



DIRECTIVE OF THE HEALTH OFFICER No. 2020-33b

**DIRECTIVE OF THE HEALTH OFFICER OF
THE CITY AND COUNTY OF SAN FRANCISCO REGARDING REQUIRED BEST
PRACTICES FOR SCHOOLS**

(PUBLIC HEALTH DIRECTIVE)

DATE OF DIRECTIVE: October 6, 2020

By this Directive, the Health Officer of the City and County of San Francisco (the “Health Officer”) issues industry-specific direction that schools as described below must follow as part of the local response to the Coronavirus Disease 2019 (“COVID-19,” including SARS-CoV-2, the virus that causes the disease) pandemic. This Directive constitutes industry-specific guidance as provided under Section 4 of Health Officer Order No. C19-07j issued on September 30, 2020 (the “Stay-Safer-At-Home Order”) and unless otherwise defined below, initially capitalized terms used in this Directive have the same meaning given them in that order. This Directive goes into effect immediately upon issuance, and remains in effect until suspended, superseded, or amended by the Health Officer. This Directive has support in the bases and justifications set forth in the Stay-Safer-At-Home Order. As further provided below, this Directive automatically incorporates any revisions to the Stay-Safer-At-Home Order or other future orders issued by the Health Officer that supersede that order or reference this Directive. This Directive is intended to promote best practices to help prevent the transmission of COVID-19 and safeguard the health of workers, children, their families, and the community.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER DIRECTS AS
FOLLOWS:**

- 1. The Stay-Safer-at-Home Order allows transitional kindergarten (TK)-12 schools in the City and County of San Francisco (“Schools”) to reopen for in-person, on-site instruction with a waiver or advance written approval of a comprehensive Health and Safety Plan by the Health Officer. *See* Stay-Safer-At-Home Order Section 5(a).**
- 2. Schools are also permitted to offer specialized and targeted support services to vulnerable children as provided in Section 5.a.3 of the Stay-Safer-At-Home Order. Such services must be offered in compliance with the requirements set forth in Health Officer Directive No. 2020-26b and with the testing and cooperation requirements set forth in Sections 7 and 8 below. Schools that began providing specialized and targeted support services to vulnerable youth prior to September 18, 2020, have until October 5, 2020 to comply with those requirements.**
- 3. Attached as Exhibit A to this Directive is guidance from the Department of Public Health regarding reopening Schools for in-person, on-site instruction (“K-12 Guidance”). All Schools offering in-person, on-site instruction must comply with all applicable requirements listed in the Guidance.**
- 4. Each School must (a) make their approved Health and Safety Plan available online at a permanent URL and in hard copy upon request, and (b) provide a summary of the plan to parent(s) and guardian(s) of students in the School, and to all Personnel working on site or otherwise in the City in relation to its operations. Also, each School must provide a copy of the Health and Safety Plan and evidence of its**



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implementation to any authority enforcing this Directive or the Stay-Safer-At-Home Order upon demand.

5. Each School must require the parent/guardian of each child that participates in the program to sign an acknowledgement of health risks containing the following language:

The collective effort and sacrifice of San Francisco residents staying at home limited the spread of COVID-19. But community transmission of COVID-19 within San Francisco continues, including transmission by individuals who are infected and contagious, but have no symptoms. Infected persons are contagious 48 hours before developing symptoms (“pre-symptomatic”), and many are contagious without ever developing symptoms (“asymptomatic”). Pre-symptomatic and asymptomatic people are likely unaware that they have COVID-19.

The availability of childcare, summer camp, Out of School Time (OST) programs, and TK-12 schools is an important step in the resumption of activities. However, the decision by the Health Officer to allow childcare, summer camp, OST programs, and TK-12 schools at facilities that follow required safety rules, does not mean that attending childcare, summer camp, OST programs, and/or TK-12 schools is free of risk. Enrolling a child in childcare, summer camp, OST programs, and/or TK-12 schools could increase the risk of the child becoming infected with COVID-19. While the majority of children that become infected do well, there is still much more to learn about coronavirus in children, including from recent reports of Multisystem Inflammatory Syndrome in Children (MIS-C).

Each parent or guardian must determine for themselves if they are willing to take the risk of enrolling their child in childcare, summer camp, OST programs, and TK-12 schools, including whether they need to take additional precautions to protect the health of their child and others in the household. They should particularly consider the risks to household members who have a higher risk of severe COVID-19 illness. Parents and guardians may want to discuss these risks and their concerns with their pediatrician or other health care provider.

More information about COVID-19 and MIS-C, is available on the Centers for Disease Control and Prevention website at <https://www.cdc.gov/coronavirus/2019-ncov/>. See <http://www.sfcdep.org/covid19hpc> for a list of groups at higher risk for severe COVID-19.

I understand the risks associated with enrolling my child in childcare, summer camp, OST programs, and/or TK-12 schools, and agree to assume the risks to my child and my household. I also agree to follow all safety requirements that the childcare, summer camp, OST programs, and/or TK-12 schools imposes as a condition of enrolling my child.

6. Each School subject to this Directive must provide items such as Face Coverings (as provided in Health Officer Order No. C19-12c issued on July 22, 2020, and any future amendment to that order), hand sanitizer or handwashing stations, or both, and disinfectant and related supplies to any of that School’s Personnel. If any School is unable to provide these required items to Personnel or otherwise fails to comply with



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required Guidance, then it must cease operating until it can fully comply and demonstrate its strict compliance. Further, as to any non-compliant operation, any such School is subject to immediate closure and the fines and other legal remedies described below, as a violation of the Stay-Safer-At-Home Order.

