

COVID-19 School Guidance Checklist

January 14, 2021

CALIFORNIA
ALL

Your Actions
Save Lives



Date: _____

2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equivalent: _____

Number of schools: _____

Enrollment: _____

Superintendent (or equivalent) Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of proposed reopening: _____

County: _____

Grade Level (check all that apply)

Current Tier: _____
(please indicate Purple, Red, Orange or Yellow)

☐ TK ☐ 2nd ☐ 5th ☐ 8th ☐ 11th

☐ K ☐ 3rd ☐ 6th ☐ 9th ☐ 12th

☐ 1st ☐ 4th ☐ 7th ☐ 10th

Type of LEA: _____

This form and any applicable attachments should be posted publicly on the website of the local educational agency (or equivalent) prior to reopening or if an LEA or equivalent has already opened for in-person instruction. For those in the Purple Tier, materials must additionally be submitted to your local health officer (LHO), local County Office of Education, and the State School Safety Team prior to reopening.

The email address for submission to the State School Safety for All Team for LEAs in Purple Tier is:

K12csp@cdph.ca.gov

LEAs or equivalent in Counties with a case rate $\geq 25/100,000$ individuals can submit materials but cannot re-open a school until the county is below 25 cases per 100,000 (adjusted rate) for 5 consecutive days.

For Local Educational Agencies (LEAs or equivalent) in ALL TIERS:

☐ I, _____, post to the website of the local educational agency (or equivalent) the COVID Safety Plan, which consists of two elements: the **COVID-19 Prevention Program (CPP)**, pursuant to CalOSHA requirements, and this **CDPH COVID-19 Guidance Checklist** and accompanying documents,

which satisfies requirements for the safe reopening of schools per CDPH [Guidance on Schools](#). For those seeking to open while in the Purple Tier, these plans have also been submitted to the local health officer (LHO) and the State School Safety Team.

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

☐ **Stable group structures (where applicable):** How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the stable group.

Please provide specific information regarding:

How many students and staff will be in each planned stable, group structure? (If planning more than one type of group, what is the minimum and maximum number of students and staff in the groups?)

If you have departmentalized classes, how will you organize staff and students in stable groups?

If you have electives, how will you prevent or minimize in-person contact for members of different stable groups?

☐ **Entrance, Egress, and Movement Within the School:** How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

☐ **Face Coverings and Other Essential Protective Gear:** How CDPH's face covering requirements will be satisfied and enforced for staff and students.

☐ **Health Screenings for Students and Staff:** How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

☐ **Healthy Hygiene Practices:** The availability of handwashing stations and hand sanitizer, and how their safe and appropriate use will be promoted and incorporated into routines for staff and students.

☐ **Identification and Tracing of Contacts:** Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.

☐ **Physical Distancing:** How space and routines will be arranged to allow for physical distancing of students and staff.

Please provide the planned maximum and minimum distance between students in classrooms.

Maximum: _____ feet

Minimum: _____ feet. If this is less than 6 feet, please explain why it is not possible to maintain a minimum of at least 6 feet.

☐ **Staff Training and Family Education:** How staff will be trained and families will be educated on the application and enforcement of the plan.

☐ **Testing of Staff:** How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic staff testing cadence.

Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier:

☐ **Testing of Students:** How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence.

Planned student testing cadence. Please note if testing cadence will differ by tier:

☐ **Identification and Reporting of Cases:** At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with [Reporting Requirements](#).

☐ **Communication Plans:** How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

☐ **Consultation: (For schools not previously open)** Please confirm consultation with the following groups

☐ Labor Organization

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

☐ Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

If no labor organization represents staff at the school, please describe the process for consultation with school staff:

For Local Educational Agencies (LEAs or equivalent) in PURPLE:

☐ **Local Health Officer Approval:** The Local Health Officer, for (state County) _____. County has certified and approved the CSP on this date: _____. If more than 7 business days have passed since the submission without input from the LHO, the CSP shall be deemed approved.

Additional Resources:

[Guidance on Schools](#)

[Safe Schools for All Hub](#)

Academy for Academic Excellence COVID-19 School Guidance Checklist

Stable group structures (where applicable):

The Academy for Academic Excellence (AAE) follows the most recent Guidance Related to Cohorts for Children and Youth issued by the California Department of Public Health (CDPH) - updated on September 4, 2020, regarding cohort grouping. The AAE has implemented stable groups of students and staff to reduce the numbers of exposed individuals, decrease opportunities for exposure to or transmission of COVID-19, facilitate more efficient contact tracing in the event of a positive case, and allow for targeted testing and quarantine of a small group instead of a potential schoolwide closure in the event of a positive case or cluster of cases.

On October 16, 2020, AAE was approved by the local health department for a waiver to return TK-5 grade students using a hybrid model of in-person instruction. AAE implemented a thoughtful, phased reopening while the county was in the Purple Tier. AAE phased in students by grade levels, with staggered return schedules, gradually allowing for specific grades to resume in-person learning, beginning with the youngest students. Each grade level was divided into two (2) stable groups for a minimum day schedule. Group A attends in person on Monday and Tuesday and Group B attends in person Thursday and Friday. Both groups participate in distance learning the other three (3) days per week. Families continue to have the choice to remain in full distance learning.

Stable groups are limited to no more than 16 individuals, including students and staff. Attention has been given to ensure students and staff remain in stable classroom groups by keeping the same students and teacher or staff together for the entire school day to prevent mixing between groups. Efforts have been made to assign students who live together or carpool together to the same cohort, if possible. Stable groups are kept separate from one another for special activities such as art, music, and exercise. Recesses, lunchtimes, and other activities are staggered so that no two (2) stable groups are in the same place at the same time.

AAE will continue to provide in-person specialized services and support for high needs students, following the same protocols described above and throughout this document. Specialized services may include, but are not limited to: occupational therapy services, speech and language services, other medical services, behavioral services, educational support services as part of a targeted intervention strategy, or assessments, such as those related to English Learner status, Individualized Education Plans and other required assessments.

Secondary classes are currently offered in full distance learning. AAE will follow California Department of Public Health (CDPH)'s guidance for phasing back secondary grades as local conditions permit.

