Griffin Technology Academies

COVID-19 Safety Protocol Update

The Board recognizes that while school operations have been able to attain greater normalcy over the past months as pandemic-related conditions have improved and the state, federal, and local health authorities have modified or relaxed prior COVID-19 related protocols, that it is imperative that as institution, Griffin Technology Academies remains vigilant to the reality that COVID-19 is still pervasive, that in many places, case levels have been rising, and that state, federal, and local health authorities continue to maintain COVID-19 guidance for schools and employers to implement and maintain to ensure the health and safety of students and employees. As a Board, we expect that this guidance shall continue to be observed at GTA consistent with the following:

Quarantine and Exposure

When a student or employee exhibits symptoms associated with COVID-19, is confirmed to be positive for COVID-19, or was potentially exposed to someone who testing positive for COVID-19, staff shall observe the protocols specified in the California Department of Public Health's ("CDPH") revised April 6, 2022 memorandum entitled "COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year," and the referenced guidance, including the April 6, 2022 memorandum entitled "Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public," **both of which are attached hereto and should be reviewed by GTA staff**.

For each COVID-19 case, and subject to ensuring that student and employee confidentiality and privacy is maintained, under the oversight of the Chief Accountability Officer, GTA shall maintain a log documenting the actions taken in response to each positive COVID-19 case to ensure compliance with CDPH guidelines

Other Health and Safety Protocols

Under the oversight of the Chief Accountability Officer, GTA staff shall observe the protocols specified in the California Department of Public Health's ("CDPH") revised April 6, 2022 memorandum entitled "COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year" regarding safety measures, including with respect to:

- Testing protocols
- Support for continued mask usage
- Promoting hand hygiene

Hygiene, Sanitization, and PPE

GTA maintenance staff shall continue to conduct daily sanitization of surfaces, and check to ensure that hand sanitizer is present, that sinks are functioning, and that soap and paper supplies is available, consistent with the cleaning logs attached hereto. GTA shall continue to contract with an outside vendor to provide heightened daily sanitization services. GTA maintenance staff shall ensure good ventilation in all indoor spaces, including by regularly checking the operability of

HVAC systems and windows. The Chief Accountability Officer shall oversee and audit these functions consistent with GTA's facilities protocol.

GTA shall continue to ensure that it maintains adequate supply of personal protective equipment (masks) and that masks are distributed and made available to students and employees who request them, as well as to ensure that if masks are required to be worn, that they are available for distribution.

Staff Training

GTA shall distribute this document to all staff, and at the next all staff meeting, the procedures specified herein shall be reviewed with staff.

By August 2022

The Board shall be presented with a plan for COVID-19 safety in the 2022-23 school year that is consistent with the then-applicable requirements and best practices bearing on schools and employers, including a plan for staff training.

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State Public Health Officer & Director

State of California—Health and Human Services Agency
California Department of Public Health

GAVIN NEWSOM
Governor

April 6, 2022

TO: All Californians

SUBJECT: COVID-19 Public Health Guidance for K-12 Schools in California, 2021-22 School Year

Related Materials: Group-Tracing Approach to Students Exposed to COVID-19 in K-12 Setting | 2021-2022 K-12 Schools Guidance Q&A | CDPH Guidance for the Use of Face Coverings | K-12 Schools Testing Framework 2021-2022 (PDF) | Safe Schools for All Hub | American Academy of Pediatrics COVID-19 Guidance for Safe Schools | More Languages

Updates effective as of April 6, 2022:

- Section 7 (regarding exposure management) has been updated. Sections 8-9 have been retired.

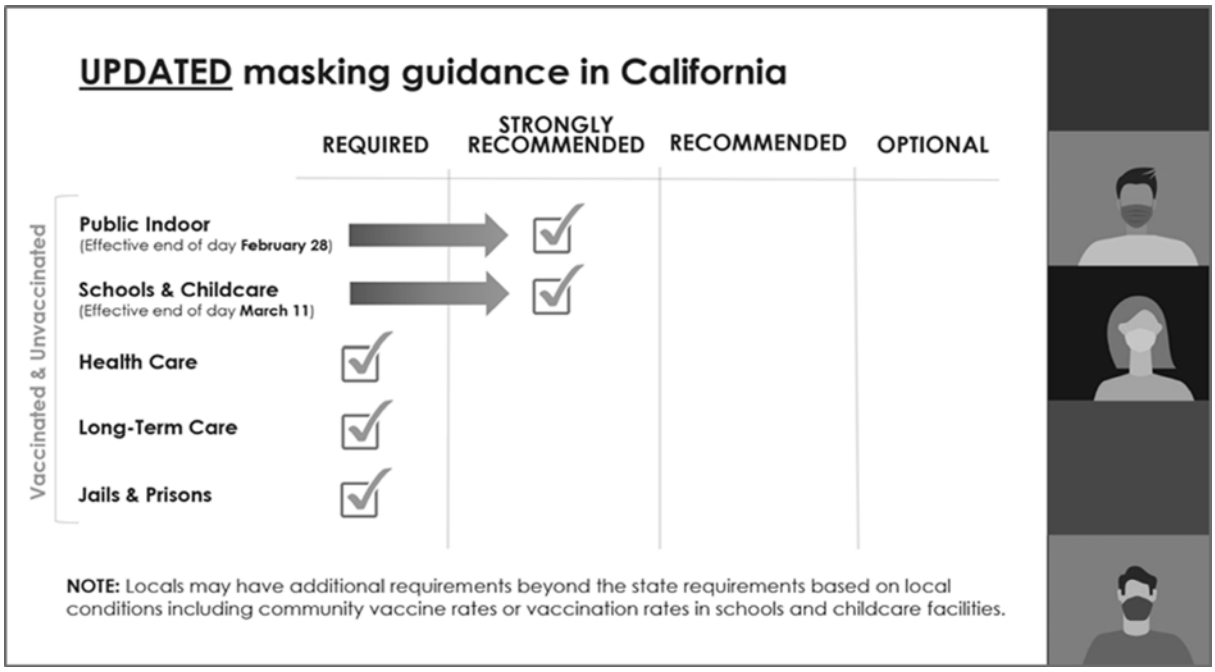
The following guidance is designed to keep California K-12 schools open for in-person instruction safely during the COVID-19 pandemic, consistent with the current scientific evidence. The foundational principles are ensuring access to safe and full in-person instruction for all students and keeping equity at the core of all efforts described below. In-person schooling is critical to the mental and physical health and development of our students.