7. Schools must comply with the following requirements with respect to testing:
 - a. Routine Asymptomatic Testing for School-Based Adults
 - i. All adults based in a School facility, including but not limited to teachers, staff, paraprofessionals, contracted janitorial staff, security, therapists, aides, essential volunteers, interns, and student teachers (“School-Based Adults”) must be tested for COVID-19 as follows:
 1. Testing must be done via nucleic acid diagnostic test or other test as authorized by the San Francisco Department of Public Health (“DPH”). All processing of tests must be conducted by a lab that complies with Health Officer Order No. C19-10 (available online at www.sfdph.org/healthorders), including that the lab must meet the requirements to perform testing classified as high complexity under the Clinical Laboratory Improvement Amendments (“CLIA”) of Section 353 of the Public Health Service Act (including but not limited to having a CLIA waiver to perform such tests). Any lab that processes tests must also submit all results (not just positive results) via the State of California’s California Reportable Disease Information Exchange (“CalREDIE”) system or any replacement to that system adopted by the State of California.
 2. Each School-Based Adult must be tested ideally within seven days, but no more than 14 days, before first returning to work for in-person, on-site instruction (“pre-return test”).
 3. Each School-Based Adult also must be tested at least every two months after returning to work following the pre-return test as long as they are providing on-site work at any point during that two-month period. For the every-other monthly testing, the School may choose to test 25% of the School-Based Adults in the facility every two weeks, or 50% of the School-Based Adults in the facility every month. Each School must ensure that every School-Based Adult is tested at least every two months after return to on-site work and completion of the pre-return test.
 4. Each School must maintain a log of testing for all School-Based Adults who work or provide services onsite at the School (the “Testing Log”), including all of the information set forth in the SFDPH Testing



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Log Protocol available at <https://www.sfdph.org/dph/covid-19/schools-education.asp>. The log must be retained for 12 months and be made available to SFDPH upon request.

- ii. A School must not allow any School-Based Adult to come to work or otherwise enter the School's premises if that person refuses to be tested as outlined in subsection (i) above or to provide test results to the School, unless expressly permitted in advance and in writing by the Health Officer or the Health Officer's designee. SFDPH encourages schools to give teachers the option of leave without pay if they decline to participate in testing.
 - iii. Schools must take all steps necessary to ensure the School receives the results of these tests promptly. Specifically, Schools must require School-Based Adults to either (1) sign a release of information (ROI) authorizing the testing lab or ordering provider to share the COVID-19 test result directly with the School or (2) commit to providing results to the School within *one hour* of receiving a *positive* or *inconclusive* result and *24 hours* of receiving a *negative* result. A sample ROI is available online at <https://www.sfdph.org/dph/covid-19/schools-education.asp>. If a School-Based Adult chooses to report results to the School themselves, the person may make an initial verbal report of a positive or inconclusive result to facilitate rapid infection control measures, but must follow-up with documentation of any result within 48 hours whether it be a positive, inconclusive, or negative result.
 - iv. Schools must immediately (within one hour of learning of the result) report any positive or inconclusive test result to SFDPH Schools and Childcare Hub: call 628-217-7499 and email Schools-childcaresites@sfdph.org.
 - v. School-Based Adults who test positive for COVID-19 must not be allowed to return to the School until the relevant criteria set forth in SFDPH's guidance on "Ending Isolation or Returning to Work for Those Who Have Confirmed or Suspected COVID-19" are satisfied. (The guidance is available online at <https://www.sfdcp.org/rtw>.) School-Based Adults who receive an inconclusive test result may get retested and use the new result. If they choose not to get retested, they must follow the return to work guidelines as though they have a positive result.
- b. Symptomatic Testing**
- i. If any School-Based Adult has symptoms of COVID-19, the School must send that person home in compliance with the procedures set forth in the K-12 Guidance. The person must not be allowed to return to the School until the relevant criteria set forth in SFDPH's guidance on "Ending Isolation or



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Returning to Work for Those Who Have Confirmed or Suspected COVID-19” are satisfied. (The guidance is available at <https://www.sfdph.org/rtw>.) It is strongly recommended that the person be tested as soon as possible for COVID-19. Schools must take all steps necessary to ensure the School receives the results of these tests promptly as set forth in Section 7.a.3, above. Schools must immediately (within one hour of learning of the result) report any positive or inconclusive test result to the SFDPH Schools and Childcare Hub: call 628-217-7499 and email Schools-childcaresites@sfdph.org.

- ii. If any student has symptoms of COVID-19, the School must send that student home in compliance with the procedures set forth in the K-12 Guidance. The student must not be allowed to return to the School until the relevant criteria set forth in SFDPH’s “Quick Guide for Schools, Childcares, and Programs for Children and Youth” are satisfied (available at <https://www.sfdph.org/wp-content/uploads/2020/08/Quick-Guide-Suspected-Confirmed-COVID-19-Schools-Childcares-Programs-FINAL-2020-08-10.pdf>). It is strongly recommended that the student be tested as soon as possible for COVID-19. Schools must require parents or guardians to inform the School immediately (within one hour of learning of the test result) if their child tests positive or has an inconclusive test result and to provide documentation of the positive or inconclusive result within 48 hours. Schools must immediately (within one hour of learning of the test result) report any positive or inconclusive test result to the SFDPH Schools and Childcare Hub: call 628-217-7499 and email Schools-childcaresites@sfdph.org.

c. General Requirements

- i. The School must share information about testing with SFDPH as required by this Directive and as requested by SFDPH at any time while this Directive is in effect. Such information may include and is not limited to information about attendance, contact information, health information, employment information (for School-Based Adults), and any other information related to this Directive required by SFDPH. The disclosure of any confidential information under this subsection is limited to the minimum necessary for public health purposes as determined by SFDPH, and any such information that is confidential must be protected by SFDPH as required by law.
- ii. All Testing must be done using tests that are approved by the United States Food and Drug Administration or by the California Department of Public Health.
- iii. Testing results, including but not limited to the Testing Log, are considered confidential health information of staff and students, and must be handled accordingly. For example, Schools can consider the following measures:



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- If test results are to be faxed to the School, the fax machine must be placed in a private, secure area;
 - Hard copy documentation must be kept in a secure location, such as a locked file cabinet behind a locked door, and must not be left unsecured while unattended;
 - Electronic information must be stored on password-protected computers; and
 - Any electronically-stored information must not be maintained in a cloud-based system that is located outside the United States.
- iv. The School must maintain the confidentiality of information about testing results of School-Based Adults and students, and may only share such information as allowed or required by law.
- v. In relation to reporting test results for School-Based Adults or students, the School must provide all information requested by SFDPH.
- vi. The School must comply with SFDPH requirements regarding reporting of metrics as stated in “SFDPH Reporting Metrics” (available at <https://www.sfdph.org/dph/covid-19/schools-education.asp>).
8. Each School must cooperate with SFDPH by working and collaborating with SFDPH, and otherwise following the direction of SFDPH, in relation to the School and the subject matter of this Directive. Such cooperation includes, but is not limited to, all of the following:
- Promptly taking and responding to telephone calls, emails, and other inquiries and requests by representatives of SFDPH;
 - Allowing SFDPH personnel on-site without advance notice;
 - Responding to all SFDPH requests for information in a timely manner;
 - Communicating with School-Based Adults, students, and their parent(s) or guardian(s) as directed by SFDPH; and
 - Taking immediate action as required by SFDPH in the event of an outbreak or other time-sensitive situation that poses a risk to the health and safety of students, School-Based Adults, or the community.
9. Schools must advise all students and School-Based Adults that they must notify the school and stay home if any household member (1) has a positive or inconclusive COVID-19 test, (2) has a loss of sense of taste or smell within the last 10 days and have not been tested for COVID-19 or are awaiting testing result, or (3) has unexplained fever and cough/shortness of breath and has had close contact in the last 14 days with a person who has been diagnosed with COVID-19. School-Based Adults in these circumstances may return to school per the return to work guidance



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referenced in Section 7.a.v, above. Students may return to school when the relevant criteria set forth in SFDPH’s “Quick Guide for Schools, Childcares, and Programs for Children and Youth” are satisfied (available at <https://www.sfdcp.org/wp-content/uploads/2020/08/Quick-Guide-Suspected-Confirmed-COVID-19-Schools-Childcares-Programs-FINAL-2020-08-10.pdf>).

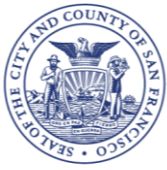
10. For purposes of this Directive, “Personnel” includes all of the following people who provide goods or services associated with the Host in the City: employees; contractors and sub-contractors (such as those who sell goods or perform services onsite or who deliver goods for the business); vendors who are permitted to sell goods onsite (such as farmers or others who sell at stalls in farmers’ markets); volunteers; and other individuals who regularly provide services onsite at the request of the Host. “Personnel” includes “gig workers” who perform work via the business’s app or other online interface, if any.
11. This Directive may be revised by the Health Officer, through revision of this Directive or another future directive or order, as conditions relating to COVID-19 require, in the discretion of the Health Officer. All Schools must stay updated regarding any changes to the Stay-Safer-At-Home Order and this Directive by checking the Department of Public Health website (www.sfdph.org/healthorders; www.sfdph.org/directives) regularly.

This Directive is issued in furtherance of the purposes of the Stay-Safer-At-Home Order. Where a conflict exists between this Directive and any state, local, or federal public health order related to the COVID-19 pandemic, the most restrictive provision controls. Failure to carry out this Directive is a violation of the Stay-Safer-At-Home Order, constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is a misdemeanor punishable by fine, imprisonment, or both.

A handwritten signature in blue ink that reads "Tomás Aragón".

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

Date: October 6, 2020



**Reopening TK-12 Schools for In-Person, On-Site Instruction
Preliminary Guidance for School Year 2020-2021**

August 10, 2020

The following guidance was developed by the San Francisco Department of Public Health (SFPDH) for use by local schools, and will be posted at <http://www.sfgdcp.org/covidschoolschildcare>.

AUDIENCE: This guidance applies to public, private and parochial TK-12 schools in San Francisco. Transitional Kindergartens (TK) that are part of preschool programs or are independent of elementary school programs should review SFPDH guidance for childcare programs.

Summary of Revisions since the 7/8/2020 Version

Guidance reflects updates from California Department of Public Health

- Added emphasis on increased testing strategies
- Update on face coverings
- Update on ventilation and outdoor eating spaces
- Added links to additional SFPDH guidance documents

PURPOSE: To provide guidance on health and safety practices needed to safely resume in-person, on-site instruction at TK-12 schools, after the San Francisco Health Officer allows schools to reopen.

BACKGROUND: TK-12 schools in San Francisco were closed for in-person instruction in March 2020 due to concerns about the possibility of COVID-19 transmission in schools. Since then, our understanding of COVID-19 has evolved rapidly. Based on available evidence, children do not appear to be at higher risk for COVID-19 than adults. While some children and infants have been sick with COVID-19, adults make up most of the known cases to date.

Our understanding of how COVID-19 spreads and how to prevent COVID-19 transmission has also increased tremendously. We now have evidence that certain precautions effectively decrease the risk of COVID-19 transmission. By coordinating and layering effective interventions, we can reduce the risk of COVID-19 for students, as well as their families and for adult staff, whose overall risk for adverse events from COVID-19 is likely greater than for most students.

The recommendations below are based on the best science available at this time and the current degree of COVID-19 transmission in San Francisco. They are subject to change as new knowledge emerges and as local community transmission changes.

