

# Creative Learning Center



## Staying Connected Hygiene and Safety Protocol for Covid 19

July 2020

Updated August 2020

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## Introduction

The California Department of Public Health (CDPH) has developed a framework to support schools implementing in-person instruction for the 2020-2021 school year. The framework is rooted in the scientific evidence available to date and supports twin goals: safe and successful in-person instruction.

Understanding and evidence about the transmission and epidemiology of SARS-CoV-2, the virus that causes COVID-19, has evolved significantly throughout the pandemic.

CLC has placed thoughtful implementation of mitigation strategies specific to our environment, provides a careful and effective pathway forward as community transmission rates fluctuate.

## Importance of Social Emotional Learning (SEL) for CLC Students

CLC knows the COVID-19 pandemic has created different types of traumatic experiences and high-stress levels for many of our staff, students, and families. The *Collaborative for Academic, Social, and Emotional Learning (CASEL)* defines SEL as “how children and adults learn to understand and manage emotions, set goals, show empathy for others, establish positive relationships, and make responsible decisions.” CASEL's framework identifies five core competencies: self-awareness, self-management, social awareness, relationship skills, and responsible decision-making. The pandemic experience emphasizes the importance of social-emotional wellbeing for all.

With the ever-changing status of schools and many of our parents working from home without, it is hard not to start spiraling. Responsibilities seem endless, the situation dire, and it seems a “normal life” is a thing of the past.

CLC emphasizes that all educators and students practice physical distancing at school or through distance learning, which does not mean they must lose social and school connections. In the CLC COVID-19 response, CLC indicates it is critically important to place employees' and students' wellness first to establish a positive, safe, and supportive learning environment.

Using the most up-to-date research (Bowman, 2021), CLC has incorporated mindful practices into the students' daily routines. Mindfulness can reduce anxiety and assist in build healthy coping skills. In the last few years, mindfulness has emerged to treat children and adolescents with conditions ranging from autism spectrum disorders, depression, anxiety, and stress. Mindfulness can play a significant role in managing anxious or negative thoughts. CLC students participate in Yoga, Meditation, Deep Breathing, Body Scanning, and many more mindfulness activities.

## Reopening

The Blueprint for a Safer Economy continues to inform the school reopening process. The Blueprint for a Safer Economy is based on Tiers, defined using the CR, the 7-day average of daily COVID-19 cases per 100,000 population, and the county's test positivity.

Red, Orange, and Yellow Tiers.

CLC may reopen at all grades if located in counties in the Red, Orange, or Yellow Tiers under the Blueprint for a Safer Economic.

Purple Tier.

Schools may stay open for grades 7-12 if the county is in Purple Tier. Grades K-6 may stay open for in-person instruction in the Purple Tier, including during a State of California Regional Stay at Home Order.

## What do we know about COVID-19 symptoms?

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
Fever or chills	X		X		
Cough		X	X	X	X
Sore throat	X	X	X		X
Shortness of breath or difficulty breathing				X	
Fatigue		X	X	X	X
Nausea or Vomiting	X		X		
Diarrhea	X		X		
Congestion or Runny Nose		X	X		X
Muscle or body aches	X	X	X		

## New Data and Evidence

Below is a summary provided by the California state government. The information in the documents provides the evidence thus far that informs safe and successful in-person instruction in PreK-6 schools in the context of the COVID-19 pandemic.

The general topics covered include:

- frequency of infection in elementary-aged students;
- why they get it less often and with the less severe disease than adults;
- transmission patterns in elementary-school-aged students;
- transmission patterns in TK-12 schools;
- and the evidence for COVID-19 transmission mitigation strategies particular to the school context.

This summary is not comprehensive but focuses on the best evidence regarding the safety of in-person instruction for students.

The studies cited are chosen for their rigor rather than because they support a specific position regarding whether it is safe to be open. We have learned a considerable amount since March 2020 regarding schools through scientific studies of schools or camps that have been open in the U.S. or internationally. Because change is the only constant in the COVID-19 pandemic, California will continue to gather and monitor the evidence carefully to inform safe and successful schooling.

### Evidence Summary: PreK-6 Schools and COVID-19 Transmission

In epidemiological studies globally and nationally, the evidence suggests that children seem to get COVID-19 less frequently than adults. Originally, they might be less frequently diagnosed due to less testing because children are more often asymptomatic or have less severe symptoms. However, population-wide studies in Iceland and Spain using antibody tests that assess prior infection at any time find that children have lower rates of infection compared to adults.

