



Ontario-Montclair School District School Reopening & Safety Plan

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Revision #1 - April 28, 2021

**This is a fluid working document that may be adjusted as conditions
and/or guidance changes.**

School Reopening and Safety Plan

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Revision History

Revision #1 (April 28, 2021)

- ✓ Revised to update 'Health Screening' section to better reflect student health screening process.
- ✓ Revised to update 'Face Coverings' section to clarify face shield usage.

Purpose

This document is designed to provide clear communication of decisions and actions that need to enable the District to safely reopening instruction for in-person instruction.

Risk Management

The safety procedures within this policy are aimed to mitigate, not eliminate risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk.

Regulatory Guidance Documents

These guidelines have been aligned with the following guidance documents:

- [CDPH School Opening Guidance – Updated March 20, 2021](#)
- [CDC School Opening Guidance – Updated March 19, 2021](#)

Background

A safe working environment for all students, employees, and visitors has always been of the highest priority established by the Board of Trustees. Given the current environment, this priority is clear and it is the responsibility of everyone to ensure the safest conditions possible.

Expectation for Dates to Return

March 1 – All employees may begin working at schools and offices

March 1 – Departments/schools open to public

- Support sites/department offices to be open to the public.
- Standard office hours for public at support sites/department offices will be 8:00 a.m. - 4:00 p.m.
- Standard office hours for the public at school sites will vary by school site.

April 12 – Teachers return

April 19 – In-person instruction begins for all grades

Health Screening

All students, employees, and visitors will be required to pass a basic health screening prior to entering an OMSD school campus or administrative facility.

- For employees and visitors, the basic health screening shall consist of two components:
 - **Temperature-Taking** (see 'Temperature-Taking' section below)
 - **Health Screening Questionnaire** (see 'Health Screening Questionnaire' section below)
- For students, the basic health screening shall consist of **Temperature-Taking** (see 'Temperature-Taking' section below) and staff will conduct a quick visual assessment of student health as they enter gate/campus using the Health Screening Questionnaire (see 'Health Screening Questionnaire' section below) as guidance. If necessary, students will be taken to an isolation area away from other students and staff and parents will then be called to pick student up from school.
- Every effort will be made to keep results of health screenings confidential.

Temperature-Taking

- Temperatures of students, employees, and visitors may be taken in one of two ways:
 - Using no-contact, handheld thermometers
 - Using tower thermal scanners
- The temperature of students, employees, and visitors will be taken prior to or just after entering the building/facility.
 - If a student, employee, or visitor has a temperature that exceeds 100 degrees, the student, employee, or visitor will be asked to return home.

Health Screening Questionnaire

- A health questionnaire will be available to employees and visitors prior to or upon entering the building.
 - **COVID-19 Adult Symptom Monitoring Certification**
 - Health Screening questions are as follows:
 - In the past 24 hours, have you had a fever greater than 100 degrees?
 - Are you experiencing any of the following symptoms:
 - Shortness of breath or difficulty breathing
 - Persistent cough
 - Sore throat
 - Congestion
 - Runny nose

- Chills
- Muscle pain or body aches
- Nausea
- Vomiting
- Diarrhea
- New loss of taste or smell
- Headache
- Fatigue
- In the last 14 days, have you or someone in your home tested positive for COVID-19?
- Are you or someone in your home awaiting results of a COVID-19 test?
- In the last 14 days, have you had close interaction with someone diagnosed with COVID-19?
- If 'yes' is answered to any questions, employees and visitors will be asked leave the immediate area.
- For assistance with students, employees, and visitors answering 'yes' to the above questions, you may also contact Brenda Rios, Health Services Administrator, or Human Resources.

Face Coverings

- All students, employees, and visitors are required to wear appropriate face coverings at all times at all OMSD facilities.
 - **Student Face Covering Strategies/Exemptions**
- Students, employees, and visitors should be reminded not to touch the face covering and to wash their hands frequently.
- Face covering policies apply on school buses and any vehicle affiliated with the district used to transport students, staff, or teachers to and/or from a school site.
- For employees who come into routine contact with others, CDPH recommends the use of disposable 3-ply surgical masks, which are more effective than cloth face coverings.
- In cubicle settings, face coverings are required even when social distancing has been achieved and/or appropriate barriers (e.g., Plexiglas or cubicle barrier) are in place.
- If an employee is working in an enclosed office with a door, face coverings may be removed while working in a solo capacity and socially distanced. At all other times (to/from office, in hallways, etc.), face covering must be worn.
- If an employee is working outdoors, masks may be removed while working in a solo capacity and socially distanced. At all other times (to/from outdoor work site, in hallways, etc.), face covering must be worn.

- In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape ([Face Shield Guidance](#)), can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Employees must return to wearing a face covering outside of the classroom.
- Face shields should only supplement nose/mouth face mask and not be a replacement for a nose/mouth face mask. Thus, unless exempted within this section, face shields shall be supplemented by nose/mouth face mask.
- Other exceptions are uncommon and are listed below. Please consult with your supervisor to determine whether the exception meets the guidelines as published by the California Department of Public Health.
 - The following individuals are exempt from wearing a face covering:
 - Persons age two years or under. These very young children must not wear a face covering because of the risk of suffocation.
 - Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
 - Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication. Those with communication disabilities or caregivers of those with communication disabilities can consider wearing a clear mask or cloth mask with a clear panel when appropriate.
 - Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
 - Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
 - Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
 - Persons who are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, when alone or with

household members, and when they are able to maintain a distance of at least six feet from others.

- Persons who are incarcerated. Prisons and jails, as part of their mitigation plans, will have specific guidance on the wearing of face coverings or masks for both inmates and staff.
- Note: Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- In accordance with California Department of Public Health guidance issued November 16th, 2020 ([State of California Face Coverings Order](#)), excerpts include:
 - *People in California must wear face coverings when they are in the high-risk situations listed below:*
 - *Engaged in work, whether at the workplace or performing work off-site, when:*
 - *Interacting in-person with any member of the public;*
 - *Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;*
 - *Working in any space where food is prepared or packaged for sale or distribution to others; in addition to wearing gloves.*
 - *Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;*
 - *In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance.*

Visitors - Additional Information

- Access to visitors (parents, vendors, employees etc.) shall be strictly limited to those who have essential business on campus or in the office.
- School tours are considered a non-essential activity and increase the risk of in-school transmission.
- There will be no modifications to the Raptor check-in process for campus visitors.

Social Distancing

- Social distancing protocols for all students, employees and visitors will be enforced. This includes:
 - Establishing 6-foot separation between students and employees/visitors.

- Encourage employees to minimize contact among employees, vendors, and customers (parents, etc.) by replacing face-to-face meetings with virtual communications/desk phone/cell phone if feasible.
- Discourage handshaking and hugs.
- Encourage the use of outdoor seating areas and social distancing for any small-group activities such as lunches, breaks, and meetings.
- Conduct group work, meetings, professional development training, and other activities involving employees and/or visitors either virtually or outdoors. If virtual/outdoors is not feasible, ensure strict physical distancing measures are in place and there is full compliance with other guidance provided in this memo (face coverings, barriers, etc.).
- Limit the number of employees/visitors in common areas, particularly when social distancing cannot be achieved. Areas such as:
 - Conference rooms
 - Break room(s) – Generally, the highest possible exposure and transmission are reported during eating and drinking indoors
 - Copier/shredder, laminating machine, binder, etc.
 - Hallways
 - Sinks and handwashing stations
- Encourage students, employees, and visitors to use walking routes in the building that minimize contact with other employees.

Ingress/Egress/Student Movement

In order to maintain an environment for schools that allow for social distancing (also see ‘Social Distancing’ section above), school/building administrators shall assess the capacity and ingress/egress of offices, classrooms, multi-purpose rooms, gyms, and outdoor areas, and determine the means by which the facilities can best be utilized considering space and time alternatives. More specifically, sites may:

- Utilize multiple entry/exit points to help ensure social distancing meeting site logistical needs.
- Place ground distancing markings (tape) in the general assembly areas, such as outside of classrooms, restrooms, multipurpose rooms.
- Mark six-foot boundaries within classrooms, common areas, outdoor spaces, and places where students are likely to gather so that students and staff are more readily aware of and can more easily abide by social distancing requirements.
- Stagger students in areas of high traffic, such as when students are using lockers, lining up for class.
- Utilize restroom stalls and sinks in a manner that allows for social distancing, such as limiting the number of students and/or staff who may use the restroom at a time, blocking off every other stall or sink from use, and/or marking six-foot boundaries.

- Minimize the mixing of students from different classrooms in common spaces, such as in cafeterias and libraries.
- Conduct recess and physical education classes in a manner that allows for social distancing and minimizes the use of physical education equipment.
- Discourage handshaking, hugs, and fist bumps.
- Encourage use of outdoor seating areas and social distancing for any small-group activities such as recess.
- Unless otherwise coordinated, schools will be utilizing existing gates for managing student circulation in and out of the campus.

Use of Conference Rooms, Staff Lounge, Other Common Spaces

- Conference rooms and other common spaces may be made available for ‘staging’ (e.g., Chromebook distribution) or to accommodate office social distancing challenges.
- Ensure conference rooms and other spaces used for the purposes above are well-documented (calendar posting, etc.) to avoid confusion.