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Key Messages for Schools

- Address adult-to-adult transmission, and adults as sources of infection. We know from child care settings and summer camps that staff can also be the source of COVID-19 exposure in a facility. Although children can be infected with COVID-19 and can spread it to adults, it is important to understand that spread of infection between adults is common.
• Preventing person-to-person transmission, via respiratory transmission, is more important than frequent cleaning and disinfection. COVID-19 mainly spreads from person-to-person via respiratory transmission.
o Coronavirus is easy to kill on surfaces compared to norovirus. Most household cleaning products are effective. Professional deep cleaning services are generally unnecessary.
• The use of personal protective equipment (PPE) does not eliminate the need for physical distancing, portable barriers/partitions and universal face coverings. PPE can give people a false sense of security. Physical distancing, barriers and face coverings are important in preventing the spread of COVID-19 in school settings.



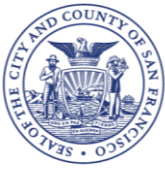
- **Exposure risk is a gradient, rather than an all-or-nothing condition.** A rule of thumb is that a person must spend at least 10-15 minutes within 6 feet of someone with COVID-19 to be at risk of infection. Shorter interactions at greater distances are lower risk. Universal face coverings decrease risk, and being outside is lower risk than inside. Other factors include whether the infected person was sneezing or coughing, or doing an activity that produced more respiratory droplets (singing or shouting has been shown to spread COVID-19 efficiently, particularly in enclosed spaces).

Prepare for re-opening

- K-12 schools are currently not permitted to open. As our understanding of COVID-19 grows, and local community transmission remains uncertain, please continue to anticipate that SFDPH and CDPH will develop pathways to re-opening.
- Designate a COVID-19 staff liaison to be the single point of contact at each school for questions or concerns around practices, protocols, or potential exposure. This person will also serve as a liaison to SFDPH.
- Establish health and safety protocols to prevent COVID-19 transmission, as required by any SFDPH Health Order allowing schools to reopen.
 - Train staff and students on health and safety practices. Limit staff in different cohorts from mixing together. Avoid having in-person staff development, meetings, or team-building during the two weeks before school opens.
 - Create a health and safety plan outlining what the school will do to implement the requirements in this guidance and any relevant Health Officer directives or orders. Share this plan with staff, families, students and other members of the school community.
- Collaborate with SFDPH to develop a shared strategy for surveillance testing of school staff. With increasing community transmission, testing strategies should emphasize increased testing of school staff to detect potential cases as lab testing capacity allows. Examples of increased testing may include testing all staff over 2 months, where 25% of staff are tested every 2 weeks, or 50% every month to rotate testing of all staff over time.
- Establish protocols for staff and students with symptoms of COVID-19 and for communication with staff, students and families after COVID-19 exposure or a confirmed COVID-19 case in the school.

Staff considerations

- Protect staff, especially those at higher risk of severe COVID-19 illness. See sfcdcp.org/covid19hcp for a list of groups at higher risk for severe COVID-19.
 - Offer options that limit exposure risk to staff who are in groups at higher risk for severe COVID-19 illness (e.g. telework, reassignment, or modified job duties to minimize direct interaction with students and staff).



- Non-medical staff at higher risk for severe COVID-19 illness should not be assigned to assess students who feel sick or monitor/care for sick students waiting to be picked up.
- Prioritize portable plexiglass barriers or other partitions for teachers and other staff who are in groups at higher risk of severe COVID-19 or who must interact directly with large numbers of students or adults, such as middle and/or high school teachers.
- Consider the use of a portable plexiglass barrier or other barrier, or use a clear window for staff when screening for COVID-19 symptoms (persons entering the school, students who feel sick).
- Consider the use of face shields, to be used **with** face coverings, for staff whose duties make it difficult to maintain 6 feet of distancing, such as teachers of younger elementary students. If supplies of face shields are limited, prioritize them for staff who are in groups at higher-risk of severe COVID-19 illness.
- See other sections, below, including Ventilation and Outdoor Spaces for additional structural ways to reduce risks.
- Monitor staff absenteeism. Plan for staff absences of 10-14 days due to COVID-19 infection or exposure, as community transmission increases. Cross-train staff and have a roster of trained back-up staff. Avoid combining classes or cohorts, which increases risks and increases the potential for more widespread infections. Be prepared to offer distance learning to students whose teachers must stay home due to COVID-19 infection or exposure, and no other teacher is available.

Student considerations

- Prioritize students who are likely to experience the greatest negative impacts from not being able to attend school in-person, keeping equity in mind.
- Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.
- Schools should offer distance learning based on the unique circumstances of each student who would be put at-risk by an in-person instructional model. For example, students with a health condition, students with family members with a health condition, students who cohabitate or regularly interact with high-risk individuals, or are otherwise identified as “at-risk” by the parents or guardian, are students whose circumstances merit offering distanced learning.
- Do not exclude students from in-person attendance solely because of medical conditions such as diabetes, asthma, leukemia and other malignancies, and autoimmune diseases that may put them at higher risk of severe COVID-19. Allow the child’s medical team and family to determine whether in-person attendance is safe.



Strategies to prevent spread of COVID-19 in schools

Prevent COVID-19 from entering the school

Screen everyone entering the campus

- Ask all persons entering the building or campus about symptoms and exposure to COVID-19, including staff, students, parents/caregivers, contractors, visitors, and government officials. Emergency personnel responding to a 9-1-1 call are exempted.

Adults with symptoms or exposure to COVID-19 should not be allowed on campus. Students with symptoms should be sent home. Keep students who are waiting to be picked up in a designated isolation room. (See “When a staff member or student has symptoms of COVID-19”)

- For details about screening, refer to [COVID-19 Health Checks at Programs for Children and Youth](#) (student screening) and [Asking COVID-19 Screening Questions at Any Business, Organization or Facility](#) (adults)
- Schools may also choose to require temperature checks, either on-site or done by parents at home.
- Staff and students who are sick should stay home.
- Staff and students should follow San Francisco Health Orders regarding quarantine after travel outside of the San Francisco Bay Area. Consider asking staff and students to stay at home for 14 days before returning to schools after travel to areas with high levels of COVID-19 transmission, even if not required by local or state health orders. This does not apply to staff and children who regularly commute to school from places outside of San Francisco.
- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.