COVID-19 has impacted children in both direct and indirect ways, and California's response to conditions in schools has adapted to the dynamic challenges of the pandemic, based on humility and the evolving scientific understanding of the virus. To-date during the 2021-22 school year, the state has weathered two COVID-19 surges while prioritizing the safety of students and staff and in-person instruction. Hospitalizations for COVID-19 (including pediatric hospitalizations) and disruptions to in-person learning, although never inconsequential, have been substantially lower in California than in comparable states. As the most recent surge wanes and we collectively move forward, the next phase of mitigation in schools focuses on long-term prevention and our collective responsibility to preserve safe in-person schooling.

SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by inhalation of respiratory aerosols. To mitigate in-school transmission, a multi-layered strategy continues to be important, including but not limited to getting vaccinated, wearing a mask, staying home when sick, isolating if positive, getting tested, and optimizing indoor air quality.

COVID-19 vaccination for all eligible people in California, including teachers, staff, students, and all eligible individuals sharing homes with members of our K-12 populations is crucial to protecting our communities. More information on how to how to promote vaccine access and uptake is available on the California Safe Schools Hub and Vaccinate All 58 – Let's Get to Immunity.

On February 28, 2022, California announced that, based on a review of epidemiologic indicators and modeling projections, the universal indoor mask mandate in K-12 school settings would transition to a strong recommendation after March 11, 2022.



Source: 2/28/22 CalHHS Press Conference

Masks remain one of the most simple and effective safety mitigation layers to prevent transmission of SARS-CoV-2. High quality masks, particularly those with good fit and filtration, offer protection to the wearer and optimal source control to reduce transmission to others. To best protect students and staff against COVID-19, CDPH currently strongly recommends continuing to mask indoors in school settings.

CDPH will continue to assess conditions on an ongoing basis to determine if updates to K-12 school guidance are needed, with consideration of the indicators and factors noted below, as well as transmission patterns, global surveillance, variant characteristics, disease severity, available effective therapeutics, modeling projections, impacts to the health system, vaccination efficacy and coverage, and other indicators.

General Considerations:

The guidance below is designed to help K-12 schools continue to formulate and implement plans for safe, successful, and full in-person instruction during the 2021-22 school year. It applies recommendations provided by the Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) to the California context. The guidance is effective immediately, unless otherwise stated, and will continue to be reviewed regularly by the California Department of Public Health (CDPH). Additional guidance, including additional requirements, may be issued by local public health officials, local educational agencies, and/or other authorities.

This guidance includes mandatory requirements, in addition to recommendations and resources to inform decision-making. Implementation requires training and support for staff and adequate consideration of student and family needs.

When applying this guidance, consideration should be given to the direct school population and the surrounding community. Factors include: (1) community level indicators of COVID-19 and their trajectory; (2) COVID-19 vaccination coverage in the community and among students, teachers, and staff; (3) local COVID-19 outbreaks or transmission patterns; (4) indoor air quality at relevant facilities; (5) availability and accessibility of resources, including masks and tests; (6) ability to provide therapeutics in a timely and equitable manner as they become available; (7) equity considerations, including populations disproportionately impacted by and exposed to COVID-19; (8) local demographics, including serving specialized populations of individuals at high risk of severe disease and immunocompromised populations; and (9) community input, including from students, families, and staff.