Personal Protective Equipment (PPE)

- Every employee has received a small package of PPE items to assist in complying with District guidelines. Inside the packet is:
 - 5 cloth masks/face coverings
 - A small bottle of hand sanitizer
 - 2 pair of disposable gloves
 - A small package of tissues
- Since bulk hand sanitizer will be distributed throughout the site, we do not plan to replenish the small bottle. As for the gloves/tissues, please reorder these items from the Warehouse as needed (see more detail below).
- An initial site/department package of PPE was previously delivered directly to the office/school site.
 - **School Sites received the following items. Additional quantities will require a Warehouse order:**
 - Clear protective panels for staff
 - Clear protective three-sided panels for students
 - Gloves
 - Student cloth face masks
 - Paper face masks
 - Face shields
 - Hand Sanitizer
 - Disinfecting wipes

- Protective gowns
 - Handheld 'touchless' thermometers
 - Replacement batteries
 - Kleenex
 - Bottles with cleaning solution for optional cleaning
 - Paper towels for optional cleaning
 - Two E-Z Ups (to be used as needed, including as an outdoor staging area for those with symptoms)
 - One 'medical' tent
 - One pallet of water bottles
 - Additional water pallets may be ordered from the Warehouse.
 - To discourage cross-contamination, drinking fountains and water filling stations will be closed.
 - Students and employees will be encouraged to bring water bottles to school.
- **Support Sites/Departments received the following. Additional quantities will require a Warehouse order:**
 - Clear protective panels for staff
 - Paper face masks
 - Hand Sanitizer
 - Handheld 'touchless' thermometers
 - Replacement batteries
 - Kleenex
 - Bottles with cleaning solution for optional cleaning
 - Paper towels for optional cleaning
- In addition to 'basic package' items above, the following PPE items will be available from the Warehouse (subject to availability) through the typical ordering process:
 - Paper Masks
 - Gloves
 - Refill hand sanitizers
 - Face Shields
 - Disposable gowns
 - Handheld 'touchless' thermometers
 - Replacement AAA batteries (for thermometers)
 - Clear protective panels for staff
 - Clear protective three-sided panels for students
 - Kleenex
 - Hand soap

- N95 Masks, for health employees use only
- Disinfecting wipes
- Bottles with cleaning solution for optional cleaning
- Paper towels for optional cleaning
- General note on hand sanitizer:
 - Use hand sanitizer with at least 60% ethanol or 70% isopropanol alcohol. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children under 9.
 - Isopropanol hand sanitizers are more toxic when ingested or absorbed in skin. Do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.
 - If you suspect poisoning, contact Poison Control right away at 1-800-222-1222.

Facilities - Work Spaces

- Even if a non-office work space (e.g., cubicles) is 'self-contained' and has dividers that extend above a person's head, both a 6-foot social distance and face coverings are required.
- For 'non self-contained' cubicles without 6-foot distance, alternative arrangements will be necessary.
- To make daily disinfecting more efficient, please remove non-essential items from desk and work areas.
- Windows and doors may be left open during the work/school day, but please ensure they are closed prior to leaving the office for the day.
- Access to District facilities is prohibited on weekends and evenings to allow facilities to 'rest' and avoid any additional cleanings.
 - Exceptions may be made if two conditions are met:
 - Approval of Principal or division head, AND
 - Approval of Director of Facilities Planning & Operations or designee.
- Once classrooms/offices are disinfected in the afternoon/evening, reduce or restrict access until the next day (or following Monday if Friday evening).
 - Require anyone accessing the classroom/office to ensure affected areas are re-cleaned/re-disinfected.

Restrooms

- Restrooms will be available to all employees and public visitors that have essential business on the premises.
- Restrooms will be cleaned in accordance with custodial schedules.

- There is not an expectation that restrooms will be cleaned by custodial staff after every use.

Cleaning/Disinfecting

Our custodial team has developed a precise schedule to ensure that all classrooms, offices, and other high-touch areas are disinfected after student and staff usage. In addition, we have purchased new equipment - specifically electrostatic sprayers - that are both efficient and effective in disinfecting the rooms. In the event there is not time to disinfect every room (for example - during the 5-minute passing periods), an alternating desk strategy is an option (e.g., if Student A is on one desk during Period 1, Student B will have a different desk for Period 2.) Further, all staff members, including teachers, are responsible to disinfect their own work space and equipment (keyboard, phone, etc.) during the day.

Recent school guidance from the California Department of Public Health (CDPH) makes the following recommendation: "Frequent disinfection can pose a health risk to children and students due to the strong chemicals often used and so is not recommended in the school setting unless a case has been identified." Accordingly, staff will be mindful of the CDPH notice when planning the frequency of disinfecting duties.

- In addition to the typical nightly cleaning regiment:
 - Custodial staff will disinfect frequently touched horizontal and vertical surfaces in common areas (meeting rooms, staff rooms, lobbies, and restrooms) regularly throughout the day.
 - Custodial staff will also routinely disinfect other frequently touched areas.
- Custodians do not typically disinfect employee equipment (phones, keyboards, teacher/staff desks, smartboard touch points, projectors, document cameras, etc.).
 - Employees may perform these cleanings (using appropriate cleaning materials) on their own, as desired.
 - Cleaning supplies and instructions for optional cleaning (spray bottles with cleaning solution/towels) will be available upon request and/or as a Warehouse item.
- Vacuuming will be every other day.
- Custodial schedules may need to be modified, resulting in cleaning of offices/common areas during normal working hours.
- Custodial staff and any other workers who clean and disinfect the school site must be equipped with proper personal protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions.

- All products must be kept out of the reach of children and stored in a space with restricted access.

Ventilation

The District has updated its ventilation procedures to reduce aerosol transmission among staff and students. More specifically, below is a listing of the upgrades performed over the past year:

- *Air Conditioner filters:*
 - HVAC units equipped with highest rated MERV filters units can comfortably handle (MERV-13, as available)
 - Replacement schedule more frequent than manufacturer recommendations
 - Manufacturer recommends every 6 months
 - Replacements scheduled every 3-4 months, based on filter availability
 - Next filter replacement cycle is scheduled for April 2021 / May 2021 (as soon as filters become available)
- *Start/End times:*
 - HVAC units will be programmed for fans to run to circulate room air for two hours before and after the start and end of school
- *Outside Air/Economizer:*
 - To increase the amount of outside air entering the classroom, units will be adjusted to increase amount of outside air from 15% to 40%.
- *Doors/Windows (if applicable):*
 - Encourage staff to open doors and windows, whenever practical/possible, to allow outside air into classrooms/offices.
 - Please remind folks daily to close doors/windows when the day is over
- *Room/Portable Air Purifiers*
 - Portable air purifiers will be provided for each classroom and offices (upon request) to further filtration of airborne particles in room
 - Air purifiers should be placed in an area that does not impede foot traffic or access to doors
- *Maintenance:*
 - To be performed by Operations staff and utilize outside vendors as needed

Potential COVID-19 Issues

- It is **imperative** that students, employees, and visitors stay home if experiencing symptoms consistent with COVID-19 or who have recently had close contact with a person with COVID-19 to stay home. See link immediately below for more information.
 - **COVID-19 Stay at Home Guidelines**
 - If an employee reports they have been exposed, the supervisor will follow the **COVID-19 Exposure Protocol - Staff**.
 - In general, if an employee is in self-quarantine/self-monitoring and not experiencing symptoms, a supervisor may request the employee to work from a self-quarantine location.
 - If the employee is experiencing symptoms and is unable to work from a self-quarantine location, the employee may be required to use sick and/or COVID leave.
- If a student, employee, or visitor begins experiencing COVID-19 symptoms while at school/work (fever of 100 degrees or higher, cough, difficulty breathing or other COVID-19 symptoms) the student, employee, or visitor must be immediately isolated in a private area until they can leave school/work. Ill staff should be recommended to be tested for COVID-19 as soon as possible.
- The supervisor will follow the **COVID-19 Symptoms Protocol - Staff**.
- Unless the local health department recommends otherwise, there is no need to exclude asymptomatic contacts (students or staff) of the symptomatic individual from school/work until test results for the symptomatic individual are known.
- If an employee is ill and calls in sick:
 - On the first day of the absence, the supervisor will call/contact employees and determine if they are experiencing any symptoms on **COVID-19 Adult Symptom Monitoring Certification**.
 - If yes, the supervisor will provide the employee with:
 - **COVID-19 Stay at Home Guidelines**
 - **10 Things to Do at Home**
 - Supervisor to follow **COVID-19 Return to Work Guidelines** before clearing the employee to return to work.
- If an employee has had symptoms, they should return to the office/school site in accordance with **CDPH recommendations** for ending isolation and returning to work/school.
 - If the employee has a confirmed diagnosis by a healthcare provider other than COVID-19 (e.g., stomach virus, ear infection, etc.) please follow normal sick policy for return to work/school
 - If the employee has been tested for COVID-19 and received a negative test result, they may end isolation and return if they are not considered a close

contact, have had no fever for at least 24 hours without the use of fever-reducing medication and they have felt well for the past 24 hours.

- If the employee has been confirmed positive for COVID-19 or had symptoms or never developed symptoms, but were not tested for COVID-19, they may end isolation and return to work/school if it has been 10 days since symptoms first appeared, at least 24 hours since last fever without the use of fever-reducing medication, and other symptoms have improved (including coughing and shortness of breath).
- Timing of return is prescribed in the following document:
 - [COVID-19 Stay at Home Guidelines](#)
- The following documents have references to students and employees and are important protocol documents to understand in the event of COVID-19 exposure:
 - [Protocols for Response to Exposure](#)
 - [COVID-19 Communication Flowchart](#)
- In situations where an affected employee has been in the office recently, please consult with Human Resources and Facilities, Planning and Operations for more information.