Entrance, Egress, and Movement Within the School:

AAE has implemented measures to minimize close contact between students, staff, families, and the broader community at arrival, departure, and throughout the school day through the following methods:

- Designating multiple routes for ingress and egress into campus, using as many entrances and exits points as can be supervised appropriately to decrease crowding.
- Staggering arrival and drop off times and locations as consistently as practicable to minimize scheduling challenges for families.
- Instructing drivers and passengers to remain in their vehicles, to the extent possible, when dropping off or picking up students.
- Implementing health screenings of students and staff upon arrival at school.
- Requiring adults and students who enter campus for in-person pick-up or drop-off to wear a face covering.
- Providing supervision to disperse student gatherings during school arrival and departure.
- Designating one-way walking directional pathways inside and outside classrooms, hallways, etc. as practicable.
- Staggering recess, lunches, restroom use, passing periods, etc., to avoid mixing of students.
- Minimizing visitors and volunteers on campus until restrictions are lifted. Minimizing contact at school between students, staff, families, and the community at the beginning and end of the school day. AAE prioritizes minimizing contact between adults at all times.

Face Coverings and Other Essential Protective Gear:

AAE follows the CDPH COVID-19 and Reopening In-Person Instruction Framework & Public Health Guidance for K-12 Schools in California 2020-2021 School Year (CDPH Guidance) and local health orders on the use of face coverings. All staff and students are appropriately trained on the proper use of face coverings. Face coverings must be used in accordance with CDPH Guidance unless a person is exempt.

- All adults and all children age two (2) and older must wear a clean face-covering to school everyday.

- Face coverings shall be worn while waiting to enter the school campus, in any indoor or outdoor area (except while eating or drinking) and while leaving school.
- Staff and students exempted from wearing a face covering due to a confirmed medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits.
- In limited situations where a face covering cannot be used (i.e., teaching young children, or assisting those with special needs), a face shield with a drape can be used instead of a face covering while in the classroom as long as physical distancing is maintained.
- Staff is expected to teach and reinforce the proper use, removal and washing of face coverings.
- Staff and students are frequently reminded not to touch the face covering and to wash their hands frequently.
- AAE posted signs to remind staff, students, and visitors that the CDPH currently requires face coverings to be worn in public settings with certain limited exceptions.
- Students participating in sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors.
- Proper use of face coverings will be strictly enforced. AAE will exclude anyone who refuses to wear a face covering from campus.
- AAE has an established protocol to provide face coverings for students and staff as needed.

AAE requires staff to wear gloves and other Personal Protective Equipment (“PPE”) in accordance with the following:

- AAE provides surgical masks, face shields, and disposable gloves for staff engaging in Wellness and Temperature Screenings.
- Workers or other persons handling or serving food must use gloves in addition to face coverings.
- AAE provides a clear plastic barrier or face covering and disposable gloves for the front office and food service staff.
- AAE provides equipment and PPE to custodial staff for cleaning and disinfecting, including:
 - For regular surface cleaning, gloves appropriate for all cleaning and disinfecting.
 - For staff engaged in deep cleaning and disinfecting, proper PPE for COVID-19 disinfection (disposable gown, gloves, eye protection, and face mask or respirator) in addition to PPE as required by product instructions.
- As required by Cal/OSHA, AAE has provided training on the proper use of PPE to protect staff from the hazards of the cleaning products used.

Health Screenings for Students and Staff:

AAE follows the CDPH Guidance and local health protocols for screening staff and students. Daily screening for COVID-19 symptoms and for exposure to someone with COVID-19 prior to leaving for school can prevent staff and students with COVID-19 from coming to school while infectious and help from spreading the virus to others. Parents who chose to receive in-person instruction for their children, were required to sign a Parent Acknowledgement Form confirming they would follow all school health and safety guidelines, to include at-home health screening for their children.

Students Symptom and Exposure Screening:

Parents are instructed to screen the student before leaving the house for school. AAE has provided all families with a list of COVID-19 symptoms. Before leaving the house, a parent should confirm that the student has a temperature below 100.4 degrees Fahrenheit, does not exhibit any other COVID-19 symptoms, and has not had close contact with a positive case.

In addition to home screening for students, staff actively monitor each student for COVID-19 symptoms when the student enters the school site, which will include a visual wellness check and may include a temperature check (confirming temperature below 100.4 degrees Fahrenheit) using a no-touch thermometer, to the extent feasible. If a student answers “no” to all questions and appears well, the student is allowed to remain on campus. If the student’s temperature is 100.4 or above or they have verbally confirmed symptoms or appear to have symptoms, they will immediately be escorted to the isolation area of the health office. Office staff will contact the parent to pick up the student. Staff members who conduct wellness checks wear appropriate PPE.

Any student who has a fever or other COVID-19 symptoms must stay home from school and should seek COVID-19 testing. Symptomatic students are instructed to isolate and quarantine pursuant to CDPH and local health guidance, which generally lasts for at least 10 days after the onset of symptoms, 24 hours since their fever has passed without the use of fever-reducing medication, and after symptoms have improved. Symptomatic students who test negative for COVID-19 may return 24 hours after resolution of fever, without use of fever reducing medication, and improvement in symptoms. Any students who exhibit COVID-19 symptoms or who may be a close contact to a positive case, are given instructions for isolation and quarantine, as described below in **Testing of Students Section** below.

Staff Symptom and Exposure Screening:

All staff working on campus are also required to perform a self-administered wellness check for COVID-19 symptoms before leaving home for work. Any staff member who has a fever of 100.4

degrees Fahrenheit or higher, has any of the COVID symptoms or has had close contact with a positive case, is directed to notify the supervisor and stay home from work.

Staff are also required to perform self-screening at home and again upon arriving at their work site. This includes a temperature check (confirming temperature below 100.4 degrees Fahrenheit) as well the questionnaire. If staff answers “no” to all questions and their temperature is below 100.4 degrees Fahrenheit, they may remain on campus. If the staff’s temperature is 100.4 or above, they are to immediately leave the campus and to get tested for COVID-19.

Any staff member who has a fever or other COVID-19 symptoms must stay home from work and should seek COVID-19 testing. Symptomatic staff are instructed to isolate and quarantine pursuant to CDPH and local health guidance, which generally lasts for at least 10 days after the onset of symptoms, 24 hours since their fever has passed without the use of fever-reducing medication, and after symptoms have improved. Symptomatic staff who test negative for COVID-19, may return 24 hours after resolution of fever, without use of fever reducing medication, and improvement in symptoms. Any staff member who exhibits COVID-19 symptoms or who may be a close contact to a positive case, are given instructions for isolation and quarantine, as described below in **Testing of Staff Section** below.

Visitor Symptom and Exposure Screening:

Each visitor to the school site is screened for COVID-19 symptoms before entering. The staff member who greets the visitor at the entrance administers an in-person wellness check and temperature check (confirming temperature below 100.4 degrees Fahrenheit and negative responses to screening questions) prior to permitting the visitor to proceed to the specified destination. If the visitor exhibits COVID-19 symptoms and/or is a close contact exposure to a positive case, the visitor will not be allowed to enter the facility.