Restrict non-essential visitors

- Limit non-essential visitors, including volunteers.
- Discourage parents and other family members from entering the school. Avoid allowing family members into classrooms and other student areas.
- Redesign school tours and open houses to meet guidelines for group size, screening, physical distancing, face coverings, hand hygiene, and cleaning and disinfection. Do not allow tours when students are present. Keep a log of all persons present.

Stable Cohorts of Staff and Students

Keeping teachers and students in the same group lowers their exposure risk by decreasing the number of people they come into contact with each day. When feasible, smaller class sizes may be considered to further reduce risk of exposures but must be weighed for cost/benefit and performed in an equitable fashion.

- For elementary schools, keep students in stable classroom cohorts (no larger than standard class size for each respective grade level) with the same teacher(s) for the entire day.



- For middle and high schools, larger cohorts made up of students from more than one classroom are allowable. Keep cohorts as small as possible, while ensuring that cohorts are not segregated by race/ethnicity or socioeconomic class. Limit cross-over of students and teachers to the extent possible. Cross-over of students between cohorts is permitted to meet students' educational needs.
 - Consider block schedules or other schedules with longer classes and fewer subjects per day, to decrease the number of students that a teacher interacts with each day. This will also decrease opportunities for students to mix in hallways during class changes. If a block schedule is chosen, cohorts should change no more often than once every 3-4 weeks.
- School staff should document visits to classrooms that are not part of their cohort. Consider a sign-in sheet/log on the classroom door.

Limit mixing of cohorts, including their assigned staff

- Stagger schedules for arrival/dismissal, recess and lunch to prevent mixing of cohorts.
- Designate specific routes for entry and exit to the campus for each cohort, using as many entrances/exits as feasible.
- Minimize movement of students through hallways
Examples of strategies to keep hallways clear:
 - Have a small, stable set of teachers rotate into the classroom for different subjects while students remain in the classroom, when feasible.
 - Stagger class change times so that only one cohort is in the hallway at any given time. Consider creating one-way hallways to minimize congestion. Place physical guides, such as tape, on floors and sidewalks to mark one-way routes.
 - Assign adjacent classrooms to teachers in the same cohort to minimize the distance that students travel between classes.
 - Larger gatherings of more than one cohort are currently prohibited (i.e., school assemblies, performances, morning circle).

Physical distancing

- Staff within schools should stay 6 feet from other adults as much as possible.
 - Set up staff workspaces so that staff do not work within 6 feet of each other.
 - Consider virtual meetings using video conferencing apps for parent-teacher meetings and staff meetings, even if all staff are on campus.
- Staff should stay 6 feet away from students when feasible.
- Consider ways to establish separation of students through other means if practicable, such as: six feet between desks where practicable, partitions between desks, markings on classroom floors to promote distancing, or arranging desks in a way that minimizes face-to-face contact.
 - Consider rearranging furniture and play spaces to maintain separation.



- Consider using other campus spaces like cafeterias and auditoriums for instruction to allow more optimal spacing.
- Staff desks should be 6 feet away from student desks, regardless of space limitations.
- Elementary school: During group activities, playtime and recess, physical distancing may be relaxed for students in stable classroom cohorts who are wearing face coverings. When outside or in shared spaces, preventing interactions **between** cohorts should be prioritized over distancing of students within a cohort.
- Middle and high school: Physical distancing of students is more important when student cohorts are larger than a single class, or if there is cross-over between cohorts.

In the classroom

- Arrange desks facing in the same direction, so that students do not sit facing each other.
- When students must sit less than 6 feet apart,
 - Consider use of privacy boards or clear screens
 - Have students sit in the same seats each day if feasible. Avoid changes of seating arrangements more often than once every 3-4 weeks, unless needed for student safety or well-being. If cohorts must change classrooms for different subjects, try to keep the same seating arrangements across classes.
- Implement procedures for turning in assignments to minimize contact.

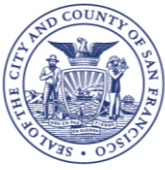
Outside the classroom

- Limit occupancy of bathrooms, elevators, locker rooms, staff rooms and similar shared spaces to allow 6 feet of distancing. Adjacent bathroom stalls may be used. Post signs with occupancy limits.
- At places where students congregate or wait in line, mark spots on the floor or the walls 6 feet apart to indicate where to stand.
- Consider eliminating use of lockers in hallways and other shared spaces. If used, ensure 6 feet of distancing between students accessing lockers.
Example: Assign lockers so that students in the same cohort are given lockers 6 feet apart, and stagger times for locker access between cohorts.
- When sports or physical education is allowed by Health Officer directives, consider suspending uniform requirements for PE, so that students do not need to use the locker room to change. For more information about exercise, see Ventilation and Outdoor Spaces, below. Also see the Group Singing/Chorus, Band, and Sports section, below, for additional important precautions.

Face coverings

Face coverings keep people from spreading the infection to others, by trapping respiratory droplets before they can travel through the air.

- All adults and children in the third grade and above must wear face masks or cloth face coverings over both their nose and mouth at all times. This includes family members and caregivers dropping-off or picking-up children.