Managing Student Illness

In managing student illness while on campus, sites should refer to the following guidance to help determine next steps:

- [COVID-19 Student Health Office Visit Guidelines](#)
- [Specialized Physical Healthcare Procedures](#)
- [COVID-19 Symptoms Protocol – Students](#)
- [COVID-19 Return to School Guidelines-Students](#)
- [10 Things to Do at Home Guidelines](#)
- [COVID-19 Stay at Home Guidelines](#)
- [Protocols for Response to Exposure](#)
- [Isolation Room Guidance](#)
- [Isolation Care Room Standards](#)
- Sites should evaluate Health Office access and prohibit entry to those without essential business in the Health Office and provide access only through exterior doors where possible. Further, to the extent possible, prevent usage of the Health Office as a passthrough to other areas.
- Assign an isolation care room (see guidance above) or alternate location for students.
- A student or staff member should only return to school when without symptoms for a prescribed period (asymptomatic) and have not been in recent close contact with a person with COVID-19 in accordance with CDPH recommendations.

- Unless the LHD recommends otherwise, there is no need to exclude asymptomatic contacts of the symptomatic individual from school until test results for the symptomatic individual are known.

Hygiene

- Discourage students, employees, and visitors from using others' phones, desks, offices, or other school/work tools and equipment, when possible.
- Students, employees, and visitors should wash hands after entering the building and frequently throughout the day with soap/water including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- When hand washing is not feasible, use hand sanitizer. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
- Students, employees, and visitors should avoid touching eyes, nose and mouth.
- Remind all to cover their mouth and nose with a tissue or inside of the elbow when coughing or sneezing, immediately throw the tissue in the trash, and then wash hands.

COVID Testing

The District plans to use multiple options in response to symptomatic, tracing, and asymptomatic COVID testing, including a dedicated FCS Health COVID Action Team (CAT) nurse, who will coordinate the District's testing process. The testing will be conducted in several ways:

- The County will be providing self-administered COVID-19 test kits for staff, wherein the dedicated FCS Health CAT Nurse and health staff will facilitate the test and then ensure the completed test is returned to the appropriate laboratory for analysis.
- The District will refer employees/students/families to the latest no-cost testing facilities provided by the County of San Bernardino, State of California, and other local providers. Current link to testing facilities: [San Bernardino County COVID Testing Sites](#).
- The District will refer employee/families to contact their primary care provider for more testing information.
- The District is planning to have six different site-testing 'fairs' over a three-week period beginning the week of April 5. The location of each fair will be at one of the District middle schools.

Transportation

The District will continue to provide transportation for eligible Special Education and General Education students. All bus drivers will be trained on COVID-related protocols related to pre-trip, loading, unloading, and post-trip procedures. Students will be encouraged to maintain social distancing while waiting for the arrival of the school bus.

A brief health screening, including temperature-taking, will be conducted prior to all riders boarding the bus. All bus riders must wear face masks at all times, unless exempted (see 'Face Coverings' section above). Each bus will be provided with extra face coverings in the event a student arrives at the bus stop without one. Buses will be loaded back to front and unloaded in the reverse, front to back to avoid cross traffic. While on the bus, the bus driver, instructional aides, and all students will practice social distancing, to the extent possible. Accordingly, a detailed seating protocol will be established for each route. Bus drivers will be required to document which students rode the bus during the day in the event contact tracing is necessary. Buses will be wiped down after every run, and be given additional thorough cleaning daily.

In the event that a child is found to have a temperature at the bus stop the driver will notify the transportation department, the school site and/or attempt to contact the parent/guardian to assist in determining whether or not the child will board the bus.

Contact Tracing, Identification, and Communication – General Information

The following procedures for OMSD Staff and OMSD Students are intended to provide a general guideline for contact tracing of reported symptomatic or confirmed COVID19 cases that are identified, contact traced, and reported in the District. Revision to these processes may be necessary to remain current with required local, state, and federal health agency expectations. Although the District is currently working to implement a mobile-based self-screening tool, the application has not been implemented and the roles and responsibilities related to the tool have not been fully developed as of yet. Regardless, the core responsibilities – with or without the self-screening tool – are described below.

These core responsibilities are to be initiated/implemented by each school site COVID Action Team (CAT) as necessary. The CAT will consist of the Principal, School Nurse, and an Outreach representative from the school.

Contact Tracing, Identification, and Communication – OMSD Staff

Identification & Tracing of Contacts

- The employee communicates to their site/department supervisor that they are symptomatic or have a confirmed COVID-19 case.
- If an infected employee is at home, instruct them to stay home. If an employee is feeling ill while at work/school, send home immediately.
- Contact Human Resources (HR) management immediately to work jointly with the site/dept. supervisors to conduct contact tracing, starting with interviewing the infected employee and close contacts.
- Contact tracing will include the process in determining whether the infected employee has had prolonged direct contact (within 6 feet, for a cumulative total of 15 minutes in a day) with other employees, students or members of the community during two days before symptoms first started, confirming a notification of a positive test result, excluding and providing isolation guidance.
- Collect demographic information of any individuals who may have been exposed to the infected employee and interview them. Identify the last date the exposed individual(s) may have been in contact with the infected employee.
- HR documents the employee findings into a confidential electronic system maintained in a password accessible computer limited to the confidential HR managers.
- The infected employee and exposed employee(s) receive an email from HR providing direction on their working from home or taking leave over the fourteen-day quarantine. A substitute is requested by the employee/school site as needed.
- Any exposed student(s) will be notified by the Site CAT designee via a parent communication letter and a follow up phone call.
- Supervisor/HR will request a thorough cleaning of the infected employee work area and other potentially impacted areas.

Reporting Cases

- The HR department contacts the SBCEPH (Public Health School Liaison), when required, to follow case exposure or COVID-19 breakout criteria of three or more confirmed cases at the same facility.
- FCS CAT designee contacts SBCEPH (See below Public Health School Liaison) to report confirmed positive case(s) and exposures, and sharing information securely with the health department.
- The District Superintendent/designee follows CDPH guidance and works with PH when determining when a partial or full closure may be necessary.

Communication Plan

The District communication plan on essential COVID-19 information and response activities to key stakeholders is comprised of the following:

- The Superintendent/designee will provide site/department supervisor's updates on COVID-19 cases and procedures, as they become known.
- District and site/department supervisors will use District adopted letter/email templates to inform stakeholders of any confirmed COVID-19 case(s) while

maintaining the identities of the infected employee(s). The order of communication will be as follows in most cases:

- The COVID-19 Incident email will be sent to district designated staff without revealing identifying information
- The Board of Trustees
- The Association presidents
- The site/department personnel
- Families when instruction is in-person
- The COVID-19 infected cases will be reported to these stakeholders at the earliest possible time but not longer than 24 hours after the incident during the weekdays.
- The mode of communication will primarily be through emails, letters/memos, automated phone calls, and direct calls in some cases.
- Confidentiality: The District, via the HR department, documents all COVID-19 reported cases into a confidential electronic system that is HIPPA compliant, maintained in a password accessible computer, limited to the confidential HR managers.
- All Staff and Student communication will follow privacy/confidentiality laws in compliance with FERPA, HIPPA and any other applicable laws and regulations.

Contact Tracing, Identification, and Communication – OMSD Students

Identification & Tracing of Contacts

- The parent/guardian communicates a confirmed COVID-19 case or possible exposure to COVID-19 to the school site.
- If an infected student is at home, instruct them to stay home. If a student is feeling ill while at school, send home immediately.
- Site CAT contacts district FCS CAT immediately to work jointly on contact tracing, starting with interviewing the infected student(s) and close contacts.
- Contact tracing will include the process in determining whether the infected student has had prolonged direct contact (within 6 feet, for a cumulative total of 15 minutes in a day) with employees, students or members of the community during two days before symptoms first started, confirming a notification of a positive test result, excluding and providing isolation guidance.
- Collect demographic information of any individuals who may have been exposed to the infected student and interview them. Identify the last date the exposed individual(s) may have been in contact with the infected student.
- Site CAT/ or FCS CAT designee documents the student findings into the County's reporting system (SPOT) within 24 hours, reports it by phone to local health department and into an OMSD HIPAA compliant confidential electronic system maintained in a password accessible computer limited to CAT members.
- Until FCS CAT is hired, Site CAT will report student confirmed/exposures cases by phone to the following county personnel - San Bernardino Public Health School liaisons at:

- Lizbeth Ortiz – E-mail: Lizbeth.Ortiz@dph.sbcounty.gov Phone (909) 677-5948
- Melody Molleda – E-mail: Melody.Molleda@dph.sbcounty.gov Phone: (909) 677-5954
- If unable to contact any liaison call: (800) 722-4794 or if after hours (909) 677-7168.
- As guided by the FCS CAT, the infected or exposed student(s) will be notified by the Site CAT designee via a parent communication letter and a follow up phone call with additional guidance such as any quarantine times or return to campus dates.
- Principal will request a thorough cleaning of the infected area and other potentially impacted areas.

Reporting Cases

- The FCS CAT contacts the SBCDPH (Public Health School Liaison), when required, to follow case exposure or COVID-19 breakout cases.
- The District Superintendent/designee follows CDPH guidance and works with SBCDPH when determining if and when a partial or full closure may be necessary.

Communication Plan

The District communication plan on essential COVID-19 information and response activities to key stakeholders is comprised of the following:

- The Superintendent/designee will provide principal updates on COVID-19 cases and procedures, as they become known.
- District and principal will use District adopted letter/email templates to inform stakeholders of any confirmed COVID-19 case(s) while maintaining the identities of the infected student(s).
- All Student communication will follow privacy/confidentiality laws in compliance with FERPA, HIPPA and any other applicable laws and regulations.