Student, staff and visitor symptoms and exposure screenings are kept as confidential and private as possible to maintain the confidentiality of the student and staff medical records. Race, nationality, and country of origin is never used as a basis for particularized health screening.

Healthy Hygiene Practices:

AAE has developed routines to ensure that students and staff wash or sanitize hands frequently, including upon arrival to campus, after using the restroom, after playing outside and returning to the classroom, before and after eating, and after coughing or sneezing.

Sanitation routines enable students and staff to regularly wash their hands at staggered intervals. To facilitate these routines, additional handwashing stations have been added strategically around the campus. AAE ensures that soap, tissues, no-touch trash cans, face coverings, water, and paper towels or dryers for hand washing are available. Hand sanitizer bottles and stations have been added throughout the campus in each classroom, all restrooms, dining areas, each building, pick up and drop off zones, hallways, courtyards, and other high traffic areas.

AAE's Registered Nurse and staff teach and reinforce proper handwashing techniques, avoiding contact with one's eyes, nose, and mouth, using a tissue to wipe the nose, and covering coughs and sneezes to all classes. Students and staff are instructed to wash their hands for 20 seconds with soap, rubbing thoroughly after application. AAE has conspicuously placed posters that encourage proper hand hygiene to help stop the spread of COVID-19.

Identification and Tracing of Contacts:

AAE has a full-time Registered Nurse who is assigned as the school's designated person for the local health department to contact about COVID-19 involving students. The Human Resources Director is the workplace coordinator for COVID-19 issues involving staff. The Registered Nurse and Human Resources Director work closely to support contact tracing, conducting investigations, providing appropriate notifications to exposed persons, creating and submitting lists of exposed persons, and reporting to public agencies as required.

Case investigation/contact tracing is initiated as soon as possible after the positive case is identified and will include the following:

- The positive case is interviewed to determine the infectious period and whether the positive case was infectious while at school; identify household and community close contacts, particularly any close contacts at school; determine if any school/work-related factors could have contributed to risk of infection.
- The positive case identifies other individuals they were in contact with during the infectious period, and what areas of campus they visited or were present in during the infectious period to include classrooms, common areas such as restrooms, breakrooms, etc.
- The positive case is instructed with guidelines for isolation to prevent spreading COVID-19 to others. All information collected is kept confidential and protected by privacy laws. The name of the positive case is not revealed to those the person may have exposed, even if they ask.

- Individuals who are identified as close contact exposures to the positive case are located and notified in writing of the exposure, information regarding testing, guidelines on quarantine to prevent the spread of infection, and employees are provided with information regarding COVID-19 related benefits to which the employees may be entitled under applicable federal, state or local laws.
- AAE continues to monitor and follow up with positive cases and individuals who are identified as close contact exposures to make sure they are following the isolation and quarantine instructions and to track the development of any potential COVID-19 symptoms.
- AAE follows the mandated reporting requirements as described in the CDPH Guidance regarding COVID-19 testing and cases. This is further explained in the **Identification of Reporting of Cases** section below.

Physical Distancing:

Physical Distancing (Staff): AAE will incorporate CDE guidance with respect to physical distancing between staff.

- Adjusted work schedules and telework options have been made available to staff to limit the total number of staff on campus each day.
- Desks and workspaces are arranged to create a minimum of six (6) feet between individuals.
- Break rooms, staff rooms, classrooms, and conference rooms have posted occupancy limits.
- Staff has been advised to minimize the use of staff rooms, break rooms, and other indoor settings. Staff is encouraged to eat meals outdoors, in their individual workspaces, or in large, well-ventilated spaces.
- Training and other meetings are conducted virtually or in a manner that accommodates physical distancing.

Physical Distancing (Students): AAE incorporates CDE guidance with respect to physical distancing between students on campus, to include some or all of the following:

- AAE has established a maximum occupancy of each classroom. Desks, tables and other classroom furniture are arranged to minimize face-to-face contact and maintain six (6) feet between students and teacher except where six (6) feet is not possible after a good-faith effort. A minimum of four (4) feet is maintained at all times. Efforts to minimize

face-to-face contact, maximize the use of outdoor spaces, install partitions, and optimize ventilation have been made.

- To reduce possibilities for infection, students remain in the same space and in cohorts as small and consistent as practicable, including for recess and lunch, as described above.
- AAE implemented measures to maintain physical distance while students move between classrooms, that are easy for students to understand and are developmentally appropriate, including the following recommendations:
 - Hallways: Preventing congregating in hallways as much as practicable.
 - Restrooms: Staggering restroom use by groups of students to the extent practicable, and/or assigning certain groups of students to use certain restrooms.
 - Playgrounds and Recess: Recess activities are held in separated areas designated by class and/or staggered throughout the day and limiting the use of shared playground equipment in favor of physical activities that require less contact with surfaces and allow for greater physical distancing.
- Outdoor and large format spaces are used for instructional activities where physical distancing cannot be maintained in classrooms.
- Activities, where there is an increased likelihood for transmission from contaminated exhaled droplets such as band and choir practice and performances, are held outdoors.
- Procedures for turning in assignments and materials have been implemented to minimize contact.
- AAE has implemented appropriate physical distancing measures during physical activities like physical education classes.
- AAE has implemented a plan to maintain physical distancing during meals (serving meals in the classroom or outdoors, staggering cafeteria use, etc.) Food is distributed in single-serve meals instead of buffet, salad bar, or family-style format.
- AAE ensures sufficient ventilation in all classrooms and shared workspaces. For instance, the central air filtration for HVAC systems in all classrooms and offices was maximized by installing Minimum Efficiency Reporting Value (MERV) filters of at least 13. Air purifying devices were also installed in HVAC systems in all buildings, excluding portables which have existing access to outside air flow.