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

Safety Measures for K-12 Schools

1. Masks

   a. No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
   b. CDPH strongly recommends that all persons (e.g., students and staff) wear masks in K-12 indoor settings, with consideration of exemptions per CDPH face mask guidance.
   c. Persons exempted from wearing a face covering due to a medical condition are strongly recommended to wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
   d. Schools must develop and implement local protocols to provide masks to students who inadvertently fail to bring a face covering to school and desire to use one.
   e. Public schools should be aware of the requirements in AB 130 (Chapter 44 of the Statutes of 2021) to offer independent study programs for the 2021-22 school year.
   f. In situations where use of masks is challenging due to pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs), a face shield with a drape (per CDPH guidelines) (PDF) may be considered instead of a mask while in the classroom.

2. Physical distancing

   a. CDPH recommends focusing on the other mitigation strategies provided in this guidance instead of implementing minimum physical distancing requirements for routine classroom instruction.

3. Ventilation recommendations:

   a. For indoor spaces, indoor air quality should be optimized, which can be done by following CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools (PDF), produced by the CDPH Air Quality Section.

4. Recommendations for staying home when sick and getting tested:

a. Follow the strategy for Staying Home when Sick and Getting Tested from the CDC.

b. Get tested for COVID-19 when symptoms are consistent with COVID-19.

c. Advise staff members and students with symptoms of COVID-19 infection not to return for in-person instruction until they have met the following criteria:

i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND

ii. Other symptoms are improving; 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.

iv. If the student or staff member tests positive for SARS-CoV-2, follow the guidance for isolation in Section #10 below.

5. Screening testing recommendations:

a. CDPH has a robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.).

i. Resources for schools interested in testing include: California's Testing Task Force K-12 Schools Testing Program, K-12 school-based COVID-19 testing strategies (PDF) and Updated Testing Guidance; The Safe Schools for All state technical assistance (TA) portal; and the CDC K-12 School Guidance screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

6. Case investigation and reporting:

a. Per AB 86 (2021) and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.

b. Schools or LEAs should have a COVID-19 liaison to assist the local health department with activities related to COVID-19.

7. Recommendations for Students exposed to COVID-19:

Schools may consider permitting asymptomatic exposed students, regardless of their COVID-19 vaccination status or location of exposure, to continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. It is strongly recommended that exposed students wear a well-fitting mask indoors around others for at least 10 days following the date of last exposure, if not already doing so.

a. Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test (e.g., an FDA-authorized antigen diagnostic test, PCR diagnostic test, or pooled PCR test) obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 90 days.

i. Exposed students who had COVID-19 within the last 90 days do not need to be tested after exposure but should monitor for symptoms. If symptoms develop, they should isolate and get tested with an antigen test.

ii. If the exposed student has symptoms consistent with COVID-19, they should stay home, get tested and follow the guidance in Section #4 above.

iii. If the exposed student tests positive for COVID-19, follow the guidance for isolation in Section #10 below.

b. Follow the Group Tracing Guidance for notification recommendations for exposures that occur in a school setting.

Sections 8-9 have been retired.

10. Isolation recommendations

a. Everyone who is infected with COVID-19, regardless of vaccination status, previous infection or lack of symptoms, follow the recommendations listed in Table 1 (Isolation) of the CDPH Guidance on Isolation and Quarantine for the General Public.

11. Hand hygiene recommendations

a. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.

b. Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage or removing gloves.

c. Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

12. Cleaning recommendations

a. In general, routine cleaning is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

b. For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see Cleaning and Disinfecting Your Facility.

c. If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.

d. Drinking fountains may be open and used by students and staff. Routine cleaning is recommended.

13. Food service recommendations

a. 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.
b. Per routine practice, surfaces that come in contact with food should be washed, rinsed, and sanitized before and after meals.
c. There is no need to limit food service approaches to single use items and packaged meals.

14. Vaccination verification considerations

a. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), refer to the CDPH vaccine verification recommendations.

15. COVID-19 Safety Planning Transparency Recommendations

a. In order to build trust in the school community and support in-person instruction, it is a best practice to provide transparency to the school community regarding the school's safety plans. At a minimum, it is recommended that all local educational agencies (LEAs) post a safety plan that communicates the safety measures in place for 2021-22, on the LEA's website and at schools and disseminate the plan to families.

Note: With the approval of the federal American Rescue Plan, each local educational agency receiving Elementary and Secondary School Emergency Relief (ARP ESSER) funds is required to adopt a Safe Return to In-Person Instruction and Continuity of Services Plan and review it at least every six months for possible revisions. The plan must describe how the local educational agency will maintain the health and safety of students, educators and other staff. Reference the Elementary and Secondary School Relief Fund (ESSER III) Safe Return to In-Person Instruction Local Educational Agency Plan Template (PDF).

16. School-Based Extracurricular Activities

The requirements and recommendations in this guidance 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.