Additional Items

- For many reasons, nonessential business travel is restricted, particularly to locations with ongoing COVID-19 outbreaks.
- The District’s Injury and Illness Prevention Plan (IIPP) section entitled “**COVID-19 Infection Prevention Plan**” is included as an attachment part of these guidelines and has been posted to the District’s web site at omsd.net.

Attachments

The following attachments are essential parts of this document.

Ontario-Montclair School District
COVID-19 Symptom Monitoring Certification
All OMSD Staff and Visiting Adults

Please answer the following with a YES or NO response:

1. In the past 24 hours, have you had a fever greater than 100 degrees?
2. Are you experiencing any of the following new symptoms not associated with a chronic condition:
 - Shortness of breath or difficulty breathing
 - Persistent cough
 - Sore throat
 - Congestion
 - Runny nose
 - Chills
 - Headache
 - Muscle pain or body aches
 - Nausea
 - Vomiting
 - Diarrhea
 - Rash of unknown origin
 - New loss of taste or smell
3. In the last 14 days, have you or someone in your home tested positive for COVID-19?
4. Are you or someone in your home awaiting results of a COVID-19 test?
5. In the last 14 days, have you had close interaction (6 feet or closer for a cumulative total of 15 minutes) with:
 - a. Anyone diagnosed with COVID-19
 - b. Anyone who has symptoms consistent with COVID-19?

If YES to any of the above questions, STOP!!!

- OMSD Employees - contact your supervisor before entering school or office
- OMSD Visitors - inform front office staff before entering school or office



Ontario -Montclair School District

Face Mask Proactive Strategies & Waiver Exemptions

PROACTIVE STRATEGIES

Proactive strategies to increase the likelihood of students wearing a face mask:

- Teach, reteach, model and develop routines for wearing face mask
 - ◆ Examples of [Elementary](#) and [Secondary](#) School-wide Expectations Teaching Matrix
 - ◆ Use social stories, videos, slides, etc.
 - ◆ [How to Help Students Get Used to Masks](#)
 - ◆ [5 tips to Teachers from Pediatricians](#)
- Communicate clear face mask expectations daily to students, families and staff
- Provide positive reinforcement and individual praise
- Conference with student and/or parent to determine if other factors involved for not wearing
- Consult with PBIS Coordinator, Site Outreach Representative, School Nurse, School Psychologist, Occupational Therapist and/or Principal on Tier 2 supports (i.e. mentoring, frequent check-ins, breaks, etc.)
- If needed, convene the site health team, 504, or IEP team to solicit more information

OTHER CONSIDERATIONS FOR SPECIAL EDUCATION

Appropriate and consistent use of masks may be challenging for some individuals of any age with certain disabilities, including cognitive, intellectual, developmental, sensory, and behavioral disorders. Once you have identified why the student is neglecting to wear the mask, the team may utilize the following options:

- a. If the child has a medical basis for his or her inability to wear a mask, parent/guardian provides the completed waiver Form and the Doctor confirms there is a medical basis for no mask, that information can be added to a health care plan, and where appropriate, a student's Section 504 Plan or IEP, in an amendment without the need for a meeting.
- b. If the situation is based on a sensory need, or mental health need that is obvious and well documented, again, if the parent is agreeable, the addition of the mask waiver could be added to a child's IEP or Section 504 Plan through an amendment without the need for a meeting. If parent asks to discuss the need for an exemption by the IEP/504 team meeting, then a meeting must be scheduled within the applicable timelines.
- c. If there is question as to why the student needs a waiver of the mask requirement, and the determination is unclear, then an IEP or Section 504 team meeting must be convened, and the team must consider whether (without medical or psychologist input) there is a basis for the IEP team to include an accommodation in the student's IEP or Section 504 Plan to avoid his or her wearing of the mask.

WAIVER EXEMPTIONS

Any student who is immunocompromised, has a serious medical or mental health condition, cognitive disability, or other sensory sensitivity may submit a [Face Mask Waiver Exemption Application](#):

1. Parent/guardian consults with Health Care Provider, Occupational Therapist, and/or School Psychologist about use of masks.
 - a. If the requested exemption is based upon a medical disability, the parent completes the application, attaches the relevant medical documentation, and submits the packet to the School Nurse.
 - b. If NOT based upon medical disability, the parent completes the application and submits to the School Nurse.
2. School Nurse communicates with the medical provider or relevant service provider (school psychologist, occupational therapist, mental health care provider, etc.) to determine whether the exemption is justified or further discussion is needed by the IEP team.
3. Upon receipt of the request and application, the school may provide a face shield with drape as a preliminary accommodation pending approved waiver.
4. Upon approval of the waiver, School Nurse determines if a Health Care Plan should be developed.
5. If student is currently on IEP or 504, case manager will determine whether team needs to be convened to consider the following:
 - a. Documentation provided
 - b. Accommodations as appropriate
 - c. Self-help, executive functioning, vocational, and/or behavioral goal development
 - d. If request for exemption is appropriate
 - e. Possibility of teaching/coaching on the use of the mask correctly
 - f. Is the student able to avoid frequent touching of the mask and his/her face
 - g. Limit sucking, drooling, or having excess saliva on the mask
 - h. Ability to remove the mask without assistance
 - i. Make earnest effort to determine if the failure to wear a mask is due to non-compliant behavior, an underlying health condition, or part of the student's disability.

It is imperative that school site teams continue to monitor the applicability of existing exemptions for individual students with a disability and avoid implementation of policies related to face coverings that may result in a denial of FAPE under IDEA.

A student may not be excluded from an in-school program if the inability to wear a mask is determined to be related to the student's disability, whether medically, sensory, or psychologically based.

APPENDIX: PPE Options



Students	Staff
<ul style="list-style-type: none"> ● Disposable or reusable mask <ul style="list-style-type: none"> - Replace with a disposable mask when dirty, wet, worn, no longer covers mouth or nose, or has holes or tears ● Face Shield with drape <ul style="list-style-type: none"> - Reusable shields to be cleaned and disinfected after each use according to manufacturer or CDC instructions 	<ul style="list-style-type: none"> ● Cloth or disposable mask <ul style="list-style-type: none"> - Replace when dirty, wet, worn, no longer covers mouth or nose, or has holes or tears ● Face Shield with drape or mask <ul style="list-style-type: none"> - Reusable shields to be cleaned and disinfected after each use according to manufacturer or CDC instructions ● Gown ● Gloves

References: CDC - Special Consideration. Under Mask adaptations and alternatives:

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover-guidance.html#mask-adaptations-alternatives>

CDE - Students with Disabilities and Face Coverings:

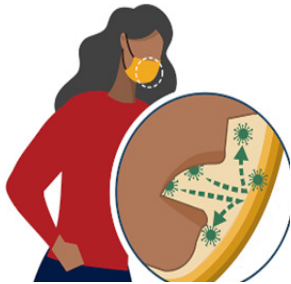
<https://www.cde.ca.gov/sp/se/lr/om021121.asp>

Face Shield Frequently Asked Questions



What are face shields, and how are they used for protection from COVID-19?

A face shield is a transparent barrier that covers the face and is typically open at the sides and bottom. A face shield is a form of personal protective equipment (PPE) primarily used by health care workers to protect their face (eyes, nose, and mouth) from splashes and sprays of body fluids. Face shields are not commonly used alone, but are often worn with other protective equipment, such as respirators or surgical masks, to protect the wearer from COVID-19. Examples include a nurse caring for a hospitalized COVID-19 patient or a health professional collecting a nasal sample from a person being tested for COVID-19.



In contrast, face coverings (cloth or surgical masks) that fit snugly over the nose and mouth are used to prevent the spread of COVID-19 to other people in the event that the wearer of the mask is infected with COVID-19 and doesn't know it, as well as to provide some protection for the wearer.

Can a face shield be used alone as a substitute for a face covering to prevent the spread of COVID-19?

No, **a face shield alone cannot be substituted for a face covering** under guidance of the California Department of Public Health (CDPH). Studies have found that SARS-CoV-2 can spread through small, airborne particles known as “aerosols” that are emitted when people talk, cough, or sneeze. These aerosols have been shown to remain suspended in the air for varying periods of time, depending on their size and air flow in the area. We expect, based on what is known about how aerosols behave, that the aerosols exhaled through the nose and mouth of someone wearing a face shield can easily travel around the open sides of a face shield.



Source: MIT Medical



Face Shield FAQ

If these aerosols contain the virus that causes COVID-19, other people may become infected.

What if I cannot wear a face covering due to a medical condition or other exemption?

Face shields may be considered for members of the public who cannot wear a face covering due to a medical condition or other exemption, although they may not work as well as face coverings in their ability to prevent the spread of COVID-19 to others. A cloth “drape” should be attached to the bottom edge of the face shield and tucked into the shirt to minimize gaps between the face and face shield. The drape can be made using cloth material and taped to the bottom of the face shield; face shields with drapes are also available through some vendors. For situations in workplaces where a worker who is required to wear a face covering (other than a respirator) cannot comply, Cal/OSHA currently considers a face shield plus drape an acceptable alternative. To see the list of exemptions from wearing a cloth face covering, see the CDPH *Guidance on the Use of Cloth Face Coverings*.



What attributes should I look for in a face shield?