There are two general explanations for why children get COVID-19 less frequently and have the less severe disease than adults. The first is that they produce fewer ACE-2 receptors. Essentially, ACE-2 receptors are the doorway into human cells for SARS-CoV-2, the virus that causes COVID-19. A study from May 2020 showed that elementary students produce fewer ACE-2 receptors than middle and high school-aged students, who produce fewer receptors than receptors adults. Consequently, children have fewer doorways into the body for the virus, which leads to fewer infections and less severe infections for those who catch the virus.

The other explanation is that children's immune systems are used to fighting off common colds. They are better primed to fight off COVID-19. Other viruses in the same family (coronaviruses) as the SARS-CoV-2 virus cause the common cold. Since they are in the

same virus, some parts of the virus, including the S2 spike, are very similar. There is a study of children from 2011-2018 (before SARS-CoV-2 appeared) that shows that more children (ages 1-16) had antibodies against the S2 spike than young adults (17-25), likely because they have coughs and colds from other coronaviruses more often than adults. It is likely a combination of these two phenomena—ACE-2 receptor production and pre-existing antibodies to other coronaviruses—explains why children get disease less frequently and less severely.

### **Children with COVID-19 Most Often Get It from a Household Contact**

When children get COVID-19, the predominant transmission pattern is to get the infection from an adult household contact (someone the child lives with at home who has COVID-19). High rates of household infection from adults to children have been seen in studies from Chicago, India, Greece, Australia, Switzerland, South Korea, and China. This has been seen even in settings where schools were open. For instance, a study of 10 early childhood centers and 15 schools (>6000 people) found low rates in the schools overall (1.2%), and >90% of cases were from the community, not from the in-school transmission.

### **Transmission Among or From Students Is Uncommon**

A recent study in the Morbidity and Mortality Weekly Report (MMWR) from the Centers for Disease Control and Prevention (CDC) found that for students, going to schools was not associated with having a positive COVID-19 test, but that social gatherings were—including weddings, parties, and playdates. This likely reflects the more controlled school environment leading to a low risk of transmission. It may also be that families going to these types of higher-risk social gatherings may have had other higher-risk behaviors such as decreased mask use.

The study from Australia mentioned above investigated the cases where there was transmission in school. It found that of children who tested positive—a low number relative to the total number of students—only 0.3% had had contact with another child who was positive (child-to-child transmission). Child-to-adult transmission occurred only 1% of the time. In contrast, adult-to-child transmission occurred 1.5% of the time, and adult-to-adult transmission was 4.4%, almost 15 times higher than child-to-child transmission. This was in the context of masks not being encouraged at the time in Australia, though small groups and physical distancing recommendations were in place. The higher risk of adults transmitting to others compared to children transmitting to others is likely due to adults getting COVID-19 more often than children and youth, and adults having worse symptoms like cough, which makes it easier to transmit the virus.

These data suggest that adult-to-adult transmission is the most likely scenario for in-school transmission. This indicates that we have more control over in-school transmission, since adults are more likely to be able to adhere to policies for mitigation strategies such as masking and physical distancing. To achieve low in-school transmission, school communities will need to remain focused on ensuring places like teacher/staff break rooms are well-controlled and on effectively implementing the core mitigation strategies for staff

as well as for students.

### **Lessons About Not What To Do**

In addition to the studies above, a study from a middle and high school in Israel after re-opening in May illustrates the need for mitigation strategies to support safe schools. The school re-opened in May, with no physical distancing measures in place. Due to a heatwave, they stopped requiring masking for two days and had closed windows with air conditioners. Two symptomatic cases were in the school during the two days without masking or proper ventilation, leading to an outbreak across more than 100 students and staff. This study highlights the risk of spread without mitigation strategies—teaching us what not to do. Core strategies include masks, physical distancing, enhanced ventilation with open windows and without strong inward-directed air currents, and symptom screening.

*Additional Studies can be reviewed at*

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

### **Contact Tracing at CLC**

Contact Tracing at CLC has a COVID-19 point of contact (POC). The POC works with the health department on contact tracing. The POC will notify eligible students, parents, teachers, and employees if exposed to COVID-19 at school.

POC: Tamila Sayar and Carisa Bowman

1. People tested for COVID-19 will get their test results from the healthcare provider or testing location where their sample was collected.
2. The health department or medical provider will call anyone who tests positive for COVID-19 (Current procedures). It may take a few days for the health department to call the person who tested positive. They will ask the person whom he or she may have been in close contact with up to 2 days before he or she got sick or tested positive.
3. The health department will notify the POC at the school if a student, teacher, or employee who works in the school or with students tests positive for COVID-19. The health department gives the name of the person who tested positive and the date of last exposure to the POC.
4. The POC collects and provides a list to the health department of students, teachers, or employees at higher risk for severe illness from COVID-19 known to have come into close contact with the person who tested positive. The health department will notify the parents

of students, teachers, or employees who are at higher risk and provide guidance on how long they should quarantine, how to check for symptoms, and when to consider testing.

