to all extracurricular activities that are operated or supervised by schools, and all activities that occur on a school site, whether or not they occur during school hours, including, but not limited to, sports, band, chorus, and clubs. Masks are required while playing all indoor sports, unless wearing a mask during play has been determined to pose a choking hazard by a well-recognized health authority, such as the American Academy of Pediatrics.^[1]

For (1) the playing of musical instruments that cannot be done with a face covering (e.g., wind instruments); or (2) when wearing a mask during play poses a choking hazard, at least one of the following options is required:

- a. Conduct these activities outdoors;
- b. Use modified face coverings and bell coverings when playing wind and brass instruments, and maintain 6 feet of physical distancing;
- c. Perform at least weekly screening testing with either PCR testing or antigen testing of all individuals, including those who are fully vaccinated.

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

Cafeteria

Maximize physical distance as much as possible while eating (especially indoors). Using additional spaces outside of the cafeteria for mealtime seating such as classrooms or the gymnasium can help facilitate distancing. Arrange for eating outdoors as much as feasible.

Clean frequently touched surfaces. Surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.

Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

Where cafeterias or group dining rooms must be used, ensure physical distancing, and assigned seating.

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



Office/Visitors

Schools should review their rules for visitors and family engagement activities and limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission. There is no need to limit access for direct service providers, but ensure compliance with school visitor policies.

Continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

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

Contact Tracing

Public health contact tracing staff will contact the school nurse or the school administrators to let them know what to do when someone in the school community has tested positive or has been in direct exposure to someone who has tested positive for COVID-19. Public health departments have used contact tracing for decades to fight the spread of infectious diseases. Contact tracing is a core tool for reducing the spread of COVID-19.

When an exposure to a person with COVID-19 happens in a school setting, school staff may be asked to help their local public health department with some parts of the contact tracing process, in accordance with California's privacy laws and in compliance with Family Education Rights and Privacy Act (FERPA). The school district will follow all isolation and quarantine guidance from the California Department of Public Health.

Vaccinations

Vaccine prioritization has been a core component of the Safe Schools for All Plan since December 2020. Counties have been authorized to vaccinate education workers based on supply since January 2021. COVID-19 vaccination is strongly recommended for all eligible people in California, including teachers, staff, students, and adults sharing homes with these members of our K-12 communities.

Vaccines have been directed to school communities weighted by equity, including the proportion of students from low-income families, English learners and homeless youth. Education workers qualified for vaccine prioritization based on occupational health exposure.

See [CDC recommendations](#) about how to promote vaccine access and uptake for schools. Additional California-specific vaccine access information is available on the [Safe Schools Hub](#) and [Vaccinate All 58 – Let's Get to Immunity](#).



State and Local Coordination

Trinity County Schools will access the “COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year” for a comprehensive framework to support school communities as they continue to implement in-person instruction.

(www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/K-12-Guidance-2021-22-School-Year.aspx)

The Safe Schools For All Hub, consolidates key resources and information related to COVID-19 and schools. ([Safe Schools For All Hub](#))

For workplace safety and health regulations, offices will follow Cal/OSHA guidelines to protect workers. (<https://www.dir.ca.gov/dosh/coronavirus/>)

Trinity County Public Health will continue to collaborate with the TCOE County Schools Director of Health Services as needed for up-to-date COVID-19 information and resources.

Continuity of Services

All Trinity County school districts were open to in-person instruction during the 2020-21 school year and will continue to be open with all student food service continuing as per usual.

In the event a class or school is closed, the school may continue to provide instruction via an Independent Study program if one exists in that district. If a class or school is closed due to a lack of staffing due to COVID-19, no Independent Study may be required.

New mental health services have been added by TCOE through the Pathways to Success grant program that provides a Wellness Liaison at every school district to be a first-line, essential intervention for students’ and families’ social, emotional and mental health needs.

TCOE has also created a Crisis Response Team and a protocol with county agencies to respond to serious student behaviors and staff mental health crises in all districts, supported by our nursing staff.



Summary

The previously approved reopening plan was created in collaboration with the Trinity County Public Health Department, Trinity County Office of Education and staff members of the county school districts. In this revised plan, all CDPH guidelines will be followed to allow the school to remain open to in-person instruction. TCOE will be the lead agency for the weekly testing of non-vaccinated school staff and will coordinate with the Trinity County Public Health Department to provide vaccination opportunities throughout the county.