- Children 2-9 years old should wear face coverings as much as feasible when in public, per SF Health Order, for example, when walking to a nearby park and when outside the facility at drop-off or pick-up. Face coverings at drop-off is especially important to protect staff who are screening children for COVID-19 symptoms or checking temperatures.
- Children 2-9 years old should use face coverings as much as feasible during the following times:
 - During group activities or playtime when children are not physical distancing, especially indoors.
 - In situations where children may encounter staff and children from other cohorts, for example, at drop-off and pickup, and in hallways, bathrooms and outside play areas.
- A face covering should be worn if a child becomes ill after arriving and is waiting for pick-up (and is not asleep). Students with documented medical or behavioral contraindications to face coverings are exempt. They should be seated 6 feet away from other students, when possible to do so without stigmatizing the student.
- Staff with a documented medical contraindication to a face covering may be allowed to wear a face shield with a cloth drape on the bottom tucked into the shirt.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Guidance-for-Face-Coverings_06-18-2020.pdf
- Staff, students and visitors may not enter the building or campus unless they are wearing a face covering or have documentation of a medical contraindication to face coverings. Keep a supply of face coverings for individuals who have forgotten to bring one.
- Students exempt from wearing a face covering, in second grade and below, or those with developmental delays should not be excluded from class if they cannot consistently wear a face covering. Continue to encourage and remind them to wear their face covering.
- Schools must exclude students third grade and above from campus if they are not exempt from wearing a face covering and refuse to wear one provided by the school. Schools should act judiciously and consider equity issues when considering to exclude students. Excluding students should be considered only after careful consideration of the unique circumstances of each individual student and exhausting efforts to encourage face coverings. Schools should provide face coverings to students who forget to bring a face covering to school. Schools should offer alternative educational opportunities for students who are excluded from campus.
- Prioritize consistent use of face coverings when in hallways, bathrooms and other spaces where students may encounter staff and students from other classrooms. For younger students, also prioritize face coverings during times when physical distancing is relaxed.
- See the Group Singing/Chorus, Band, and Sports section, below, for additional important precautions.
- Speech and language therapists and staff working with hard-of-hearing students may also use a face shield with a cloth drape tucked into the shirt, if a face covering interferes with their ability to work with students. A clear mask or clear portable barrier such as a plexiglass barrier may also be used. A barrier generally provides the best protection for both student and staff. Staff should wear a face covering at other times.



- Do not use face shields in place of face coverings in other situations. Face shields have not been shown to keep the wearer from infecting others.
- Consider using a face shield in addition to a face mask or cloth face covering. Face shields provide additional eye protection for the wearer. When a face shield is used with a mask or face covering, a cloth drape is not needed.

Hand Hygiene

Frequent handwashing and hand sanitizer use removes COVID-19 germs from people's hands before they can infect themselves by touching their eyes, nose or mouth.

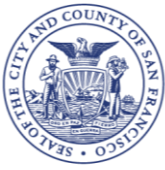
- Develop routines and schedules for staff and students in all grades to wash or sanitize their hands at staggered intervals, especially before and after eating, upon entering/re-entering a classroom, and before and after touching shared equipment such as computer keyboards.
- Every classroom/instructional space and common area (staff work rooms, eating areas) should have hand sanitizer or a place to wash hands upon entering.
- Establish procedures to ensure that sinks and handwashing stations do not run out of soap or paper towels, and that hand sanitizer does not run out.
- Post signs encouraging hand hygiene. A hand hygiene sign in multiple languages is available for download at <http://eziz.org/assets/docs/IMM-825.pdf>

Ventilation and Outdoor Spaces

Increasing outdoor air circulation lowers the risk of infection by "diluting" any infectious respiratory virus with outdoor air. Being outside is even lower risk.

- Do as many activities outside as possible, especially snacks/meals and activities that produce more respiratory droplets such as active exercise. Avoid singing (see below).
 - Stagger use of outdoor spaces to keep cohorts from mixing. If the outdoor space is large enough, consider designating separate spaces for each cohort.
- Open windows to increase ventilation with outdoor air when health and safety allow, for example, when it does not worsen individuals' allergies or asthma. When possible, consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- Adjust mechanical ventilation systems to maximize fresh (outdoor) air ventilation. Minimize or eliminate return or recirculated air.
- For mechanical ventilation systems, increasing the intake of outdoor air and minimizing recirculated air should be prioritized over increasing filter efficiency during the COVID-19 pandemic.

Generally, opening windows and adjusting mechanical ventilation systems to maximize outdoor air intake will effectively increase the amount of outdoor air in a room. Although increased filter efficiency may be desirable for other reasons, such as improving indoor air quality near freeways or during wildfires, it is less important than maximizing outdoor air intake for COVID-19. Improving filter efficiency may require significant upgrades to the mechanical ventilation system. Portable air cleaners may be considered, but must be sized and positioned appropriately for the specific space.



- Limit use of shared playground equipment in favor of activities that have less contact with shared surfaces.
 - If used, outdoor playgrounds/natural play areas only need routine maintenance. Make sure the children wash or sanitize their hands before and after using these spaces. When hand hygiene is emphasized, cleaning and disinfection are not required between cohorts.

Limit sharing

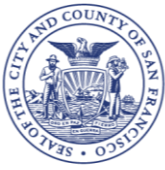
- Consider suspending or modifying use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.
- See Meals and Snacks Section, below, for additional important precautions.
- Limit sharing of art supplies, manipulatives, and other high-touch materials as much as possible. If feasible, have a separate set of supplies for each student. Keep each student's supplies and belongings in separate, individually labeled boxes or cubbies.
- Avoid sharing electronic devices, sports equipment, clothing, books, games and learning aids when feasible. Clean and disinfect shared supplies and equipment between students.

Cleaning and Disinfection

Many household disinfectants are effective against COVID-19. Refer to [EPA's List N](#) for EPA-approved disinfectants effective against COVID-19.