Indoor mask use remains an effective layer in protecting against COVID-19 infection and transmission, including during sports, music, and related activities, especially activities with increased exertion and/or voice projection, or prolonged close face-face contact. Accordingly:

- Masks are strongly recommended indoors at all times for teachers, referees, officials, coaches, and other support staff.
- Masks are strongly recommended indoors for all spectators and observers.
- Masks are strongly recommended indoors at all times when participants are not actively practicing, conditioning, competing, or performing. Masks are also strongly recommended indoors while on the sidelines, in team meetings, and within locker rooms and weight rooms.
- When actively practicing, conditioning, performing, or competing indoors, masks are strongly recommended by participants even during heavy exertion, as practicable. Individuals using instruments indoors that cannot be played with a mask (e.g., wind instruments) are strongly recommended to use bell coverings and maintain a minimum of 3 feet of physical distancing between participants. If masks are not worn (or bell covers are not used) due to heavy exertion, it is strongly recommended that individuals undergo screening testing at least once weekly, unless they had COVID-19 in the past 90 days. An FDA-authorized antigen test, PCR test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status.

Additional considerations or other populations

1. Recommendations for students with disabilities or other health care needs

   a. When implementing this guidance, schools should carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply.
   b. For additional recommendations for students with disabilities or other health care needs, refer to guidance provided by the CDC, AAP, and the Healthy Kids Collaborative.

2. Visitor recommendations

   a. Schools should review their rules for visitors and family engagement activities.
   b. Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated.
   c. Schools should not limit access for direct service providers, but can ensure compliance with school visitor polices.
   d. Schools should continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as influenza or COVID-19, should stay home and seek testing and care.

3. Boarding schools may operate residential components under the following guidance:

   a. Strongly recommend policies and practices to ensure that all eligible students, faculty and staff have ample opportunity to get vaccinated.
   b. Strongly recommend that unvaccinated students and staff be offered regular COVID-19 screening testing.
   c. Consider students living in multi-student rooms as a "household cohort." Household cohort members, regardless of vaccination status, do not need to wear masks when they are together without non-household cohort members nearby. If different "household cohorts" are using shared indoor space when together during the day or night, continue to strongly recommend mask use, and healthy hygiene behaviors for everyone.

The non-residential components of boarding schools (e.g., in-person instruction for day students) are governed by the guidelines as other K-12 schools, as noted in this document.

Childcare settings and providers remain subject to separate guidance.

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GAVIN NEWSOM
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March 12, 2022

AFL 17-_

TO: All Californians

SUBJECT: Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting

Related Materials: 2021-2022 K-12 Schools Reopening Framework and Guidance | 2021-2022 K-12 Schools Guidance Q&A | Safe Schools for All Hub | More Languages

Updates effective as of March 12, 2022:

- The Preamble has been updated
- Testing guidance has been aligned with CDC recommendations

California's determination to use every available tool to keep schools safe during this pandemic is allowing us to keep classrooms open and in-school transmission low. Since the start of the pandemic, the state has adapted to new challenges presented and responded with strategies harnessing available tools.

The shorter incubation period, airborne nature of SARS-CoV-2 virus transmission, and increased transmissibility of variants currently circulating in California suggest an additional approach to contact tracing is warranted. The framework outlined below allows for a quicker and broader response to cases identified in school settings, accomplishable through prompt notification, testing, and isolation protocols. This strategy also allows for schools to provide safe in-person instruction without undertaking intense (and often protracted) contact tracing processes to identify individual students within a specified radius of someone infected.

All of this is possible in California's schools because the multi-layered approach to COVID-19 mitigation has effectively curbed in-school transmission to-date. These other layers – such as getting vaccinated, wearing high-quality well-fitting masks, staying home and testing if symptomatic, and improving indoor air quality – remain effective and important school-based mitigation efforts.

Additional guidance, including additional requirements, may be issued by local public health officials, local educational agencies, or other authorities. In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the CalOSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.

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

1. Schools should notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their period of infectiousness.

a. Notification should occur to "groups" of exposed students (e.g., classmates, teammates, cohorts, etc.) rather than contact tracing to identify individual "close contacts" (e.g., those within 6 feet).

b. Notifications should be provided to all individuals considered exposed, including those who are vaccinated and/or recently infected.

i. For example, if a student in tenth grade is diagnosed with COVID-19, the school should notify groups with whom that student interacted as per the criteria above, such as those in the same classes, sports team, and/or other extracurricular cohorts.

c. A sample notification letter is available here for school edit and use.

2. Exposed students, regardless of COVID-19 vaccination status, should get tested for COVID-19 with at least one diagnostic test obtained within 3-5 days after last exposure, unless they had COVID-19 within the last 90 days.

a. Exposed students who had COVID-19 within the last 90 days should monitor for symptoms. If symptoms develop, they should isolate and get tested with an antigen test.

b. In the event of wide-scale and/or repeated exposures, broader (e.g., grade-wide or campus-wide) once weekly testing for COVID-19 may be considered until such time that exposure events become less frequent.

c. Any FDA-authorized antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection. Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell).

3. Exposed students may continue to take part in all aspects of K-12 schooling, including sports and extracurricular activities, unless they develop symptoms or test positive for COVID-19. They should test as recommended in Section (2), report positive test results to the school, and follow other components of this guidance, including wearing masks as is strongly recommended.

a. Exposed students who develop symptoms should see Section 4 of the K-12 Guidance.

b. Exposed students who receive a positive test result should isolate in accordance with Section 10 of the K-12 Guidance.