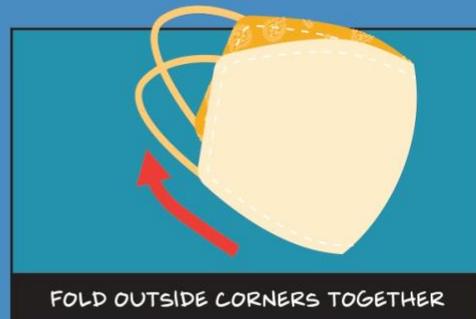


Wear a Cloth Face Covering to Protect You and Your Friends

PUT ON



TAKE OFF



WASH YOUR HANDS OFTEN, WEAR A MASK, AND STAY 6 FEET FROM OTHERS.



cdc.gov/coronavirus

CS 318104-A 07/08/2020



Appendix B

Trinity County Office of Education
 COVID-19 Updated K-12/Quarantine Guidance 2021-22



[California Safe Schools for All Informational Hub](#)

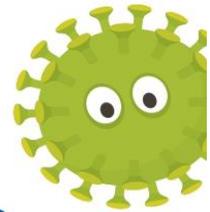
Example/Question	Action/Recommendation ¹
Is a doctor's note required to obtain a mask exemption? Is parental or self-attestation permitted to obtain a mask exemption?	<p>As per CDPH Guidance on Face Coverings, "persons with a medical condition, mental health condition, or disability that prevents wearing a mask" as well as "persons who are hearing impaired" are exempt from mask requirements.</p> <p>Assessing for exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations.</p> <p>Additionally, per CDPH K-12 Guidance, "persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it."</p>
Child or staff has symptoms of COVID-19 and was tested, but is still waiting for the test result.	<p>Stay home until the person has received their test result and a determination can be made as to how to proceed.</p> <p>Their cohort can remain OPEN.</p>
A fully-vaccinated person (child or staff) was in close contact with a confirmed COVID-19 case.	<ul style="list-style-type: none"> • No quarantine required - may continue returning to school and/or work • Recommend testing 3-5 days after last exposure, or ASAP if symptoms develop • Monitor for symptoms for 14 days following last exposure
<p>What is modified quarantine (based on mask on mask exposure)?</p> <p>Who qualifies?</p> <p>What are the protocols?</p>	<p>Quarantine recommendations for unvaccinated students or staff for exposures when both parties were wearing a mask, as required in K-12 indoor settings. These are adapted from the CDC K-12 guidance and CDC (CDPH??) definition of a close contact.</p> <ul style="list-style-type: none"> • 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), 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 follows. They may continue to attend school for in-person instruction if they: <ul style="list-style-type: none"> • Are asymptomatic; • Continue to appropriately mask, as required; • Undergo at least twice weekly testing during the 10-day quarantine; and • Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.
Mask on Mask Exposure (based on Local LEA Report)²: K-12 Student (not vaccinated) was a close contact to a COVID-	<p>They qualify for Modified Quarantine</p> <ul style="list-style-type: none"> • They must quarantine from extra-curricular activities for 10 days, including sports and other activities in the community

¹ All close contact determinations, quarantine status, and quarantine timelines will be determined by Trinity County Public Health

² 'Based on Local LEA Reporting' assumes all masking requirements were adhered to and strict seating charts were maintained



<p>positive for COVID-19, and was at practice all week.</p> <p>Does their entire team need to quarantine?</p>	<p>settings, schools should consider the CDC's definition of a "close contact" when determining who needs to quarantine.</p> <p>Different sports have different levels of risk depending on if they are played indoors and if they are moderate-to-high contact.</p> <p>In high contact activities, such as a soccer scrimmage or basketball game, the entire team may have had direct contact and therefore are considered exposed. When investigating exposure, schools should consider if players congregated on sidelines, in locker rooms, and before/after practice. Any player(s) who meet the criteria to be considered a close contact should quarantine (modified or at home) unless fully-vaccinated and asymptomatic.</p>
<p>A student has a parent who is positive for COVID-19.</p> <p>When can they come back to school?</p>	<p>If the student has had close contact to their parent during the parent's infectious period, the student must quarantine. Trinity County Public Health will make the determination on ALL quarantine lists and timelines.</p> <p>If they are continually being exposed to the parent in the home (if the parent is providing care for the child, or is in direct or close contact with the child), then the child's quarantine "clock" does not begin until after their final exposure during the parent's infectious period.</p>
<p>A student has sniffles or sneezing (mild symptoms)</p> <p>Do we send them home?</p> <p>Do they need to be tested?</p> <p>When can they come back?</p>	<p>When addressing children onsite with mild symptoms, an informed decision about whether to send the child home should be made on a case-by-case basis.</p> <p>Schools should consider if the child in question has a documented health history of allergies, regularly experiences seasonal allergies and has symptoms that match their typical allergy symptoms, if their symptoms are resolved by taking their usual allergy medications, etc.</p> <p>However, if the child has any other COVID-19 symptoms in addition to the runny nose/allergy symptom, a possible recent exposure to COVID-19, or the runny nose fluid is not clear, then staying home, monitoring, and testing are recommended.</p> <p>If a child is sent home with symptoms (even mild ones), it is recommended they test for COVID-19.</p> <p>Those who test negative after symptom onset can return onsite when they meet the local school site criteria for returning to school.</p>