- Clean and disinfect frequently touched surfaces at least daily.
- Is there a difference between routine cleaning versus "deep cleaning" for COVID-19? The term "deep cleaning" can be misleading, and the CDC does not use the term.
 - Routine cleaning focuses on frequently touched surfaces like door handles, desks, countertops, phones, keyboards, light switches, handles, toilets and faucets.
 - Cleaning after a suspected or known case of COVID-19 **uses the same cleaning agents and disinfectants** as for routine cleaning, but also includes the following steps:
 - Open windows and use fans to increase outdoor air circulation in the areas to be cleaned.
 - Wait 24 hours, or as long as practical, before cleaning and disinfection. CDPH recommends waiting at least 1 hour.¹
 - Clean and disinfect all surfaces in the areas used by the ill person, including electronic equipment like tablets, touch screens, keyboards, and remote controls. Vacuum the space if needed.
- For details, refer to CDC guidelines on "Cleaning and Disinfecting Your Facility" at <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html> and CDC guidelines for cleaning schools and community facilities at <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html#Cleaning>

¹ CDPH Outpatient Healthcare Facility Infection Control Recommendations for Suspect COVID-19 Patients <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutpatientHealthcareFacilityInfectionControlRecommendationsforSuspectCOVID19Patients.aspx>



Specific situations

Transportation

Since vehicles are small enclosed spaces that do not allow physical distancing, they can be settings with higher risk of COVID-19 transmission. Biking and walking are lower risk than shared vehicles.

- School Buses
 - Consider screening students for COVID-19 symptoms and exposure before allowing them to board.
 - Drivers and passengers must wear face coverings over their nose and mouth, unless a student has a documented medical or behavioral contraindication. Drivers should carry a supply of face coverings in case a student forgets theirs.
 - Students must sit at least 6 feet away from the driver.
 - Maximize space between students. Students from the same household may sit together. Have students sit in the same seat each day when feasible.
 - Keep vehicle windows open when weather and safety permit.
 - Buses should be cleaned and disinfected daily. Drivers should be provided disinfectant wipes and disposable gloves to wipe down frequently touched surfaces. Buses should be cleaned after transporting any individual who is exhibiting symptoms of COVID-19.
- Public transportation: Staggered school start times will allow students and staff who use public transportation to do so when buses and trains are less crowded. This will decrease their exposure risk. This will also help address equity issues in terms of barriers to getting to school.
- Carpools and shared rides: Advise staff and families to carpool with the same stable group of people. Open windows and maximize outdoor air circulation when feasible. Everyone in the vehicle should wear a face covering.

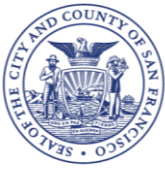
Arrival and Dismissal

If students and parents/caregivers from different households gather and interact with each other during arrival and dismissal, this creates an opportunity for COVID-19 to spread in the school community.

- Stagger arrival and dismissal times to minimize contact, using different entrances/exits for each cohort.
- Mark spaces 6 feet apart for students waiting to enter the building and for adults waiting to pick up students. Post signs to remind family members to stay 6 feet away from people from other households when dropping off or picking up their student.
- Face coverings are required for adults who are dropping off or picking up children in person. Provide face coverings for family members who have forgotten theirs.

Meals and snacks

Eating together is especially high risk for COVID-19 transmission because people must remove their masks to eat and drink. People often touch their mouths with their hands when eating. In addition, meals are usually considered time for talking together, which further increases risk, especially if students must speak loudly to be heard.



- Eat meals in the cohort's classroom or outdoors instead of using cafeterias or dining rooms, when feasible. Use individually plated or bagged meals. Do not use shared tables or self-service buffets.
 - Eating outdoors is safer than eating indoors. Outdoor eating areas may be covered (e.g. with an awning), as long as no more than one side is closed, allowing sufficient air movement. Designate an eating area for each class, and mark places 6 feet apart for students to sit. Without marked spaces, most students will sit more closely.
- Stagger lunch times to maximize use of outdoor space and prevent mixing of cohorts.
- Consider having meals delivered to the classroom or outdoor eating area instead of having students go to the cafeteria for meals.
- Make sure that students and staff wash their hands or use hand sanitizer immediately before and after eating. Pay special attention to younger students who are more likely to eat with their hands or suck/lick their hands clean.
- Consider starting lunch with silent eating time, followed by conversation time, to discourage talking while masks are off.
- Be especially vigilant about staying 6 feet away from students, and making sure that students remain 6 feet apart when students' masks are off to eat. If eating in the classroom, make sure that students are spaced as far apart as possible.
- Clean and disinfect the eating area between different classes. Sidewalks and asphalt do not have to be disinfected.

Staff Break Rooms/Teacher Work Rooms

Staff often do not view themselves and colleagues as sources of infection, and may forget to take precautions with co-workers, especially during social interactions such as breaks or lunch time, in the copy room, when checking mailboxes, etc.

- Post the maximum occupancy for the staff rooms, based on 6 feet of distancing. Mark places on the floor 6 feet apart for staff to sit or stand.
- Post signage reminding staff to stay 6 feet apart, keep their facemasks on unless eating, wash their hands before and after eating, and disinfect their area after using it.
- Discourage staff from eating together, especially indoors. Consider creating a private outdoor area for staff to eat and take breaks.
- Open windows and doors to maximize ventilation, when feasible, especially if staff are eating or if the room is near maximum occupancy.

Group Singing/Chorus, Band, Sports and Field Trips

- Avoid group singing. Suspend choir and wind instruments (band). These activities are higher risk for COVID-19 transmission due to the larger numbers of respiratory droplets produced. Percussion and string instruments are allowed.



- Exercising is an area of higher risk for transmission due to the potential for close contact and increased breathing. Youth sports will require special consideration. Please see the state's guidance regarding Youth Sports at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Youth-Sports-FAQ.aspx>.
- Field trips are currently not allowed due to the potential for increased transmission. Please stay updated with state and local guidance

Students receiving special services

- Accommodations and related services for special education, learning disabilities and medical conditions should be met, even if it creates cross-over between cohorts. Provide supervision for children who need additional support maintaining physical distancing, wearing a face covering, or handwashing.
- Additional accommodations may be needed for students to safely attend class. For example, a student who cannot tolerate a face covering due to a medical or developmental condition may need a desk with clear screens or privacy barriers.
- Nurses and therapists who are not school employees but work with students in schools, such as occupational therapists and physical therapists, are considered essential staff and should be allowed on campus to provide services.
 - When students are temporarily unable to attend school due to COVID-19 infection or exposure, consider setting up telehealth video sessions for therapy.