The following attributes are strongly recommended when purchasing or manufacturing a face shield:

- Extends down below the chin
- Extends around to the ears
- No gap between the forehead and the visor (or cover the gap)
- Addition of a cloth drape extending from the bottom edge of the shield and tucked into the shirt or collar, when a respirator, mask, or cloth face covering is not worn.





SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

Released June 18, 2020

- Revised on June 29, 2020 to clarify that children under two years old are exempt from wearing face coverings due to risk of suffocation

GUIDANCE FOR THE USE OF FACE COVERINGS

Because of our collective actions, California has limited the spread of COVID-19 and associated hospitalizations and deaths in our state. Still, the risk for COVID-19 remains and the increasing number of Californians who are leaving their homes for work and other needs, increases the risk for COVID-19 exposure and infection.

Over the last four months, we have learned a lot about COVID-19 transmission, most notably that people who are infected but are asymptomatic or pre-symptomatic play an important part in community spread. The use of face coverings by everyone can limit the release of infected droplets when talking, coughing, and/or sneezing, as well as reinforce physical distancing.

This document updates existing [CDPH guidance](#) for the use of cloth face coverings by the general public when outside the home. It mandates that face coverings be worn state-wide in the circumstances and with the exceptions outlined below. It does not substitute for existing guidance about social distancing and handwashing.

Guidance

People in California must wear face coverings when they are in the high-risk situations listed below:

- Inside of, or in line to enter, any indoor public space;¹
- Obtaining services from the healthcare sector in settings including, but not limited to, a hospital, pharmacy, medical clinic, laboratory, physician or dental office, veterinary clinic, or blood bank;²
- Waiting for or riding on public transportation or paratransit or while in a taxi, private car service, or ride-sharing vehicle;
- Engaged in work, whether at the workplace or performing work off-site, when:
 - Interacting in-person with any member of the public;
 - Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;

¹ Unless exempted by state guidelines for specific public settings

² Unless directed otherwise by an employee or healthcare provider



- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance.
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.
- While outdoors in public spaces when maintaining a physical distance of 6 feet from persons who are not members of the same household or residence is not feasible.

The following individuals are exempt from wearing a face covering:

- Persons younger than two years old. These very young children must not wear a face covering because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a face covering. This includes persons with a medical condition for whom wearing a face covering could obstruct breathing or who are unconscious, incapacitated, or otherwise unable to remove a face covering without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
- Persons for whom wearing a face covering would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.
- Persons who are obtaining a service involving the nose or face for which temporary removal of the face covering is necessary to perform the service.
- Persons who are seated at a restaurant or other establishment that offers food or beverage service, while they are eating or drinking, provided that they are able to maintain a distance of at least six feet away from persons who are not members of the same household or residence.
- Persons who are engaged in outdoor work or recreation such as swimming, walking, hiking, bicycling, or running, when alone or with household members, and when they are able to maintain a distance of at least six feet from others.

- Persons who are incarcerated. Prisons and jails, as part of their mitigation plans, will have specific guidance on the wearing of face coverings or masks for both inmates and staff.

Note: Persons exempted from wearing a face covering due to a medical condition who are employed in a job involving regular contact with others should wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

Background

What is a cloth face covering?

A cloth face covering is a material that covers the nose and mouth. It can be secured to the head with ties or straps or simply wrapped around the lower face. It can be made of a variety of materials, such as cotton, silk, or linen. A cloth face covering may be factory-made or sewn by hand or can be improvised from household items such as scarfs, T-shirts, sweatshirts, or towels.

How well do cloth face coverings work to prevent spread of COVID-19?

There is scientific evidence to suggest that use of cloth face coverings by the public during a pandemic could help reduce disease transmission. Their primary role is to reduce the release of infectious particles into the air when someone speaks, coughs, or sneezes, including someone who has COVID-19 but feels well. Cloth face coverings are not a substitute for physical distancing, washing hands, and staying home when ill, but they may be helpful when combined with these primary interventions.

When should I wear a cloth face covering?

You should wear face coverings when in public places, particularly when those locations are indoors or in other areas where physical distancing is not possible

How should I care for a cloth face covering?

It's a good idea to wash your cloth face covering frequently, ideally after each use, or at least daily. Have a bag or bin to keep cloth face coverings in until they can be laundered with detergent and hot water and dried on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face. Discard cloth face coverings that:

- No longer cover the nose and mouth
- Have stretched out or damaged ties or straps
- Cannot stay on the face
- Have holes or tears in the fabric



Ontario-Montclair School District

COVID-19 Stay at Home Guidelines

STUDENTS and ALL EMPLOYEES

STUDENTS/STAFF REQUIRED TO STAY HOME WITH THE FOLLOWING SYMPTOMS:

- Fever greater than 100° F
- Shortness of breath
- Difficulty breathing
- Persistent cough
- Sore throat
- Congestion
- Runny nose
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Nausea
- Vomiting
- Diarrhea
- Rash of unknown origin
- New loss of taste or smell

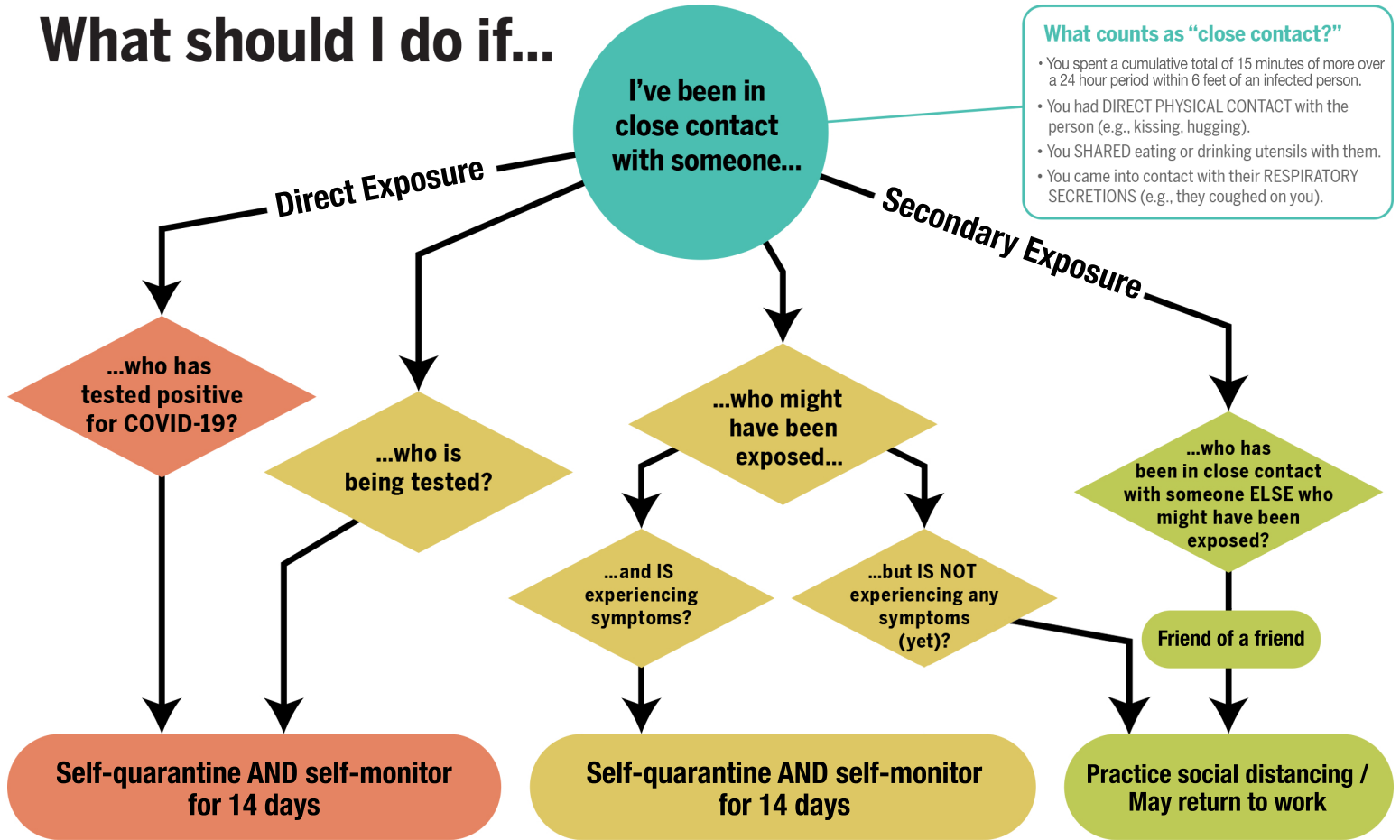
Individuals with COVID-19 may have a wide range of symptoms ranging from mild to severe. Symptoms may appear 2-14 days after exposure to the virus.

Notify school nurse/health office or school/department administrator if tested positive for COVID-19

STUDENTS/STAFF MAY RETURN WHEN:

- If tested positive without symptoms, may return
 - After 10 days have passed since the date of positive test
- If NOT tested or tested positive with symptoms, may return
 - After at least 10 days since first symptoms started and overall symptoms have improved **AND**
 - At least 24 hours since last fever without the use of fever-reducing medication
- Negative test for SARS-COVID, or a healthcare provider has provided documentation that symptoms are typical of an underlying condition or confirmed an alternative named diagnosis

What should I do if...



Before returning to work contact your supervisor or administrator.

How do I...

...self-quarantine?

- STAY HOME** for 14 days.
- AVOID CONTACT** with other people.
- DON'T SHARE** household items.

...self-monitor?