4. See the K-12 Schools Guidance 2021-2022 Questions & Answers for additional information.

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Governor

April 6, 2022

TO: Local Health Jurisdictions

SUBJECT: Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public

This guidance does NOT apply to healthcare personnel in settings covered by AFL-21-08.8. It also does not apply to Emergency Medical Services personnel, who are permitted to follow the Guidance on Quarantine for Health Care Personnel in AFL-21.08.8.

Related Materials: Isolation and Quarantine Q&A | What to do if You Test Positive for COVID-19 | What to Do If You Are Exposed to COVID-19 | Self-Isolation Instructions for Individuals with COVID-19 (PDF) | Self-Quarantine Instructions for Individuals Exposed to COVID-19 (PDF) | Cal/OSHA FAQs | More Home & Community Guidance | All Guidance | More Languages

Local health jurisdictions may continue to implement additional requirements that go beyond this statewide guidance based on local circumstances, including in certain higher-risk settings or during certain situations that may require additional isolation and quarantine requirements (for example, during active outbreaks in high-risk settings).

Updates as of April 6, 2022:

- Removed quarantine recommendations for asymptomatic exposed person (for the general public)
- Added recommendations for work exclusion or restriction in certain specified high-risk settings.
- Includes updated definition for close contact and infectious period.

COVID-19 vaccination and boosters remain the most important strategy to prevent serious illness and death from COVID-19.

To protect all Californians, it is important to continue to control the spread of COVID-19 in our homes, workplaces, and communities. In order to detect infections early and limit transmission of the disease, public health officials across the state have undertaken a multi-pronged approach, which includes encouraging vaccination and boosters, offering and promoting testing and treatment, promoting public health practices like mask wearing, conducting case investigation and contact tracing in prioritized settings, and supporting recommended isolation of those infected and appropriate testing and masking of those exposed to COVID-19.

As the SARS-CoV-2 virus has evolved to have a shorter incubation period (e.g., average 2-3 days), usually by the time identified exposed contacts are notified, their incubation period is over and the most relevant time period for restricting movement by quarantine has passed. In addition, we are now transitioning to a phase in the pandemic where many in our communities have been vaccinated against and/or previously infected with SARS-CoV-2, the virus causing COVID-19; transmission is at lower levels than earlier this year during the surge caused by the Omicron variant; and effective vaccines and treatment options are available to reduce the severity of disease and resulting hospitalizations, deaths, and stress on our infrastructure and healthcare systems. Additionally, the financial, social and societal burden of having those exposed stay home is high, particularly for certain populations, including children and economically vulnerable communities.

This guidance provides a framework for the general public and local health jurisdictions (LHJs), related to both isolation and quarantine, as we move away from some more restrictive quarantine measures, while keeping in mind that the emergence of a more virulent variant or future surges of a new variant may prompt the need to reinstate these public health disease control & prevention measures.

On February 28, 2022, CDPH released a statement supporting LHJs in shifting case investigation, contact tracing, and outbreak investigation priorities to focus on high-risk individuals or settings. CDC also issued guidance stating universal case investigation and contact tracing (CICT) were no longer recommended; instead, health departments should focus on CICT in specific settings and for groups at increased risk and promote proven prevention strategies to reduce COVID-19 community transmission.

As such, CDPH is updating recommendations for asymptomatic exposed individuals, while maintaining quarantine recommendations in specified **high-risk settings,** consistent with CDC recommendations (see Table 3). This allows us to continue protecting our most vulnerable populations and the workforce that delivers critical services in these settings. Recommendations related to isolation of individuals who have tested positive remain unchanged, along with the recommendation for individuals with COVID-19 symptoms to stay home until tested and receiving a negative result.

Workplace Settings

In the workplace, employers are subject to the Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard (PDF), and should consult those regulations for additional applicable requirements. Additional information about how CDPH isolation and quarantine guidance affects ETS-covered workplaces may be found in Cal/OSHA FAQs.

Work Exclusion:

Prevents a person from working as an employee or entering a specific work facility.

Work Restriction:

Prevents a person from working as an employee performing certain types of work (e.g., direct contact with clients or others), or restriction from contact with specific populations.

Isolation and Quarantine

Isolation:

Separates those infected with a contagious disease from people who are not infected.

Quarantine:

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

Close Contact:

Someone sharing the same indoor airspace, e.g., home, clinic waiting room, airplane etc., for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period.

High-Risk Contact:

Someone who may experience severe illness if they become infected with COVID-19 or for whom the transmission potential is high (high intensity/duration of indoor exposure). Examples of high-risk contacts include: immunocompromised persons and household contacts of cases.

Infectious Period:

- For symptomatic infected persons, 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared (or through Day 5 if testing negative on Day 5 or later), and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR
- For asymptomatic infected persons, 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Day 5 if testing negative on Day 5 or later) after specimen collection date for their first positive COVID-19 test.

For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 and end isolation, in accordance with this guidance, are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10.