When a staff member or student has symptoms of COVID-19

- Identify isolation rooms for students with symptoms of COVID-19, and refer to their school's procedures for handling ill students with COVID-19.
- Staff who become ill while at school must notify their supervisor and leave work as soon as feasible. Staff should be encouraged to get tested as soon as possible. SFDPH guidance on when workers with COVID-19 symptoms may return to work is at <https://sfcdcp.org/rtw>.
- Students with symptoms should be sent home. Students should be encouraged to get tested as soon as possible. Students cannot return to school until they have met the criteria in "COVID-19 Health Checks at Programs for Children and Youth." A parent handout, "*For Parents and Guardians: COVID-19 Health Checks for Children and Youth/ If Your Child Has Symptoms*," is available. Both documents are at <http://sfcdcp.org/covidschoolschildcare>.
 - Keep students who are waiting to be picked up in a designated isolation room, preferably in an area where others do not enter or pass. Make sure that students keep their face coverings on.
 - When a parent or guardian arrives to pick up a student, have the student walk outside to meet them if possible instead of allowing the parent or guardian into the building. Since children with COVID-19 may have been infected by a parent or other adult in their home, the parent may also have COVID-19.
- Encourage family members of students and staff with symptoms of COVID-19 to get tested promptly, before they can spread infection to students and staff.



- Find alternative locations for classes whose regular classroom is being cleaned or disinfected.
- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.

When a staff member or student tests positive for COVID-19

- Contact the **SFDPH Schools and Childcare Hub** as soon as possible. Call (415) 554-2830 Press 1 for COVID-19, then press 6 for Schools, or email Schools-childcaresites@sfdph.org

SFDPH will help the school determine if the classroom, cohort, or school needs to be closed. Schools with smaller and more contained cohorts are less likely to require school-wide closure. Situations with multiple cases in multiple cohorts or cases affecting a significant portion of students and staff are more likely to require school-wide closure. School-wide closure also may be appropriate if at least 5 percent of the total number of students, teachers, and staff are cases within a 14-day period, depending on the size and physical layout of the school.

- Open windows in areas used by the sick person to maximize outdoor air circulation. Close off those areas as soon as feasible, until they can be cleaned and disinfected.
- Review the SFDPH guidance document “What to do when someone has suspected or confirmed COVID 19: Quick Guide for Schools, Childcares, and Programs for Children and Youth,” at <https://sfcdcp.org/CovidSchoolsChildcare>
- SFDPH will provide consultation and guidance to help schools take initial steps to identify individuals who had close contact with the person with COVID-19. Exposed individuals or their families should be notified, know how to get tested, and understand when they or their child can return to school, usually 14 days after the exposure. Please refer to “*Frequently Asked Questions (FAQ): COVID-19 Contact Tracing at Schools, Childcares, and Programs for Children and Youth*” at <http://sfcdcp.org/CovidSchoolsChildcare>.
- Notify all school staff, families, and students that an individual in the school has had confirmed COVID-19. Do not disclose the identity of the person, as required by the Americans with Disabilities Act, and the Family Education Rights and Privacy Act.

Resources

- San Francisco Department of Public Health (SFDPH)
 - **SFDPH Schools and Childcare Hub** for COVID-19 consultation and guidance (415) 554-2830. Press 1 for COVID-19, then press 6 for Schools Schools-childcaresites@sfdph.org
 - COVID-19 guidance for the public, including schools and employers <https://www.sfcdcp.org/covid19>
 - *What to do when someone has suspected or confirmed COVID-19: Quick Guide for Schools, Childcares, and Programs for Children and Youth*, at <https://sfcdcp.org/CovidSchoolsChildcare>



- *Parent and Caregiver Handout: COVID-19 Health Checks/If Your Child has Symptoms.* Instructions for parents on health screenings and return to school guidelines if their child has COVID-19 symptoms, at <http://sfcdcp.org/covidschoolschildcare>
- *Frequently Asked Questions (FAQ): COVID 19 Contact Tracing At Schools, Childcares, and Programs for Children and Youth,* at <https://sfcdcp.org/CovidSchoolsChildcare>
- *Outreach Toolkit for Coronavirus.* Posters and flyers on physical distancing, hand hygiene, face masks, health screenings, getting tested, and other COVID-19 topics at <https://sf.gov/outreach-toolkit-coronavirus-covid-19>
- California Department of Public Health (CDPH)
 - “COVID-19 Industry Guidance: Schools and School Based Programs”
<https://covid19.ca.gov/pdf/guidance-schools.pdf>
 - “COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year”
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Schools%20Reopening%20Recommendations.pdf>
- California Department of Education (CDE)
 - “Stronger Together A Guidebook for the Safe Reopening of California’s Public Schools”
<https://www.cde.ca.gov/ls/he/hn/documents/strongertogether.pdf>
- Centers for Disease Control and Prevention (CDC)
 - Guidance for Schools and Childcare
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html>
 - Cleaning and Disinfection for Community Facilities
<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>
- American Academy of Pediatrics
 - “COVID-19 Planning Considerations: Guidance for School Re-entry”
<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>
- Harvard TH Chan School of Public Health
 - “Schools for Health: Risk Reduction Strategies for Reopening Schools”
<https://schools.forhealth.org/wp-content/uploads/sites/19/2020/06/Harvard-Healthy-Buildings-Program-Schools-For-Health-Reopening-Covid19-June2020.pdf>