- BE ALERT** for symptoms of COVID-19, especially a dry cough or shortness of breath.
- TAKE YOUR TEMPERATURE** every morning and night, and write it down.
- CALL** your doctor if you have trouble breathing or a fever (temperature of 100.4°F or 38°C).
- DON'T** seek medical treatment without calling first!

...practice social distancing?

- STAY HOME** as much as possible.
- DON'T** physically get close to people; try to stay at least 6 feet away.
- DON'T** hug or shake hands.
- AVOID** groups of people and frequently touched surfaces.
- Wear** a mask at all times
- Check** symptoms daily
- Discontinue** daily symptom checking after 14 days

And practice great hygiene!

WASH your hands frequently • **AVOID TOUCHING** your face • **WIPE DOWN** frequently touched surfaces regularly

Ontario-Montclair School District

COVID-19 Symptoms Protocol

ALL EMPLOYEES

If an employee experiences COVID-19 symptoms while at work, the supervisor will immediately follow these steps:

DO FIRST

1. Ensure employee is wearing a face mask
2. Direct employee to supervised "Sick Area" for increased isolation
3. Notify Supervisor (obtain sub for employee, if needed)
4. Employee sent home ASAP (call family member if needs assistance) with the following:
 - Advise to call primary care provider for further medical guidance
 - 10 Things to Do at Home
 - Stay at Home Guidelines
 - Employee Assistance Program (EAP) information
 - Advise to contact payroll leave technician
5. Call 911 if symptoms are worsening (i.e. difficulty breathing, etc.) and communicate COVID-19 symptoms

DO NEXT

1. Supervisor to notify HR - Hector Macias, Asst. Superintendent
2. After 24 hours waiting period, use cleaning/disinfecting protocol to decrease further transmission
3. Contact custodian for office deep cleaning/disinfecting

DO LAST

1. Clear employee to return to work if symptom free utilizing the COVID-19 Stay at Home Guidelines flyer
2. If confirmed COVID-19 exposure or positive test, follow COVID-19 Staff Return to Work Guidelines

Links to Documents

- [10 Things to Do at Home](#)
- [Stay at Home Guidelines](#)
- [Staff Return to Work Guidelines](#)

10 things you can do to manage your COVID-19 symptoms at home

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

If you have possible or confirmed COVID-19:

1. **Stay home** from work and school. And stay away from other public places. If you must go out, avoid using any kind of public transportation, ridesharing, or taxis.



6. **Cover your cough and sneezes.**



2. **Monitor your symptoms** carefully. If your symptoms get worse, call your healthcare provider immediately.



7. **Wash your hands often** with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



3. **Get rest and stay hydrated.**



8. As much as possible, **stay** in a specific room and **away from other people** in your home. Also, you should use a separate bathroom, if available. If you need to be around other people in or outside of the home, wear a facemask.



4. If you have a medical appointment, **call the healthcare provider** ahead of time and tell them that you have or may have COVID-19.



9. **Avoid sharing personal items** with other people in your household, like dishes, towels, and bedding.



5. For medical emergencies, call 911 and **notify the dispatch personnel** that you have or may have COVID-19.

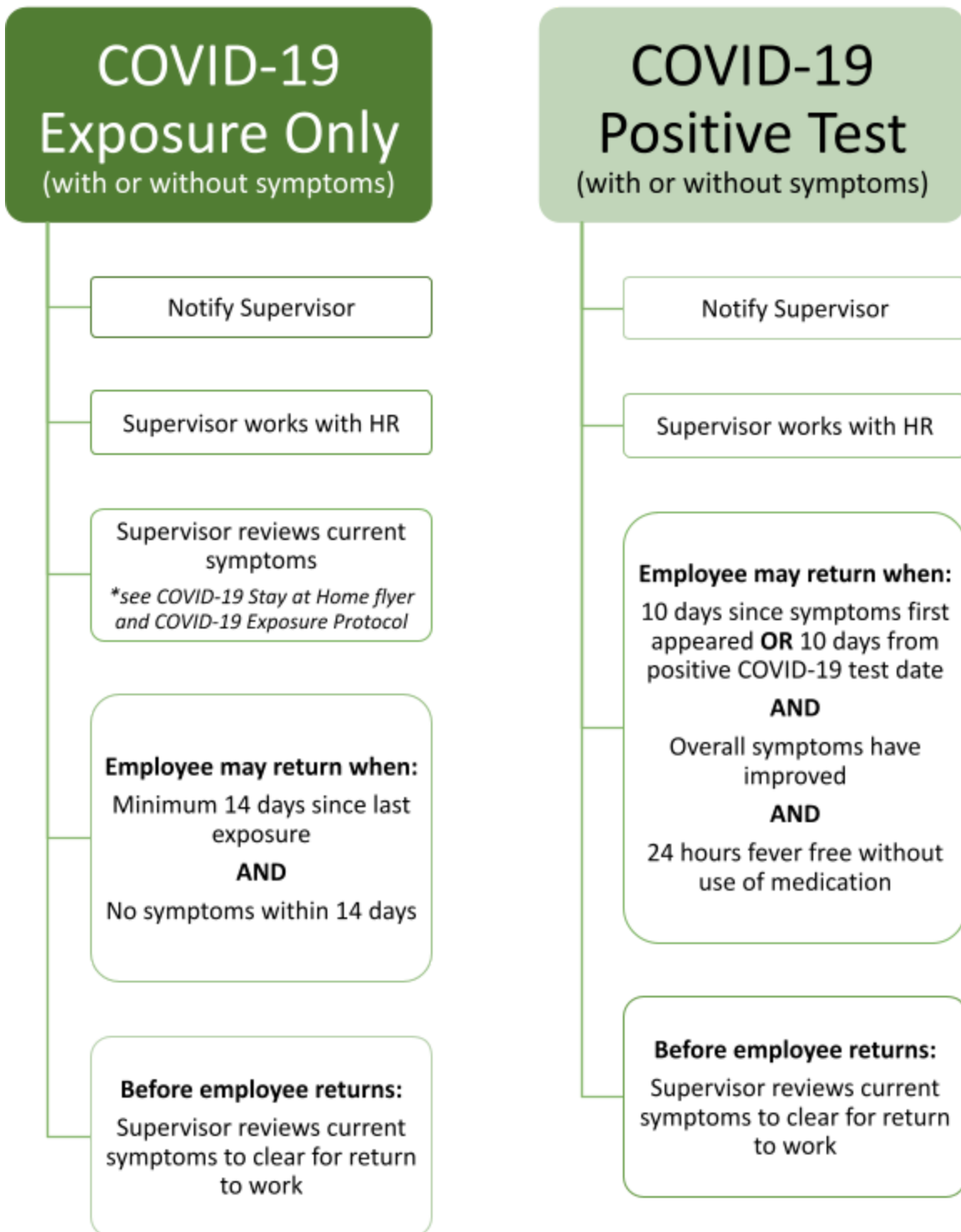


10. **Clean all surfaces** that are touched often, like counters, tabletops, and doorknobs. Use household cleaning sprays or wipes according to the label instructions.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

Ontario-Montclair School District
COVID-19 Return to Work Guidelines
ALL EMPLOYEES





Sandra Shewry
Acting Director
Erica S. Pan, MD, MPH
Acting State Health Officer

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



GAVIN NEWSOM
Governor

August 24, 2020

TO: All Californians

SUBJECT: Guidance on Returning to Work or School Following COVID-19 Diagnosis

Guidance on Returning to Work or School Following COVID-19 Diagnosis

This guidance is intended for individuals, except those who work in health care settings, who have tested positive for COVID-19. CDPH recommends adherence to the current CDC guidance on discontinuing isolation and returning to work or school, summarized here for easy reference. Workers in health care settings should follow CDC guidance for health care personnel and any relevant CDPH All Facilities Letter directives.

Individuals who test positive for SARS-CoV-2, the virus that causes COVID-19, and who **have had symptoms**, may return to work or school when:

- At least 10 days have passed since symptoms first appeared, AND
- At least 24 hours have passed with no fever (without use of fever-reducing medications), AND
- Other symptoms have improved.

Individuals who test positive for SARS-CoV-2 who **never develop symptoms**, may return to work or school 10 days after the date of their first positive test for SARS-CoV-2.

Requiring a negative SARS-CoV-2 test prior to returning to work or school is not recommended. Instead, employers and schools should follow the time- and symptom-based approach described above in determining when individuals can return to work or school following COVID-19 diagnosis.

Return to work or school guidelines for all individuals or for specific settings may differ in certain local health jurisdictions in California; individuals should also consult with and follow guidance from their local health departments.

California Department of Public Health
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377
Department Website (cdph.ca.gov)



Ontario-Montclair School District

Tentative- to be updated as needed (3-15-21)

Protocols on the Onset of Symptoms, Potential Exposure to and/or Close Contact with an Individual Testing Positive for COVID-19 in a School Classroom/Cohort and in an Office Setting

OMSD should work collaboratively with San Bernardino County Public Health on template communication protocols for how school sites can most effectively respond to a variety of scenarios involving a student or staff member who exhibits symptoms, has had potential exposure or close contact with someone who has tested positive, and/or has tested positive for COVID-19. All scenarios, actions and communications will be updated as Public Health guidance changes and we learn how to be most effective in our response.

All Actions and Communications should be guided by County Public Health Orders, California Department of Public Health Guidelines and Center for Disease Control (CDC) guidance.