Staff Training and Family Education:

AAE engages with students, staff and families to develop strategies to prepare and respond to the COVID-19 emergency. AAE trains staff, students and families and provides educational materials on the below COVID-19 health and safety protocols that are recommended by the CDPH and local health department. Methods of engagement and training include, but are not limited to: virtual meetings, webinars, online training modules, school-wide health and safety

committees, parent forums, email, and Infinite Campus Messenger. AAE parents who choose to have their children attend in-person instruction, are required to review and sign a Parent Acknowledgement Form agreeing to adhere to the school's COVID-19 health and safety protocols. The COVID-19 health and safety protocols that staff, students and families are educated on are:

- Enhanced sanitation practices
- Physical distancing requirements and recommendations for both inside and outdoor spaces
- Proper use, removal and washing of face coverings
- Proper hygiene, cleanliness and disinfection protocols
- Screening practices
- How COVID-19 is spread
- Preventing the spread of COVID-19 if you are sick, including the importance of staying home if staff members have symptoms, or if they or someone in their household has been diagnosed with COVID-19
- Local community testing sites and options for obtaining COVID-19 testing from testing from private medical providers, including testing arranged by AAE
- Guidelines for staff regarding COVID-19 specific symptom identification and when to seek medical attention
- Guidelines for families about when to keep students home from school
- Symptoms for self-reporting symptoms
- Criteria and plan to close school again for physical attendance of students

Testing of Staff/Students:

Staff and students who have a fever or other COVID-19 symptoms or who have been a close contact exposure to someone with COVID-19, are instructed to stay home from school and to seek COVID-19 testing. Staff and students who are symptomatic or may have been a close contact exposure to a positive case, are referred to a free local public health testing site, their health provider, or are offered an on-site free rapid testing kit through Valencia Branch Laboratory. Staff and students are instructed to return the COVID-19 test results to either AAE's Registered Nurse (for students) or the Human Resources Director (for staff) who will report those results to the local health department, as appropriate, as well as the insurance carrier. As both the testing and reporting are required under applicable public health order, staff cannot opt out. AAE will maintain the confidentiality of test results, other than the mandated reporting requirements.

Symptomatic staff and students are instructed to isolate pursuant to CDPH and local health guidance, which generally lasts for at least 10 days after the onset of symptoms, 24 hours since their fever has passed without the use of fever-reducing medication, and three (3) days after symptoms have improved. Symptomatic staff and students who test negative for COVID-19, may return to work on-site 24 hours after resolution of fever (without use of fever reducing medication) and improvement in symptoms.

Staff members and students who are identified as close contacts (household or non-household) to confirmed COVID-19 cases are sent home immediately, instructed to get COVID-19 testing five (5) to seven (7) days from the last exposure, are advised to quarantine for 10 days, and monitor for COVID-19 symptoms. Even if the staff member or student who was exposed tests negative, he or she is instructed to remain in quarantine for a full 10 days after the date of last exposure to the positive case or the date that the positive case completes his/her isolation. If the exposed staff member or student tests positive or later develops symptoms, he/she shall not return to work/school until he/she has met the CDPH and local health criteria to discontinue isolation as stated above.

Designated staff are encouraged to continue working remotely from home during the isolation or quarantine period, as long as they feel well enough to do so. In addition, all students are encouraged to continue with virtual instruction from home during their isolation or quarantine period. For staff who are unable to work remotely from home, information regarding COVID-19 related benefits are provided to include, but not limited to, workers' compensation, COVID-19 related leave, sick leave, state mandated leave, as well as anti-retaliation and anti-discrimination protections applicable to employees.

Consistent with CDPH and local health guidance, AAE conducts staff-wide surveillance testing according to the following standards:

- The goal of staff-wide surveillance testing is to test staff every two (2) months as local testing capacity permits.
- Staff who only work remotely and have no contact with students or staff and do not report to campus are not required to be tested.
- Surveillance testing may be more frequent in response to an outbreak at the school site, as instructed by CDPH or Cal/OSHA regulations, the local health department, or where otherwise required by law or public health guidance.

Students and family members are encouraged to be tested for COVID-19 monthly while receiving in-person instruction. In the event of a positive test result of a student or family member, AAE requires that parents/guardians notify school administration immediately if the

student tested positive for COVID-19 or if one (1) of their household members or non-household close contacts tested positive for COVID-19.

Identification and Reporting of Cases:

In the event of one (1) or more confirmed COVID-19 student or staff member cases, AAE adheres to the following mandated reporting requirements as described in the CDPH Guidance regarding COVID-19 testing and cases.

- Within one (1) business day of being made aware of a positive COVID-19 case among any student or employee who was present on AAE campus within the 10 days before the positive test result, notification is made to the local health department. The notification includes the below personally identifiable information of staff and students (without parental or staff consent):
 - The full name, address, telephone number, and date of birth of the individual who tested positive;
 - The date the individual tested positive, the school at which the individual was present on-site within the 10 days preceding the positive test, and the date the individual was last on-site at school; and
 - The full name, address and telephone number of the person making the report.
- Within one (1) business day of being made aware of a positive COVID-19 case, AAE provides a written notice to all employees and independent contractors who may have had exposure to the positive case within the infection period. The notice includes information for testing, as well as, the disinfection and safety plan that AAE plans to implement and complete per the guidelines of the CDC.
- Within one (1) business day of being made aware of a positive case, written notice is also given to exposed families, as relevant, while maintaining confidentiality as required by state and federal laws. For instance, when a positive case is identified within a stable cohort, all students and staff within that cohort are notified of the positive case and they will be instructed to get tested for COVID-19.
- In addition, upon notice of any COVID-19 related serious illness or death of an employee occurring on campus or in connection with the employee's job, AAE will immediately report such information to Cal/OSHA.
- AAE also notifies its workers' compensation claims administrator, as applicable, within three (3) business days.

Communication Plans:

AAE maintains confidentiality of COVID-19 test results to the fullest extent possible. AAE upholds the privacy requirements of FERPA, HIPAA and the ADA and only communicates minimally required information about positive cases, outbreaks, and exposures at school.

When a positive case is identified and determined to be present at school during his/her infectious period, AAE's COVID-19 designated staff member (either the Registered Nurse or Human Resources Director) sends the appropriate notification to potential exposures as described above in section **Identification and Reporting of Cases**. Notification is done without revealing the identity of the employee or student who tested positive as well as any other confidential medical information.

For employees, all of the medical information about any employee is stored separately from the employee's personnel file in order to limit access to this confidential information. AAE has a separate confidential medical file for each employee where medical information is stored. Medical information includes COVID-19 test results, medical certifications showing an employee needs time off due to COVID-19, necessary leave paperwork, etc. For students, AAE takes similar precautions to safeguard the students' privacy and confidentiality, consistent with FERPA and all relevant legal requirements.

**Lewis Center for Educational Research
Injury and Illness Prevention Plan
COVID-19 Addendum**

California employers are required to establish and implement an Injury and Illness Prevention Program (“IIPP”) to protect employees from all worksite hazards, including infectious diseases.