Isolation and Quarantine Recommendations for the General Public

All persons with COVID-19 symptoms, regardless of vaccination status or previous infection, should:

- Self-isolate and test as soon as possible to determine infection status. Knowing one is infected early during self-isolation enables (a) earlier access to treatment options, if indicated (especially for those that may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected.
    - For symptomatic persons who have tested positive within the previous 90 days, using an antigen test is preferred.
- Remain in isolation while waiting for testing results. If not tested, they should continue isolating for 10 days after the day of symptom onset, and if they cannot isolate, should wear a well-fitting mask for 10 days.
- Consider continuing self-isolation and retesting in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms.
- Continue to self-isolate if test result is positive, follow recommended actions below (Table 1), and contact their healthcare provider about available treatments if symptoms are severe or they are at high risk for serious disease or if they have any questions concerning their care.

Table 1: Persons Who Should Isolate

Persons Who Test Positive for COVID-19	Recommended Actions
Everyone, regardless of vaccination status, previous infection or lack of symptoms.	• **Stay home** (PDF) for at least 5 days after start of symptoms (or after date of first positive test if no symptoms). • Isolation can end after day 5 if symptoms are not present or are resolving **and** a diagnostic specimen* collected on Day 5 or later tests negative. • If unable to test, choosing not to test, or testing positive on Day 5 (or later), isolation can end after Day 10 if fever-free for 24 hours without the use of fever-reducing medications. • If fever is present, isolation should be continued until 24 hours after fever resolves. • If symptoms, other than fever, are not resolving, continue to isolate until symptoms are resolving or until after Day 10. • Per CDPH masking guidance, infected persons should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see masking section below for additional information). *Antigen test preferred.

Table 2: Close Contacts - General Public (No Quarantine)

Asymptomatic Persons Who are Exposed to Someone with COVID-19 (No Quarantine)	Recommended Actions
Everyone, regardless of vaccination status. Persons infected within the prior 90 days do not need to be tested, quarantined, or excluded from work unless symptoms develop.	• Test within 3-5 days after last exposure. • Per CDPH masking guidance, close contacts should wear a well-fitting mask around others for a total of 10 days, especially in indoor settings and when near those at higher risk for severe COVID-19 disease (see masking section below for additional information). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, test and stay home (see earlier section on symptomatic persons), AND • If test result is positive, follow isolation recommendations above (Table 1).

In some workplaces, employers are subject to the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements

High Risk Exposures and Settings:

High-Risk Exposures:

Certain exposures may be deemed higher risk for transmission, such as with an intimate partner, in a household with longer periods of exposure, or while performing unmasked activities with increased exertion and/or voice projection or during prolonged close face-face contact (e,g., during contact sports like wrestling, during indoor group singing, during crowded events where cheering occurs like games, concerts or rallies, particularly if indoors). In such cases, exposed persons should be extra vigilant in undertaking recommended mitigation measures.

Similarly, if the close contact is more likely to become infected due to being unvaccinated, immunocompromised, or if they are more likely to transmit the virus to those who are at higher risk for severe COVID-19, they should also take greater care in following recommendations to limit spreading the virus to others during the 10 days following their exposure. These close contacts should get tested, and may consider quarantining or self-limiting their exposure to others, and are strongly recommended to follow the testing and mitigation measures outlined in this guidance.

High-Risk Settings**:

A high-risk setting is one in which transmission risk is high (e.g., setting with a large number of persons who may not receive the full protection from vaccination due to co-existing medical conditions), and populations served are at risk of more serious COVID-19 disease consequences including hospitalization, severe illness, and death. As such, CDPH is recommending the following work exclusions for staff working in these settings to protect the populations served, and maintaining quarantine recommendations for patients, residents and clients served in these settings, consistent with CDC recommendations.

Table 3: Close Contacts - Specified High-Risk Settings** (Work exclusion and quarantine)

Persons Who are Exposed to Someone with COVID-19 (Work exclusion and quarantine)	Recommended Actions

• Unvaccinated; OR • Incompletely vaccinated; AND • Not infected with SARS-CoV-2 within the prior 90 days.	Recommendations for **staff**: • Exclude from work for at least 5 days, after last exposure. • Work exclusion can end after Day 5 if symptoms are not present **and** a diagnostic specimen collected on Day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present, work exclusion can end after day 10. • Comply with CDPH masking guidance (i.e., universal masking and, in some cases, where surgical masks or higher filtration respirators may be required). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, stay home and test as soon as possible; AND • If test result is positive, follow isolation recommendations above (Table 1). Recommendations for **residents**: • Quarantine for at least 5 days after last exposure. • Quarantine can end after Day 5 if symptoms are not present **and** a diagnostic specimen collected on Day 5 or later tests negative. • If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10. • Comply with CDPH masking guidance (i.e., universal masking and, in some cases, where surgical masks or higher filtration respirators may be required). • Strongly encouraged to get vaccinated or boosted. • If symptoms develop, stay home and test as soon as possible; AND • If test result is positive, follow isolation recommendations above (Table 1).