5. The POC will notify any other eligible students or students' parents, teachers, or employees who may have been exposed to the person who tested positive. The POC will provide guidance on how long they should quarantine, how to check for symptoms, and when to consider testing.

6. Only students, teachers, or employees who came into close contact with the person who tested positive will be notified of possible exposure.

7. The health department will call anyone who tests positive for COVID-19. It may take a few days for the health department to call the person who tested positive. They will ask the person whom he or she may have been in close contact with up to 2 days before he or she got sick or tested positive.

8. The health department will notify the POC at the school if a student, teacher, or employee who works in the school or with students tests positive for COVID-19. The health department gives the name of the person who tested positive and the date of last exposure to the POC.

9. The POC collects and provides a list to the health department of students, teachers, or employees at higher risk for severe illness from COVID-19 known to have come into close contact with the person who tested positive. The health department will notify the parents of students, teachers, or employees at higher risk and provide guidance on how long they should quarantine, check for symptoms, and consider testing.

10. The POC will notify any other eligible students or students' parents, teachers, and other staff members who may have been exposed to the person who tested positive. The POC will guide how long they should quarantine, how to check for symptoms, and when to consider testing.

11. Only students, teachers, or employees who came into close contact with the person who tested positive will be notified of possible exposure.

### **Availability of Distance Learning for Students Who Request It**

CLC will continue to offer distance learning for students who request it.

Thoughtful, phased implementation will occur for families who request participation in the hybrid program and follow a phased-in model as a part of the CLC reopening plan.

Phased reopening plans for in-person instruction will include, but are not limited to:

Shifting from a total distance learning model to additional students participating in the hybrid program.

Gradually allowing for specified grade/ age or a percentage of each grade/ age to resume in-person learning, beginning with the youngest students.

### **Communication with Students, Parents, Employees, Public Health Officials and the Community**

- a. CLC has and will continue to include families and staff to formulate and implement the plans.
- b. CLC will continue to communicate to staff, students, and parents about new COVID-19-related protocols, including:
  - i. Proper use of PPE/EPG.
  - ii. Cleanliness and disinfection.
  - iii. Transmission prevention.
  - iv. Guidelines for families about when to keep students home from school.
  - v. Systems for self-reporting symptoms.
  - vi. Criteria and plan to close schools again for physical attendance of students.
- c. CLC has created a communications plan for if a school has a positive COVID-19 case.
  - i. CLC will address the school's role in documenting, reporting, tracking, and tracing infections in coordination with public health officials.
  - ii. CLC will notify staff and families immediately of any possible cases of COVID-19 within the legal responsibilities and privacy rights for communicating about cases of the virus.
  - iii. CLC will provide guidance to parents, teachers, and staff, reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.
  - iii. CLC will inform those who have had close contact with a person diagnosed with COVID-19 to stay home and self-monitor for symptoms and follow CDC guidance if symptoms develop. If a person does not have symptoms follow appropriate CDC guidance for home isolation.



## Campus Access for Students

CLC will have Passive Screening.

Instruct parents to screen students before leaving for school (check temperature to ensure temperatures below 100.4 degrees Fahrenheit, observe for symptoms outlined by public health officials) and to keep students at home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

CLC will have Active Screening. Engage in symptom screening as students enter the campus, consistent with public health guidance, including visual wellness checks and temperature checks with no-touch thermometers and doorway thermometers to ensure temperatures below 100.4 degrees Fahrenheit. Although the thermometers are no touch, they will be adequately cleaned and disinfected after each use.

CLC students must wash or sanitize their hands as they enter the school.

CLC will exclude students who are exhibiting symptoms.

Students who develop symptoms of illness will be sent home or for medical attention.

CLC will monitor staff and students throughout the day for signs of illness.

CLC will assist all students must wash or sanitize hands as they enter campuses.

CLC will use privacy boards or transparent screens when practicable if needed.

CLC recommends testing and quarantine while attending school on campus.