The Lewis Center for Educational Research (“LCER”) has adopted this addendum to accommodate reopening its schools, the Academy for Academic Excellence and Norton Science and Language Academy, collectively referred to herein as (“LCER Schools”) for in-person instruction in accordance with the Framework for Reopening K-12 Schools from the California Department of Public Health (“CDPH”). **This document additionally complies with the temporary Cal/OSHA regulations issued November 30, 2020 which require a “written COVID-19 prevention plan.”** Resumption of in-person instruction presumes that LCER Schools operates in a county that either: 1) Is in the Red, Orange, or Yellow tier, pursuant to California’s Blueprint for a Safer Economy program, 2) has received a waiver allowing reopening, or 3) is reopening to provide limited and specialized services, consistent with the CDPH’s Cohort Guidance. LCER and school site administrators should coordinate with state and local health officials to obtain timely and accurate information about the level of disease transmission in the local community before resuming any on-site work practices. Local conditions will influence the decisions that public health officials make regarding community-level strategies.

This addendum contains three (3) parts. Part one (1) contains background information regarding COVID-19, including known symptoms, emergency warning signs and high-risk factors. Part two (2) provides guidelines for implementation of a COVID-19 Infection Control Plan, which includes short-term measures to implement while COVID-19 remains endemic in states and communities. Part three (3) contains measures to maintain a healthy workforce until herd immunity in the population is achieved or the global incidence of COVID-19 comes under control.

Background

In November 2019, a novel coronavirus (SARS-CoV-2) was discovered in Wuhan, China, which was found to cause a viral respiratory illness (coronavirus disease 2019, or “COVID-19”) leading to severe injury and death in certain populations, particularly elderly persons and persons with underlying health conditions.

COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020. In response to the COVID-19 Pandemic, public health officers in many states and counties ordered all individuals to stay home or at their place of residence (i.e., “Shelter in Place”), except as needed to maintain continuity of operations of certain critical infrastructure sectors. Across the nation, public schools and most other government offices and private businesses were closed in order to slow the spread of the coronavirus in the community. Many states and localities have now commenced phased reopening.

In 2020, the CDC identified the following symptoms of COVID-19, which typically appear within 2-14 days after exposure to the virus:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing

- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

The CDC also recommends that, if a person shows any of the following emergency warning signs,* he or she should seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*Please note that this is not a complete list of all possible symptoms. Anyone experiencing any other symptoms that are severe or concerning should contact a medical provider.

Certain people are at higher risk for severe illness from COVID-19, including:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

Decisions to resume operations should be based on both the level of disease transmission in the community and the capacity to protect the safety and health of staff and students at each school site. By providing guidelines for the design of a control plan for COVID-19, part two (2) of this addendum is intended to allow for the resumption of school by implementing measures to prevent and slow the spread of COVID-19 within the workplace.

COVID-19 Infection Control Plan

Before resuming normal or phased school activities after a Shelter in Place order is lifted, prepare and implement a COVID-19 preparedness, response, control and prevention plan (i.e., COVID-19 Infection Control Plan). Federal, state, and local public health communications must be monitored to keep up with information available about COVID-19 regulations, guidance, and recommendations, to ensure that workers have access to the timeliest information.

1. Design, implement, update and maintain a COVID-19 Infection Control Plan:

The overall goal of the COVID-19 Infection Control Plan is to decrease the spread of COVID-19 and lower the impact of the disease in the workplace. This includes the following objectives:

- Prevent and reduce transmission among employees;
- Maintain healthy school operations; and
- Maintain a healthy work environment.

All site administrators should implement and update as necessary a control plan that:

- Is specific to your workplace;
- Identifies all areas and job tasks with potential exposures to COVID-19; and
- Includes control measures in this policy to eliminate or reduce such exposures.

COVID-19 Infection Control Plans should consider that employees may be able to spread COVID-19 even if they do not show symptoms, which is a source of anxiety in the workforce, particularly among higher-risk individuals. Therefore, it is important to have discussions with workers about planned changes and seek their input. Additionally, collaboration with workers to effectively communicate important COVID-19 information.

2. Adjust operations to slow the spread:

- Employees who have COVID-19 symptoms should notify their supervisor and stay home as directed.
- Sick employees should follow CDC-recommended steps for self-quarantine. Employees should not return to work until the criteria to discontinue home isolation are met, in consultation with their supervisor, local health departments and healthcare providers.
- Employees who appear to have symptoms upon arrival at work or who become sick during the day should immediately be separated from other employees, students, and visitors, and sent home.
- Adopt a procedure for the safe transport of an employee who becomes sick while at work. The employee may need to be transported home or to a healthcare provider.
- Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC-recommended precautions.
- If implementing in-person health checks, conduct them safely and respectfully. Protect the screener using social distancing, barrier or partition controls, or personal protective equipment ("PPE"). However, reliance on PPE alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.

- Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building. Further detailed information regarding LCER's screening procedures may be found in the COVID-19 Health and Safety Policy.
- Should any LCER employees screen positive while at home or on campus, employees must follow all policies and procedures regarding isolation, quarantine, and testing to prevent or reduce the possible transmission of COVID-19 in the workplace.
- Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks.
- To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin or any other protected characteristics, and be sure to maintain confidentiality of each individual's medical status and history.

3. Conduct a Workplace Hazard Assessment:

The purpose of a hazard assessment of the workplace is to identify where and how workers might be exposed to COVID-19 at work. Combinations of controls from the hierarchy of controls are used to limit the spread of COVID-19 (see Controls Table in Appendix A). These include engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards.

- Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls are needed for specific job duties.
 - Evaluating potential workplace exposures which employees or other persons at LCER Schools may encounter.
 - Evaluating places where LCER employees or others may congregate on campus, such as hallways, bathrooms, and break rooms.
 - Reviewing and incorporating all applicable federal, state, and local public health guidance related to COVID-19, as well as any other industry-specific guidance.
 - From time to time, evaluate existing COVID-19 health and safety measures to determine whether additional or different measures are necessary.
 - Periodically conduct inspections to identify any potential COVID-19 unhealthy conditions, work practices, procedures, and to ensure compliance with all COVID-19 health and safety measures.
 - Encouraging employees to participate and assist LCER in identifying and evaluating potential COVID-19 workplace hazards. LCER will do so by:
 - Hold weekly health and safety meetings with employees, administration, nurses, facilities, and others to ensure ongoing feedback from all areas within the organization and across both campuses
 - Provide periodic reminders to employees of importance of reporting potential COVID-19 workplace hazards. This may be done via email, webinars, virtual meetings, department meetings, etc.
 - Hold quarterly virtual all-staff meetings to disseminate the latest COVID-19 information and to solicit input from staff
- When engineering and administrative controls cannot be implemented or are not fully protective:
 - Determine what PPE is needed for each workers' specific job duties,
 - Select and provide appropriate PPE to the workers at no cost, and

- Train their workers on its correct use.
- In the event that a hazard assessment reveals any potential COVID-19 hazards, LCER will take corrective action to remediate any potential COVID-19 hazards, including developing additional policies and practices related to health and safety, social distancing, cleaning and disinfection, any other action necessary to reduce the spread of COVID-19.