**High-Risk Settings include:

- Emergency shelters and cooling and heating centers
- Healthcare settings (applies to all healthcare settings not covered by AFL 21.08.8).
- Local correctional facilities and detention centers
- Homeless shelters
- Long Term Care Settings & Adult and Senior Care Facilities

CDPH recommends that while not excluded from work, vaccinated and boosted healthcare personnel working in high-risk settings test immediately upon notification of exposure, and at 3-5 days.

All close contacts, whether quarantined or not:

Should consider **testing** as soon as possible to determine infection status and follow all isolation recommendations above if tested positive. Knowing one is infected early during quarantine enables (a) earlier access to treatment options, if indicated (especially for those that may be at risk for severe illness), and (b) notification of exposed persons (close contacts) who may also benefit by knowing if they are infected. If testing negative before Day 3, retest at least a day later, during the 3-5 day window following exposure.

Diagnostic Testing

An antigen test, nucleic acid amplification test (NAAT) or LAMP test are acceptable; however, antigen testing is recommended for infected persons to end isolation, and for symptomatic exposed persons who were infected with SARS-CoV-2 within the prior 90 days. Use of Over-the-Counter tests are also acceptable to end isolation or quarantine.

Masking

As noted above, infected persons should isolate for five days, and mask indoors and when around others during a full 10 days following symptom onset (or positive test if no symptoms). Exposed persons should mask for 10 days following an identified close contact to someone with COVID-19, especially high-risk contacts.

All persons wearing masks should optimize mask fit and filtration, ideally through use of a respirator (N95, KN95, KF94) or surgical mask. See Get the Most out of Masking and Masking Tips for Children (PDF) for more information.

Symptom Self-monitoring

Symptom self-monitoring should include checking temperature twice a day and watching for fever, cough, shortness of breath, or any other symptoms that can be attributed to COVID-19 for 10 days following last date of exposure.

Schools and Child Care Programs

For isolation and quarantine considerations in K-12 school settings, see CDPH K-12 Schools Guidance and CDPH K-12 testing strategies. For child care considerations, see Guidance for Child Care Providers and Programs.

Isolation and Quarantine at Home (Self-Isolation and Self-Quarantine)

The following are general steps for people suspected or confirmed to have COVID-19 who need to self-isolate and for those exposed to someone with COVID-19 who have been instructed to quarantine or wish to self-quarantine, to prevent spread to others in homes and communities. These steps should be conveyed via simple verbal and written instructions in the person's primary language:

- Stay at home except to get medical care.
- People who are self-quarantining should consider testing at least once during days 3-5 after last exposure to inform potential diagnosis and treatment.
- Separate yourself from other people in your home. Do not have any visitors.
- Wear a mask over your nose and mouth in indoor settings, including at home if other people are present, especially if you are immunocompromised, unvaccinated, booster-eligible but have not yet received your booster dose, or at risk for severe disease, or you are around those who are immunocompromised, unvaccinated, booster eligible but have not yet received their booster dose, or at risk for severe disease.
- Avoid sharing rooms/spaces with others; if not possible, open windows to outdoor air (if safe to do so) to improve ventilation or use portable air cleaners and exhaust fans.
- Avoid using the same bathroom as others; if not possible, clean and disinfect after use.
- Cover your coughs and sneezes.

- Wash your hands often with soap and water for at least 20 seconds, or if you can't wash your hands, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean or disinfect "high-touch" surfaces routinely (at least once daily).
- Monitor your symptoms.
- If you have symptoms or are sick, you should stay away from others even if they have some protection by having been previously infected in the past 3 months or by being vaccinated.

The self-isolation (PDF) of persons who are infectious or persons who have tested positive for COVID-19 and the self-quarantine (PDF) of those exposed to someone with COVID-19 can be at home, provided the following conditions are in place.

What setup is needed if separation from others is necessary

- A separate sleeping area. If a sleeping area is shared with someone who is sick, consider the following recommendations:
  - Make sure the room has good air flow and follow CDPH Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
  - Maintain at least 6 feet between beds if possible.
  - Sleep head to toe, or with faces at least six feet apart.
- A separate bathroom or one that can be disinfected after use.

What items are needed

- A mask should be worn by the infected or exposed person when in indoor settings, including at home if other people are present, especially if the infected person is immunocompromised or is around those who are immunocompromised, unvaccinated, those that may be booster-eligible but have not yet received their booster dose, or at risk for severe disease.
- Gloves for any caregivers when touching or in contact with the person's potentially infectious secretions.
- Appropriate cleaning supplies for cleaning and disinfecting commonly touched surfaces and items.
- A thermometer for tracking occurrence and resolution of fever.

Access to necessary services

- Clinical care and clinical advice by telephone or telehealth.
- Plan for transportation for care if needed.
- Food, medications, laundry, and garbage removal.

Self-Isolation

The majority of people with COVID-19 have mild to moderate symptoms, do not require hospitalization, and can self-isolate at home by wearing a mask indoors and separating from household members. However, the ability to prevent transmission in a residential setting is an important consideration. CDC has guidance for both patients and their caregivers to help protect themselves and others in their home and community.