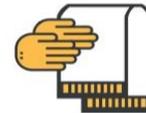


How to wash your hands

- 1 Turn on faucet
- 2 Dispense soap
- 3 Make bubbles



- 4 Sing the ABCs (2x)
- 5 Rinse hands
- 6 Dry hands



When to wash



Before eating



After sneezing



After play



After potty





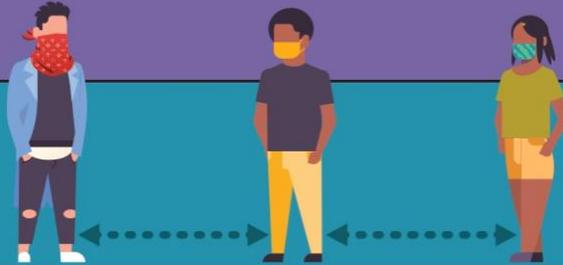
Slow the Spread of COVID-19

WASH YOUR HANDS OFTEN

WHEN OUT WITH YOUR FRIENDS,
WEAR A CLOTH FACE COVERING



AND STAY
6 FEET APART
FROM OTHERS



CLEAN
FREQUENTLY
TOUCHED
OBJECTS

DO NOT
TOUCH YOUR
EYES, NOSE,
AND MOUTH

COVER
YOUR
COUGHS
AND
SNEEZES



STAY HOME IF YOU ARE SICK



cdc.gov/coronavirus

CS318104-A 07/08/2020



Guidance for cleaning and disinfecting

Routine cleaning and disinfecting is key to maintaining a safe environment for faculty, students, and staff.

- Cleaning removes dirt and most germs and is usually done with soap and water.
- Disinfecting kills most germs, depending on the type of chemical, and only when the chemical product is used as directed on the label.

Routine cleaning and disinfecting

Clean and disinfect at least daily (or more, depending on use patterns) frequently touched surfaces and objects such as:

- Face shield
- Door knobs and handles
- Stair rails
- Classroom desks and chairs
- Lunchroom tables and chairs
- Countertops
- Handrails
- Light switches
- Shared toys
- Shared remote controls
- Shared telephones
- Bus seats and handrails

It is not necessary to routinely apply disinfectants to surfaces that are not high-touch or high-risk (e.g., floors, bookcases, tops of filing cabinets). Soft surfaces such as carpets, rugs, and drapes can be cleaned using soap and water or a cleaner appropriate for the material.



General precautions for the cleaning staff after an ill student has been in your facility

The risk of getting COVID-19 from cleaning is low. The following are general precautions for cleaning staff, given that community transmission of COVID-19 is occurring:

- Staff should not touch their face while cleaning and only after they can wash hands after cleaning.
- Clothing worn while cleaning should be placed in a plastic bag until it can be laundered. Laundering should be done as soon as possible and done safely at home.
- Cleaning staff should thoroughly wash hands with soap and water for at least 20 seconds after gloves are removed.
- Staff who are responsible for cleaning and disinfecting should be trained to use disinfectants safely and effectively and to safely clean up potentially infectious materials and body fluids – blood, vomit, feces, and urine.
- All cleaning staff should be trained on the hazards of the cleaning chemicals used in the workplace in accordance with [OSHA's Hazard Communication Standard 29 CFR 1910.1200](#).

Resource

For more detailed information for staff, see [Frequently Asked Questions About COVID-19 for Facilities Service and Cleaning Staff](#).

Cleaning and disinfecting products

- Use soap and water or another detergent to clean dirty items. Then, use a disinfectant.
- Use an EPA-registered household disinfectant and follow the manufacturer's instructions to ensure safe and effective use of the product.
- [List N: Disinfectants for Use Against SARS-CoV-2 \(COVID-19\)](#)