4. Take action if an employee is suspected or confirmed to have COVID-19 infection:

Current Cal/OSHA Regulations

- Effective immediately, upon one (1) “COVID-19 case”¹ in the workplace, LCER will:
 - Investigate the COVID-19 case, determine the day and time the COVID-19 case was last present on the school campus, the date of the positive test and/or diagnosis, and the date the case has one (1) or more COVID-19 symptoms, if any.
 - Investigate whether other LCER employees or any other third parties may have had a COVID-19 exposure by evaluating the activities of the COVID-19 case at the school campus during the “high-risk exposure period”².
 - Give notice of potential exposure, within one (1) business day, and without revealing any personal identifying information³ of the COVID-19 case, to:
 - 1) All employees who may have had COVID-19 exposure, and
 - 2) Independent contractors and other employers present at the workplace during the high-risk exposure period.
 - Offer testing for COVID-19 to all employees with potential COVID-19 exposure in the workplace, at no charge and during working hours, as well as:
 - Information regarding COVID-19-related benefits under all applicable federal, state, and local laws, as well as potential salary continuation rights during any period of exclusion due to the COVID-19 exposure.
 - Investigate the potential that workplace conditions contributed to the risk of COVID-19 exposure, as well as remedial steps that could have been taken to reduce the risk of COVID-19 exposure.
- Effective immediately, and pursuant to current Cal/OSHA regulations:
 - All employees with COVID-19 exposure shall be excluded from the school campus for ten (10) days from the last known exposure to a COVID-19 case.
 - LCER employees with confirmed COVID-19 must not return to the school campus as follows⁴:
 - For employees who test positive and have symptoms consistent with COVID-19:

¹ Cal/OSHA regulations define a “COVID-19 case” as a person who: 1) Has a positive COVID-19 test, 2) is subject to a COVID-19 related order to isolate issued by a local health department or state health official, or 3) has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

² “High-risk exposure period” is defined by Cal/OSHA as: 1) For individuals with COVID-19 symptoms, from two (2) days before the symptoms first develop until ten (10) days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or 2) for asymptomatic individuals who test positive for COVID-19, from two (2) days before until ten (10) days after the first positive COVID-19 test specimen was collected.

³ All personally identifying information related to COVID-19 cases or those with COVID-19 symptoms shall be kept confidential. However certain information may be provided to public health authorities, as required by law.

⁴ LCER will not require a negative test prior to an employee returning to work. 8 CCR 3505(c)(11)(D).

- 1) At least twenty-four (24) hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications,
- 2) COVID-19 symptoms have improved, and
- 3) At least ten (10) days have passed since COVID-19 symptoms first appeared.
- Employees who test positive but remain asymptomatic shall not return to the school campus until at least ten (10) days have passed since the date of specimen collection of their first positive COVID-19 test.
- Employees excluded from work due to COVID-19 exposure may be entitled to salary continuation during the ten (10) day exclusion period. LCER may elect to provide paid sick leave during this period. Any salary continuation benefits will account for funds received from public sources during this period, as well as any indemnity benefits as part of any workers' compensation claim related to the employee's COVID-19 exposure.
 - If a COVID-19 case is not work-related pursuant to all applicable workers' compensation laws, LCER employees are not entitled to salary continuation during the ten (10) day exclusion period.
 - If an LCER employee is unable to work for reasons other than protecting other employees or students at the school campus from possible COVID-19 transmission, the employee is not entitled to salary continuation during the ten (10) day exclusion period.
- Effective immediately, and in the event of a confirmed COVID-19 case at the school campus, LCER will notify the local public health department, as required by law.
- Effective immediately, upon notice any COVID-19-related serious illnesses or death⁵ of an employee occurring in a place of employment or in connection with any employment, LCER will immediately report such information to Cal/OSHA.

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Effective January 1, 2021, employers are required to provide certain notices in response to a "notice of potential exposure to COVID-19," in accordance with Labor Code section 6409.6. A "notice of potential exposure" means any of the following:

- (a) Notification from a public health official or licensed medical provider that an employee was exposed to a qualifying individual at the worksite;
- (b) Notification from an employee, or their emergency contact, that the employee is a qualifying individual;
- (c) Notification through the school's testing protocol that the employee is a qualifying individual;
- or
- (d) Notification from a subcontracted employer that a qualifying individual was on the school site.

Upon receipt of a "notice of potential exposure," LCER must take the following actions within one (1) business day of the notice:

⁵ Pursuant to 8 CCR §330(h), "Serious injury or illness means any injury or illness occurring in a place of employment or in connection with any employment that requires inpatient hospitalization for other than medical observation or diagnostic testing, or in which an employee suffers an amputation, the loss of an eye, or any serious degree of permanent disfigurement."

- (a) Provide a written notice to all employees who were on the premises in the same worksite⁶ as the qualifying individual⁷ within the infectious period⁸ that they may have been exposed to COVID-19.⁹
- (b) Provide a written notice to the exclusive representative, if any, of the above employees.¹⁰
- (c) Provide all employees who may have been exposed and the exclusive representative, if any, with information regarding COVID-19-related benefits to which employees may be entitled under applicable federal, state, or local laws.
 - Information regarding COVID-19-related benefits includes, but is not limited to, workers' compensation, and options for exposed employees, including COVID-19-related leave, LCER sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions, as well as anti-retaliation and antidiscrimination protections applicable to employees.
- (d) Notify all employees, and the employers of subcontracted employees and the exclusive representative, if any, on the disinfection and safety plan that the employer plans to implement and complete per the guidelines of the federal Centers for Disease Control.

Records of the above notices must be retained for a minimum of three (3) years.

Effective January 1, 2021 LCER must also take the following responses in the event of a COVID-19 "outbreak," as defined by CDPH:

- Within forty-eight (48) hours, the Chief Executive Officer ("CEO") or designee shall notify the county public health department of the names, number, occupation, and worksite of employees who meet the definition of a qualifying individual.¹¹
- The CEO shall also report the address and NAICS code of the worksite where the qualifying individuals work.
- Additional notice will be provided of any subsequent laboratory-confirmed cases of COVID-19 at the worksite.