Considerations for the suitability of care at home include whether:

- The person is stable enough to be home.
- If needed, appropriate and competent caregivers are available at home.
- The person and other household members have access to appropriate, recommended personal protective equipment (PPE; at a minimum, mask and gloves) and can adhere to precautions recommended as part of home care or self-isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene).

In addition, both the person and caregiver should be informed and understand the indications for when they should seek clinical care. Although mild illness typically can be self-managed or managed with outpatient or telemedicine visits, illness may quickly worsen days after the initial onset of symptoms.

Out-of-hospital monitoring

Out-of-hospital monitoring by healthcare systems or public health can be considered, especially for those at higher risk of severe illness. This may consist of oxygen saturation measurement or other assessments. Persons in isolation can be contacted regularly during isolation to assess for clinical worsening and other needs. Frequency and mode of communication should be customized based on risk for complications and difficulty accessing care.

Self-Quarantine

Persons undertaking self-quarantine should wear a mask indoors at home when other people are present and separate from household members, especially those who are immunocompromised, have not completed their primary series of COVID-19 vaccine or are boosted, or who have not had COVID-19 in the last 3 months.

The quarantined person should avoid contact with persons at higher risk for severe COVID-19 illness, even if they have completed their primary series of COVID-19 vaccine or are boosted, and should wear a mask indoors when other people are present.

Persons in quarantine at home or in an alternate site should self-monitor for symptoms for 10 days following last date of exposure, even if they complete self-quarantine earlier. If symptoms develop, persons in self-quarantine should immediately self-isolate and get tested.

If they test positive, their isolation period starts with their symptom onset date counted as Day 0 and the next full day of isolation being counted as Day 1. They should contact their healthcare provider regarding available treatment for COVID-19 infection and with any questions concerning their care.

When to Seek Care

Persons in self-isolation or self-quarantine should seek medical assistance:

- If they are at risk for severe illness or disease to determine any treatment options, including therapeutics.
- If their symptoms worsen.
- If the infected or exposed person is going to a medical office, emergency room, or urgent care center, the facility should be notified ahead of time that the person is infected with or has been exposed to COVID-19; the person should wear a mask for the clinical visit.
- Any one of the following emergency warning signs signal a need to call 911 and get medical attention immediately:
    - Trouble breathing.
    - Bluish or grayish lips, face, or nails.
    - Persistent pain or pressure in the chest.
    - New confusion or inability to arouse.
    - New numbness or tingling in the extremities.
    - Other serious symptoms.

Legal Authority for Isolation and Quarantine

California local public health officers have legal authority to order isolation and quarantine. Local health jurisdictions may vary in their approach and should consult with legal counsel on jurisdiction-specific laws and orders. Some have issued blanket isolation and quarantine orders for anyone diagnosed with COVID-19 or

identified as a close contact of an infected person. Some have issued orders to persons immediately, whereas others seek voluntary cooperation without a legal order initially.

Alternate Sites for Isolation and Quarantine

Local health jurisdictions should work with other local partners across all sectors to assess alternate places for isolation and quarantine (PDF) for persons who are unhoused or who are unable to appropriately or safely self-isolate or self-quarantine at home. Alternate sites could include hotels, college dormitories, or other places, such as converted public spaces.

Additionally, local public health jurisdictions are encouraged to partner with community organizations to leverage existing resources to provide supportive and culturally appropriate services to persons who are self-isolating and self-quarantining.

Discrimination and Stigma

California has a diverse population with no single racial or ethnic group constituting a majority of the population. These populations also include members of tribal nations, immigrants and refugees. Some groups may be at higher risk for COVID-19 or worse health outcomes due to a number of reasons including living conditions, work circumstances, underlying health conditions, and limited access to care. It is important that communication with the public is conducted in a culturally appropriate manner, which includes meaningfully engaging community representatives from affected communities, collaborating with community-serving organizations, respecting the cultural practices in the community, and taking into consideration the social, economic and immigration contexts in which people in these communities live and work. Local health jurisdictions should be mindful of discrimination based on all protected categories.

To help build trust, jurisdictions should employ public health staff who are fluent in the preferred language of the affected community. When that is not possible, interpreters and translations should be provided for persons who have limited English proficiency[1]. Core demographic variables should be included in case investigation and contact tracing forms, including detailed race and ethnicity, as well as preferred language.

Finally, given that diverse populations experience discrimination and stigma, it is important to ensure the privacy and confidentiality of data collected and to ensure that COVID-19 cases and identified contacts are aware of these safeguards.

Every person in California, regardless of immigration status, is protected from discrimination and harassment in employment, housing, business establishments, and state-funded programs based upon their race, national origin, and ancestry, among other protected characteristics.

All instructions provided by LHJs to persons who are being asked to isolate or quarantine should be provided in their primary language and be culturally appropriate. Additionally, LHJs should ensure that instructions for persons with disabilities, including those with access and functional needs, are provided.

[1] See the Dymally-Alatorre Bilingual Services Act for more information on communication requirements with persons who need language translation assistance.

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