If a student is symptomatic while entering campus or during the school day, the following protocol will occur:

1. Students who develop symptoms while at school will be separated from others right away, isolated in an area through which others do not enter or pass. If more than one student is in an isolation area, CLC staff will ensure physical distancing.
2. Any students or staff exhibiting symptoms will have a face covering and wait in an isolation area until they can be transported home or to a health care facility. We do understand wearing a mask for our students may be difficult, and we will work with them to learn this skill.
3. Students will remain in isolation with continued supervision and care until picked up by an authorized adult.
4. CLC will follow established guidelines for triaging students in the office,

recognizing not all symptoms are COVID-19 related.

5. CLC will advise parents of sick students that students cannot return until they have met CDC criteria to discontinue home isolation.

<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

## Campus Access for Staff

CLC will have Passive Screening.

Staff will self-screen before leaving for work (check temperature to ensure temperatures below 100.4 degrees Fahrenheit, check for symptoms outlined by public health officials, and stay home if they have symptoms consistent with COVID-19 or if they have had close contact with a person diagnosed with COVID-19.

CLC will have Active Screening. Staff will engage in symptom screening as they enter the school building, consistent with public health guidance, including visual wellness checks and temperature checks with no-touch thermometers. Temperature checking will ensure temperatures below 100.4 degrees Fahrenheit, and ask all staff about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Thermometers will be properly cleaned and disinfected after each use.

CLC staff must wash or sanitize their hands as they enter the school.

CLC will exclude employees who are exhibiting symptoms.

1. Staff members who develop symptoms of illness will be sent home or for medical care.
2. Teachers will have emergency substitute plans in place.
3. CLC will require sick staff members not to return until they have met CDC criteria to discontinue home isolation. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

## Employee Training

Engage employees on COVID-19 plans and provide necessary training and accommodations.

### a. Staffing Ratios

- i. Ensure staffing levels are sufficient to meet unique facility cleanliness,

physical distancing, student learning, and health and safety need to address COVID-19.

b. CLC has developed, implement, and continue to provide staff training or utilize state-provided training on:

i. Disinfecting frequency and tools and chemicals following the Healthy Schools Act, CDPR guidance, and Cal/OSHA regulations.

ii. State and local health standards and recommendations, including, but not limited to, the following:

1. CLC will properly train and use protective equipment, including information on limitations of some face coverings that do not protect the wearer and are not PPE but can help protect people near the wearer. Face coverings do not replace the need for physical distancing and frequent handwashing. Cloth face coverings are most essential when physical distancing is not possible. Also, CLC will include training on the removal and washing of cloth face coverings.
2. CLC will use cough and sneeze etiquette.
3. CLC will train and implement proper handwashing and proper technique.
4. CLC will maintain confidentiality around health recording and reporting.

### **Campus Access for Outside Visitors and Groups**

CLC will limit access to the campus for parents and other visitors to limit exposure opportunities.

Parents and guardians will wait outside during dismissal and pick-up. CLC staff will bring the child(ren) outside to meet parents.

### **Protective Equipment**

CLC has developed and implemented a plan to incorporate and use protective equipment to ensure personal health and safety in school facilities and vehicles.

According to CDC guidance:

CLC will provide training and information to staff and students on proper use, removal, and washing of cloth face coverings.

Face coverings are not recommended for anyone who has trouble breathing or otherwise unable to remove the covering without assistance. CLC will make reasonable accommodations such as a face shield for those who cannot wear face coverings for medical reasons.

CLC will follow Cal/OSHA considerations for face shields.

Cloth face coverings are meant to protect other people if the wearer is unknowingly infected (many people carry COVID-19 but do not have symptoms). Cloth face coverings are not surgical masks, respirators, or personal protective equipment.

### **Staff Protective Equipment**

As recommended by the CDC, all CLC staff will wear face coverings.

According to CDPH guidance, some teachers may use face shields, which enable students to see their faces and avoid potential barriers to phonological instruction.

CLC will provide masks if the employee does not have a clean face covering.

During the screening processes, protective equipment will be used. The employees engaging in symptom screening will wear masks, face shields, and disposable gloves.

CLC's front office employees will wear face coverings and have access to disposable gloves.

The cleaning staff will have equipment and PPE for cleaning and disinfecting, including:

- A. For regular surface cleaning, gloves appropriate for all cleaning and disinfecting.
- B. Classified staff engaged in deep cleaning and disinfecting will be equipped with proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, and mask or respirator) in addition to PPE as required by product instructions.
- C. Cal/OSHA requires that PPE be provided and worn to effectively protect employees from the hazards of the cleaning products used and training be provided to staff on chemicals' hazards; CLC will follow these guidelines.