⁶ The "worksite" does not include buildings, or floors within multistory buildings, that a qualifying individual did not enter. If LCER operates multiple worksites, LCER must only notify employees who worked at the same worksite as the qualified individual. (Labor Code § 6409.6, subd. (d)(5).)

⁷ A "qualifying individual" means (a) a laboratory-confirmed case of COVID-19, as defined by the State Department of Public Health; (b) a positive COVID-19 diagnosis from a licensed health care provider; (c) a COVID-19-related order to isolate provided by a public health official; (d) died due to COVID-19, in the determination of a county public health department or per inclusion in the COVID-19 statistics of a county. (Labor Code § 6409.6, subd. (d)(4).)

⁸ The "infectious period" means the time a COVID-19-positive individual is infectious, as defined by the State Department of Public Health. (Labor Code § 6409.6, subd. (d)(2).)

⁹ Written notice must be provided in the same manner that LCER ordinarily uses to communicate employment-related information. Written notice may include, but is not limited to, personal service, email, or text message if it can reasonably be anticipated to be received by the employee within one (1) business day of sending and shall be in both English and the language understood by the majority of the employees.

¹⁰ Written notice to the exclusive representative must contain the same information as required in an incident report in a Cal/OSHA Form 300 injury and illness log unless the information is inapplicable or unknown to the school. This requirement does not apply if the school's employees do not have an exclusive representative.

¹¹ A "qualifying individual" means (a) a laboratory-confirmed case of COVID-19, as defined by the State Department of Public Health; (b) a positive COVID-19 diagnosis from a licensed health care provider; (c) a COVID-19-related order to isolate provided by a public health official; (d) died due to COVID-19, in the determination of a county public health department or per inclusion in the COVID-19 statistics of a county. (Labor Code § 6409.6, subd. (d)(4).)

Other Relevant Public Health Guidance

Specific guidelines for responding to suspected and confirmed cases of COVID-19 in schools are also found in the Framework for Reopening K-12 Schools released by the CDPH on July 17, 2020. In most cases, you do not need to shut down the facility. If it has been less than seven (7) days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

- Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting twenty-four (24) hours is not feasible, wait as long as possible.
- During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been seven (7) days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDPH and CDC cleaning and disinfection recommendations:

- Clean dirty surfaces with soap and water before disinfecting them.
- To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.
- Always wear gloves and other PPE appropriate for the chemicals being used when you are cleaning and disinfecting.
- You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

- Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Follow the Public Health Recommendations for Community-Related Exposure and instruct potentially exposed employees to stay home for ten (10) days, or such period as established by local health order, telework if possible, and self-monitor for symptoms.

Measures to Maintain Healthy Ongoing School Operations

1. **Identify a workplace coordinator.** Director of Human Resources, Stacy Newman, will be responsible for COVID-19 issues and their impact at the workplace.
2. **Protect employees at higher risk for severe illness through supportive policies and practices.** Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.
 - Provide options to telework, if available and reasonable.

- Offer vulnerable workers duties that minimize their contact with students and other employees, if the worker agrees to this.
- Offer flexible options such as telework to employees where available and reasonable to eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.

3. Communicate supportive workplace policies clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.

- Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.
- Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.
- Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.
- Employees may contact human resources regarding concerns and may request to remain anonymous. Consistent with the Employee Handbook and all applicable policies, LCER will not tolerate discrimination, harassment, or retaliation against any employee who reports COVID-19 symptoms or hazards.

4. Establish policies and practices for social distancing. Where possible and reasonable, alter your workspace to help workers and students maintain social distancing and physically separate employees from each other and from students, such as:

- Implement flexible worksites (e.g., telework).
- Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).
- Increase physical space between employees at the worksite by modifying the workspace.
- Increase physical space between employees and students (e.g., physical barriers such as partitions).
- Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.
- Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).
- Close or limit access to common areas where employees are likely to congregate and interact.
- Prohibit handshaking.
- Deliver services remotely (e.g., phone, video, or web).
- Adjust school practices to reduce close contact with and among students — for example, by using larger formal spaces (e.g., auditoriums) or outdoor areas for instruction.
- When it is not possible to maintain a distance of at least six (6) feet, individuals shall be as far apart as possible.
 - In this situation, LCER will evaluate the need for additional eye protection and respiratory protection, consistent with CCR Title 8, section 5144.

5. Facial Coverings

- Until lifted, the CDPH has ordered that all persons must wear a face covering at work if the hazard

assessment has determined that they do not require PPE (such as a respirator or medical facemask) for protection.

- A face covering contains the wearer's respiratory droplets to help protect their co-workers and others.
 - Face coverings are not considered PPE. They help prevent those who do not know they have the virus from spreading it to others, but do not offer the same level of protection for wearers from exposure to the virus that causes COVID-19 as PPE.
- Remind employees that CDC recommends wearing face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Wearing a face covering, however, does not replace the need to practice social distancing.
- As necessary, LCER will provide clean and undamaged face coverings.
- All face coverings must be worn, cleaned, and replaced as needed, and unless an applicable exception to wearing a facial covering applies, consistent with LCER's COVID-19 Health and Safety Policy.
- If an employee cannot wear a face covering, face shield with a drape, respiratory protection, or another effective alternative to a facial covering, the employee shall be kept at least six (6) feet apart from all other employees, students, and persons, unless the unmasked employee is tested at least twice per week for COVID-19. However, testing an employee twice per week is not an alternative to wearing a facial covering where otherwise required.

6. Engineering Controls

- To the maximum extent feasible, LCER will implement all appropriate actions to protect employees where six (6) feet of physical distancing cannot be maintained, consistent with the COVID-19 Health and Safety Policy, as well as this Plan.
- To the maximum extent feasible, LCER will ensure maximize the quantity of outside air in buildings or by natural ventilation systems, except when the United States EPA Air Quality Index is greater than one hundred (100) for any pollutant, or if opening windows or doors would cause additional hazards to employees.
- Conducting monthly inspections of the HVAC system.
- To the extent feasible, LCER will increase the filtration efficiency of its existing ventilations systems to the highest level that is safely allowable.

7. Give employees and students what they need to clean their hands and cover their coughs and sneezes:

- Provide tissues and no-touch trash cans.
- Provide soap and water in the workplace. All employees are encouraged to wash their hands frequently and will be provided ample time to do so. Employees should wash their hands for at least twenty (20) seconds each time.
- To the extent feasible, dependent on a hazard assessment, and consistent with LCER's COVID-19 Health and Safety Plan, LCER will consider providing additional handwashing facilities.
- If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. LCER prohibits hand sanitizer containing methanol (i.e. methyl alcohol). Ensure that adequate supplies are maintained.
- Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.

- Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.
- Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

8. Limit Sharing of Tools, Equipment, and PPE

- LCER will not allow any employees, students, or any other persons to share any form of PPE, including but not limited to: Gloves, facial coverings, masks, and goggles.
- To the maximum extent feasible, LCER will prohibit the sharing of tools and equipment, including: Phones, headsets, desks, keyboards, and writing materials. Where sharing is required, the School will follow all cleaning and disinfection procedures, consistent with this Plan.
- On any LCERs busses or other vehicles which are otherwise shared, the high touch points such as steering wheels, seatbelt buckles, armrests, and seats will be disinfected between uses, consistent with this Plan.

9. Perform routine cleaning:

- Incorporate the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.
- Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.
 - If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them in accordance with Healthy Schools Act protocols.
 - For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).
- Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.
- Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.
- Store and use disinfectants in a responsible and appropriate manner according to the label.
- Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.
- Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

10. Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

- In the event of a suspected or confirmed COVID-19 case at LCER, LCER will determine all areas, materials, and equipment used by the case during the high-risk exposure period.
- Once identified, LCER will clean and disinfect in accordance with all CDC cleaning and disinfection

recommendations of all pertinent areas.

11. Minimize risk to employees when planning meetings and gatherings:

- Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
- Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.
- When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear face coverings.

12. COVID-19 Testing:

- Consistent with Cal/OSHA regulations, in the event of one (1) COVID-19 case, an outbreak¹², or a major outbreak at a LCER campus, LCER will offer COVID-19 testing to employees with exposure at no charge, and during working hours.
- In the event of one (1) COVID-19 case in the workplace, COVID-19 testing will be offered to all employees who have had potential COVID-19 exposure.
- In the event of a COVID-19 outbreak pursuant to Cal/OSHA regulations:
 - LCER must provide testing to all employees who were present in the exposed workplace.
 - Pursuant to Cal/OSHA regulations, “employees in the exposed workplace shall be tested and then tested again one (1) week later.”¹³
 - After the first two (2) COVID-19 tests, LCER must provide continuous COVID-19 testing of employees remaining at the workplace at least once per week, until outbreak criteria are no longer met.
- In the event of a “major COVID-19 outbreak,”¹⁴ LCER will provide COVID-19 testing at least twice per week to all employees present at the exposed workplace during the thirty (30) day period, and who remain at the workplace. This testing regimen will continue until there are no new COVID-19 cases in the workplace for a ten (10) day period.
- Consistent with current Cal/OSHA regulations, the School will require certain frequencies of COVID-19 testing before allowing employees with COVID-19 exposure to return to campus.
- In the event that COVID-19 testing is mandated by Cal/OSHA regulations, LCER employees may procure on-site testing for COVID-19 through:
 - Valencia Branch Laboratory
- If COVID-19 is not mandated by Cal/OSHA regulations, but testing is otherwise needed, employees may procure testing, likely free of charge, through their local county or from their health provider.

Record Keeping and Availability of Plan

- LCER will maintain records of the steps taking to implement this Plan for at least one (1) year, consistent with 8 CCR §3202(b).
- This Plan shall be made available at the workplace to all LCER employees, authorized

¹² An outbreak is defined by Cal/OSHA as one that is declared by the local public health department, or where there are three (3) or more cases on campus within a 14-day period. 8 CCR §3205.1(a)(1).

¹³ 8 CCR §3205.1(b)(2)A).

¹⁴ Cal/OSHA defines a major outbreak as “20 or more COVID-19 cases in an exposed workplace within a 30-day period.”

representatives, and Cal/OSHA representatives immediately upon request.

- LCER will track all COVID-19 cases, by keeping a record of the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test. Medical information shall be kept confidential. The information shall be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

The Executive Director is authorized to implement changes or additions to this addendum in order to ensure compliance with new or revised orders or guidance from local, county, state or federal authorities ("Agencies") and/or the facts of a specific circumstance, and to take any and all actions consistent with orders and guidance from the Agencies that is not specifically addressed by this addendum.

Appendix A

Controls Table

The following table presents examples of controls to implement in the workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Engineering (Facilities and Equipment)
<ul style="list-style-type: none"> • Assess job hazards for feasibility of engineering controls • Ensure ventilation and water systems operate properly • Alter office workspaces to maintain social distancing. Examples include: <ul style="list-style-type: none"> ○ Configure partitions as a barrier shield ○ Move electronic payment reader away from cashier in cafeteria ○ Use verbal announcements, signage, and visual cues to promote social distancing ○ Remove/rearrange furniture
Administrative
<p>Management and Communications</p> <ul style="list-style-type: none"> • Monitor state and local public health communications about COVID-19 • Require students who are ill to stay home • Encourage sick workers to report symptoms, stay home, and follow CDC guidance • Develop strategies to: <ul style="list-style-type: none"> ○ communicate with staff ○ manage staff concerns • Remind staff of available support services • Communicate to partners, suppliers, other contractors on policies and practices • Encourage social distancing and the use of face coverings (if appropriate) in the workplace • Use technology to promote social distancing (e.g., telework and virtual meetings) • Cancel group events • Close/limit use of shared spaces • Consider policies that encourage flexible sick leave and alternative work schedules. • Schedule stocking during off-peak hours <p>Cleaning and Disinfection</p> <ul style="list-style-type: none"> • Clean and disinfect frequently touched surfaces, (e.g., counters, shelving, displays)

- Provide employees with disposable disinfectant wipes, cleaner, or sprays that are effective against the virus that causes COVID-19

Training

Provide employees with training on:

- Symptoms, emergency warning signs, and high-factors for COVID-19
- Policies and procedures to reduce the spread of COVID-19
- Information regarding COVID-19 transmission, including that COVID-19 “is an infectious disease that can be spread through the air when an infectious person talks, vocalizes, sneezes, coughs, or exhales; as well as that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth; as well as that infectious people may have no symptoms.”
- Information regarding the fact that particles containing the virus can travel more than six (6) feet, especially indoors; and thus, why social distancing, proper hygiene, and PPE are so important.
- General hygiene
- Cleaning and disinfection
- Face covers
- Social distancing
- Use of PPE
- Safe work practices
- Stress management
- COVID-19 related benefits under federal, state, and local law, including any potential benefits under current workers’ compensation laws, LCER’s leave policies, and any other rights by contract or collective bargaining agreement.

Personal Protective Equipment (PPE)

- Conduct workplace hazard assessment
- Determine what PPE is needed for their workers’ specific job duties based on hazards and other controls present
- Select and provide appropriate PPE to the workers at no cost, and train employees in the use of the PPE.