### **Student Protective Equipment**

Students should use cloth face coverings, especially in circumstances when physical distancing cannot be maintained. CLC will work with students to assist in understanding and how to wear the mask. CLC understands this will be difficult for some students, so instruction and modeling will be provided.

### **Physical Distancing**

CLC has a plan to meet physical distancing standards in school facilities and vehicles. Clearly define how staff can honor physical distancing recommendations yet meet student medical, personal, or support needs. Determine how adequate space and facilities will be utilized to maintain students' and staffs' health and safety, especially when tending to individual student medical or personal needs.

- a. Plan to limit the number of people in all campus spaces to the number that can be reasonably accommodated while maintaining a minimum of 6 feet of distance between individuals. (6 feet is the current minimum recommendation for physical distancing from the CDC, but CLC will pay attention to future modifications in public health recommendations.)
- b. To the extent possible, and as recommended by the CDC, attempt to create smaller student/ educator cohorts to minimize student groups' mixing throughout the day. Minimize the movement of students, educators, and staff as much as possible. CLC has worked within the recommended guidelines and developed programs to meet our students' needs.
- c. In a circumstance where sufficient physical distancing is difficult or impossible, all individuals, including staff and students, should wear face coverings that cover the mouth and nose consistent with public health guidance, as much as possible for our students. To be clear, face coverings are not a replacement for physical distancing, but they should be used to mitigate virus spread when physical distancing is not feasible.

### **Staff Physical Distancing**

CLC has developed a plan that ensures physical distancing among staff in their work environment to reduce the spread of the virus that includes:

1. Staff will not congregate in work environments, break rooms, staff rooms, and bathrooms.
2. CLC will conduct training virtually or, if in-person, ensure distancing is maintained.
3. CLC staff schedules have been developed to accommodate new student

schedules and physical distancing strategies.

4. Per Cal/OSHA regulations and guidance, CLC has evaluated all workspaces to ensure that employees can maintain physical distancing to the extent possible.

### **Student Physical Distancing**

- CLC has signage and barriers to direct traffic around campus.
- Classrooms have a maximum capacity for students of each classroom while meeting 6-foot physical distancing objectives.
- Following CDC and CDPH guidance, CLC will ensure desks are a minimum of 6 feet apart and arrange desks in a way that minimizes face-to-face contact.
- CLC will use other campus spaces for instructional activities (e.g., hallways, OT classroom, outdoors).
- CLC will implement physical distancing objectives as students move between classrooms.
- CLC will limit meal preparation and eating. If students require lunch, CLC will use classrooms and outdoor facilities to place students six feet apart.

CLC will have a cleaning and trash removal plan, providing meal service in classrooms when food services resume.

### **Cleaning and Disinfecting**

Plan to meet cleanliness and disinfecting standards in school facilities and vehicles.

- a. CLC has incorporated higher level cleanliness standards before reopening and maintains a high level during the school year.
- b. CLC, in accordance with CDC guidance, will avoid sharing electronic devices, toys, books, and other games or learning aids.
- c. CLC will limit stuffed animals and any other toys that are difficult to clean and sanitize.
- d. Following CDC and California Department of Pesticide Regulation (CDPR) guidance, and in consultation with local public health officials, develop a plan that includes:
  - i. A plan for safe and correct disinfectants using personal protective

equipment and ventilation recommended for cleaning.

ii. CLC will disinfect surfaces between uses, including:

1. Desks and tables
2. Chairs
3. Keyboards, phones, headsets, copy machines
4. Recreation items (ex. balls)

iii. CLC is disinfecting daily all high-touch surfaces, such as:

1. Door handles
2. Handrails
3. Sink handles
4. Restroom surfaces
5. Toys, games, art supplies, instructional materials (CLC has requested parents/ guardians are to provide individual materials and supplies for their child(ren)).
6. Playground equipment

iv. When choosing disinfecting products, CLC will use those approved for use against COVID-19 on the Environmental Protection Agency (EPA).

1. To reduce the risk of asthma-related to disinfecting, programs should aim to select disinfectant products on the EPA List N with asthma-safer ingredients (hydrogen peroxide, citric acid, or lactic acid).
2. Avoid products that mix these ingredients with peroxyacetic acid, sodium hypochlorite (bleach), or quaternary ammonium compounds, which can cause asthma.
3. Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times.

v. CLC will close all areas used by any sick person and not using before cleaning and disinfection. To reduce the risk of exposure, CLC will wait 24 hours before cleaning and disinfecting. If it is not possible to wait 24 hours,

CLC will wait as long as possible.

## **Virtual Learning**

Specifics of Virtual Learning are located in the *CLC Virtual Learning Manual*.