School / Cohort Setting Scenarios

Scenario One	Actions and Communications
A student or staff member responds “yes” to one of the health screening questions, has a temperature of 100.4 or above, and/or exhibits symptoms of COVID-19.	<ul style="list-style-type: none">● The cohort remains open.● The student or staff member should not enter the building, should be sent home, and self-isolate.● The student or staff member should contact their healthcare provider for any further steps and testing if advised.● May return to school: If NOT tested may return to school 10 days since first symptoms started and overall symptoms have improved; At least 24 hours since last fever without the use of fever -reducing medication Negative test for SARS-COVID, or a healthcare provider has provided documentation that symptoms are typical of an underlying condition or confirmed an alternative named diagnosis.
Scenario Two	Actions and Communications
A student or staff member lives with or has been in close contact with a person who has tested positive for COVID-	<ul style="list-style-type: none">● The cohort remains open.● The student or staff member is expected to report this to the site administrator immediately, is excluded from the cohort, and they and all household members should quarantine for 10 days irrespective of negative test results, monitor symptoms, and contact their health providers and/or Public Health for additional

Ontario-Montclair School District

<p>19.</p>	<p>steps and to schedule testing. (Recommending testing 5-7 days from the last day of exposure)</p> <ul style="list-style-type: none"> ● The site administrator should gather any additional information regarding details of known contact and forward this information to School Nurse/ Health Services Admin and HR. ● School Nurse/ Health Services Admin and HR will advise of any additional next steps including support of expedited testing if advised. ● If the student or staff member has siblings, family or household members at other school sites with possible exposure they should be excused from school and Public Health contacted to assess exposure risk and determine disposition (eg. exclude from cohort <i>Public Health should guide on infectious disease exposure</i>). ● All families of students and staff members of the cohort should be notified that a student or staff member has a household member that has tested positive for COVID-19. According to the State Consolidated School Guidance no action is needed if the exposure did not happen in a school setting. ● San Bernardino Public Health 1800-722-4794 after hours @ 909-677-7168 <ul style="list-style-type: none"> ● Template Communication Letter Household member or contact with C19 ● Identify actions for other employees and/or parents, if any
<p>Scenario Three</p>	<p>Actions and Communications</p>
<p>A student or staff member of a cohort tests positive for COVID-19.</p>	<ul style="list-style-type: none"> ● Exclude the student/staff for 10 days from symptom onset or, if asymptomatic , for 10 days from specimen collection date. ● Identify school contacts, exclude contacts (possibly the entire stable group) from school for 10 days after the last case was present at school while infectious . ● All families of students and staff members of the cohort should be notified with a phone call followed by a letter that a student or staff member in the cohort has tested positive. Identified students and staff should be quarantined for 10 days from date of last known contact. ● If siblings are in the same household as the positive case they may need to quarantine for longer than the average 10 day period (if there is ongoing exposure at home to the confirmed case then they remain in quarantine for 10 days beyond the date that the confirmed case may end isolation (generally, at least 24 days). ● The entire cohort of staff and students should be referred for testing, working directly with their healthcare providers and/or scheduling an appointment at a community testing site. ● Further testing of family members may be advised based on cohort test member results.

Ontario-Montclair School District

	<ul style="list-style-type: none"> ● Recommend testing of asymptomatic contacts 5-7 days from last exposure and immediate testing of symptomatic contacts. ● Disinfection and cleaning of classroom and primary spaces where the case spent significant time. ● School remains open. ● Notify San Bernardino Public Health 1800-722-4794 after hours @ 909-677-7168 ● Template Communication Letter (confirmed C19 in Cohort)
Scenario Four	Actions and Communications
<p>A student or staff member who has quarantined or isolated for any of the reasons in scenarios one, two or three and is tested - and tests negative. [Follow-Up Letter to Letters One, Two, or Three]</p>	<ul style="list-style-type: none"> ● The cohort remains open for scenario one and two ● The cohort will remain closed if reflective of scenario three ● Even though the student or staff member has tested negative, if the student or staff member has had close contact with an individual that has tested positive for COVID-19, they must remain in quarantine or isolation for 10 days from last known contact with the individual. ● All families of students and staff members of the cohort should be notified that the student or staff member tested negative. ● San Bernardino Public Health 1800-722-4794 after hours @ 909-356-3805 ● Template Communication Letter (Negative Test Cohort Member)

District Office Setting Scenarios

Scenario One	Actions and Communications
<p>A staff member has a temperature of 100.4 or above, and/or exhibits symptoms of COVID-19.</p>	<ul style="list-style-type: none"> ● The staff member is expected to stay home, isolate, notify their supervisor, and seek guidance from their healthcare provider. ● If tested for COVID-19, the staff member is expected to notify their supervisor. <ul style="list-style-type: none"> ● May return to work: <ul style="list-style-type: none"> If NOT tested may return to work 10 days since first symptoms started and overall symptoms have improved; At least 24 hours since last fever without the use of fever-reducing medication Negative test for SARS-COVID, or a healthcare provider has provided documentation that symptoms are typical of an underlying condition or confirmed an alternative named diagnosis. ● Letter to Staff (Not required). ● Doctor's letter may be required for return to work.
Scenario Two	Actions and Communications
<p>A staff member lives</p>	<ul style="list-style-type: none"> ● The staff member must be quarantined for 10 days and this time

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<p>with or has been in close contact with a person who has tested positive for COVID-19.</p>	<p>frame is not shortened by a negative test result.</p> <ul style="list-style-type: none"> ● Recommend testing of asymptomatic contacts 5-7 days from last exposure and immediate testing of symptomatic contacts. ● The staff member is expected to report details and timing of contact to their supervisor immediately, quarantine and work remotely if possible, monitor symptoms, and seek guidance from their healthcare provider, and/or public health. ● If unable to work remotely, work with supervisor and personnel on available leave options ● If tested for COVID-19, the staff member is expected to notify their supervisor of results as soon as possible. ● Disinfection and cleaning of working spaces and primary spaces where the case spent significant time. ● Template Communication Letter –Household member or contact with C19
<p>Scenario Three</p>	<p>Actions and Communications</p>
<p>A staff member tests positive.</p>	<ul style="list-style-type: none"> ● The staff member is required to immediately notify their supervisor or the personnel department as well as Public Health. ● The staff member is required to work with Public Health to assess potential worksite exposure, any recommended additional testing or steps, including quarantine or isolation instructions. ● The staff member will isolate, work remotely if possible, monitor symptoms, and seek guidance from their healthcare provider. ● Individuals who test positive and never develop symptoms must isolate for 10 days from the date of the test. ● If a staff member who test positive is symptomatic -may not return to work until 10 days have passed since onset of symptoms , 24 hours since last fever without fever reducing medication and at least 24 hours of symptom improvement. ● Template Communication to Staff about C19 in office
<p>Scenario Four</p>	<p>Actions and Communications</p>
<p>A staff member who has quarantined or isolated for any of the reasons described above and is tested - and tests negative.</p>	<ul style="list-style-type: none"> ● Even though the staff member has tested negative, if they had close contact with an individual that has tested positive for COVID-19, they should remain in quarantine for 10 days from last known close contact with the individual. ● Doctor’s letter may be required for return to work.
<p>Scenario Five</p>	<p>Actions and Communications</p>
<p>A staff member has been in close contact with someone who is symptomatic and is scheduled to be</p>	<ul style="list-style-type: none"> ● The staff member is asked to provide details of timing and duration of contact, continues to self-monitor health, and may need to quarantine if meets close contact criteria. ● If close contact tests positive go to Scenario #2. ● If tested for COVID-19, the staff member is expected to notify their

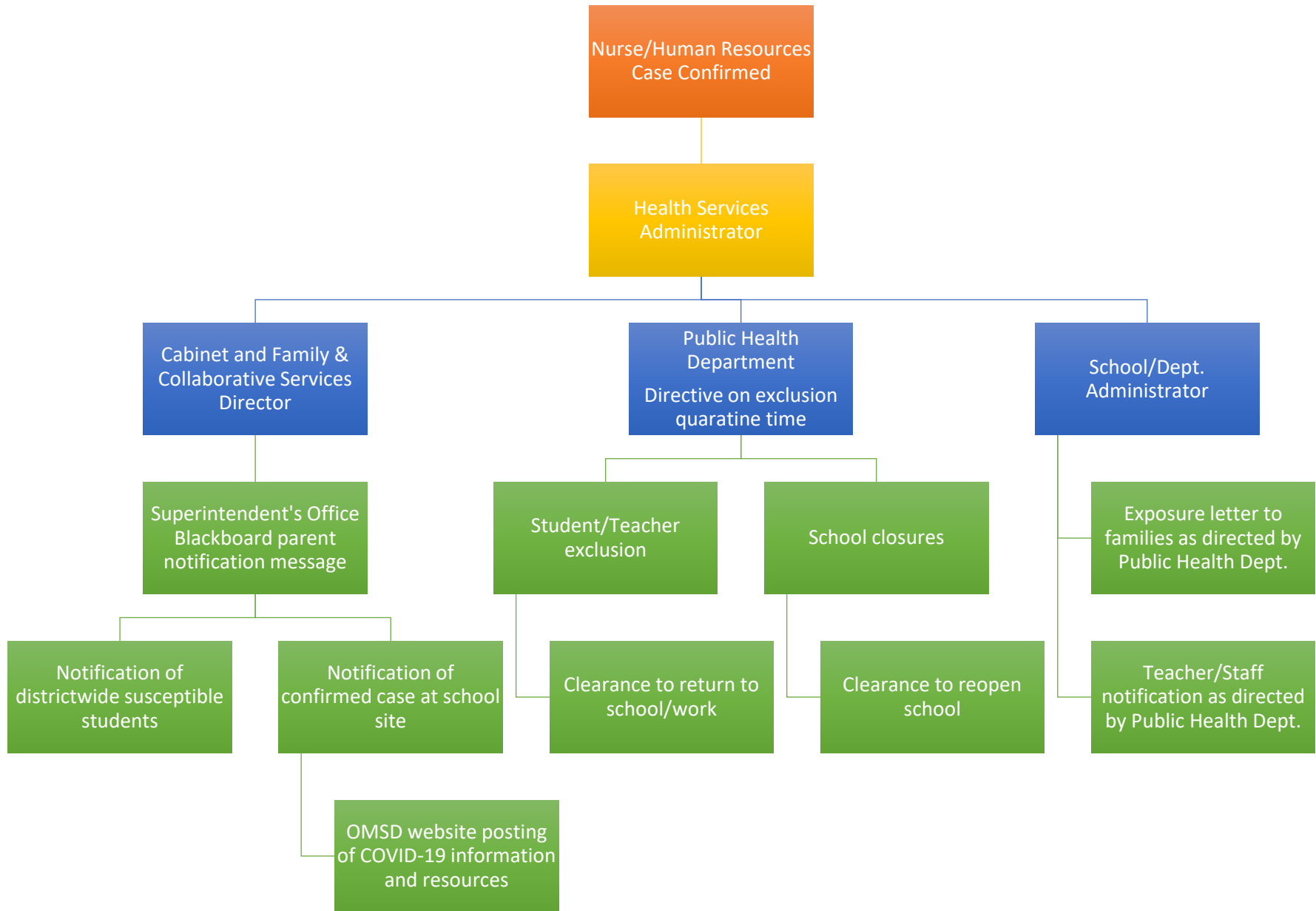
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tested.	supervisor of test results as soon as possible and staff may not return to work while test results are pending.
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Frequently Asked Questions:

- **Clarification on what it takes to reopen, in the event that all other kids and staff test negative. What is the timeline to reopen?**
14 Days from date of last contact of COVID-19 positive individual but Public Health will advise depending upon additional testing and contact tracing. A negative test does not shorten the 10 day quarantine period for individuals. Schools may typically reopen after 14 days and if the following have occurred: cleaning and disinfection, Public Health investigation, and consultation with the Local Health Department.
- **What if a cohort has staff and students who have all tested negative... Can we trickle them back in? Or do we need to wait for 14 days since last contact?**
The cohort will not be opened until 14 Days has passed from the last date of last contact of COVID-19 positive individuals. Public Health will advise depending upon additional testing and contact tracing. A negative test does not shorten the 10 day quarantine period for individuals. Schools may typically reopen after 14 days and if the following have occurred: cleaning and disinfection, Public Health investigation, and consultation with the Local Health Department.
- **Clarification on close contact vs. contact with someone who has had close contact.**
Work with your healthcare provider and public health. Close contact is defined as being within 6ft of confirmed COVID -19 case for a cumulative total of 15 minutes or longer in a 24 hour period; close contact will result in referral for testing and requirement for 10 quarantine period. Contact with someone who has had known contact is more likely to be asked to monitor symptoms, and not be required for testing or self-isolation.
- **If a staff member (or student) has had close contact with a person who is exhibiting symptoms such as a fever, and is being tested, are there any specific steps they need to take?**
Continue to follow all health and safety protocols, monitor your health, stay home if you are feeling sick, wash your hands frequently, practice physical distancing, and continue to wear your face covering. Contact your healthcare provider if you have additional concerns.

Ontario-Montclair School District COVID-19 Communication Flowchart



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Student Health Office Visit Guidelines

IN-CLASS CARE

To prevent potential exposure to infectious disease, students stay in class for the following:

1. Small paper cuts, abrasions, picked scabs - *student wash & dry area, teacher applies band-aid, teacher wash and dry own hands*
2. Localized bug bites if no allergic history and not spread over large area - *student applies damp cold paper towel to area to prevent scratching*
3. Minor headache or fatigue with no other symptoms - *allow drink of water and head on desk, if persists after 20 minutes send to health office*
4. Mild stomachache or nausea - *use restroom and drink of water, if continued complaint after 20 minutes send to health office*
5. Anxiety/Stress/Mental Health Issue - *try calming techniques, if persists contact school psychologist, counselor, or outreach representative*

Student Health Office Pass:

Name, Date, Time, Teacher, Complaint

*****Call Health Office First*****

WELL VISITS

1. Scheduled medications/procedures
2. Diabetic care
3. Lost tooth or toothache
4. Wound care
5. Small bumps or bruises

SICK VISITS

1. Suspected fever
2. Cough or shortness of breath
3. Congestion, runny nose, sore throat
4. Active vomiting or diarrhea
5. Persistent/severe headache or stomachache
6. Loss of taste and smell
7. Rash of unknown etiology
8. Nose bleed
9. Head Lice

EMERGENCIES

Call 911 and office. Student remains in place with adult:

1. Confusion/disorientation
2. Decreased level of consciousness
3. Difficulty breathing
4. Head injury or complaining of neck pain - DO NOT move, keep student calm
5. Sudden vision impairment
6. Diabetic "lows"- unconscious
7. SEVERE bleeding or traumatic injury
8. Possible fracture or dislocation
9. Seizure
10. Food or bee allergy

OMSD Health Office Guidelines

Specialized Physical Healthcare Procedures

(CDC, Coronavirus Disease 2019, April 23, 2020) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-faq.html>

Specialized Physical Healthcare Procedures are physician prescribed interventions prescribed by the student's physician, necessary during the school day to enable the child to attend school. These procedures are performed on students in order for them to attend school. The use of personal protective equipment during these procedures following COVID-19 may be consistent with pre-pandemic use for some procedures. For others, additional use may be warranted.

For unlicensed assistive personnel (non-licensed paraprofessionals), specific training may need to be offered, with return demonstration, in order to teach proper donning and doffing of PPE. Inappropriate procedures for donning and doffing will increase the risk of contamination.

Diabetes Care

1. In the event that a child needs supervision and management by a member of the school health team, he/she should be permitted to report to the well-child area (where other students report for medication administration, first aid, etc.) when needed.
2. Insulin administration or management of the insulin pump and/or continuous blood glucose monitor can be done safely with minimal contact.
3. PPE precautions should continue to be provided by mask, gloves and good handwashing only

Asthma Care

1. For persons with acute respiratory conditions, the continued use of medication is critical. Subsequently, the benefits may significantly outweigh the risks of not using regular preventive and rescue inhalers.
2. Students who regularly use a rescue inhaler with a spacer should be permitted to do so with minimal supervision and very likely with little to no aerosolized air. It is preferable to have the physician prescribe a metered dose inhaler (MDI) or a dry powdered inhalers (DPI) to further reduce aerosolization.
3. For students needing a rescue inhaler, without a spacer, the child should be permitted to use the inhaler by removing the portion of the face covering over the mouth for the inhalation of the medication, re-covering the mouth/nose, and then permitting exhalation to avoid mixing air particles.
4. A nebulizer does aerosolize medication however, the medication and method of delivery may be critical during the school day. It may be necessary for the school nurse to speak with the physician about using a nebulizer at home and replacing those treatments with an MDI or DPI medication.
5. It is uncertain whether AGP such as nebulizer administration and high flow oxygen delivery may be infectious. Aerosols generated by nebulizers are derived from medication in the nebulizer and increased risk may be due to increased contact

G-Tube Feedings

1. Gastrostomy feedings will require PPE of gloves and a face covering / mask to prevent fluid crossing from the student to the provider in the forms of spillage, drainage, or splatter from feeding or gastric fluids. All supplies used for the feeding (formula or nutritional feeding, tubes, syringes, etc.) can be managed with the provider using just gloves and face coverings.
2. A towel or a disposable covering around the stomach to catch any drainage should be used to catch drainage and spilled feeding or gastric contents.
3. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Catheterization Care

1. Urinary catheterization will require PPE of gloves and a face covering / mask to prevent fluid crossing from the student to the provider in the forms of drainage or splatter. All supplies used for catheterization can be managed with the provider using just gloves and face coverings.
2. A disposable covering or diaper should be used under the buttocks before and during the procedure to catch any drainage, to be used as a place to deposit supplies as they are being used, and to contain supplies once the procedure is done.
3. Once the catheterization procedure is over, gloves need to be removed, hands should be washed, and gloves reapplied before dressing or assisting with dressing the student.
4. Gloves again need to be removed after assisting the student, washing the hands, and reapplying gloves to clean and disinfect the area before use again.
5. Since this procedure does not aerosolize particles, no further PPE may be recommended.

Oral / Nasal / Pharyngeal Suctioning and Tracheostomy Care

1. Aerosol Generating Procedures (AGPs) pose risks for healthcare providers. This is particularly the case when providing care to persons needing suctioning or direct care of the oral/nasal/pharyngeal areas, including mechanical ventilation. Tracheostomy procedures include open suctioning (with a catheter or tool vs a closed suction device), trach tube care, cleaning, dressings, tapes and ties, cuff care, tube management or changes, and changes of ventilator circuits. Several of these activities may need to be performed routinely although not daily.
2. For health care providers delivering care to the student with a tracheostomy or one in need of suctioning, all recommended PPE is required, including a long-sleeved, fluid repellent gown, face mask, eye shield, and gloves.
3. Tracheostomy tubes that have cuffs prevent laryngeal airflow, prevent vocalization and communication and increase the risk when the tube is blocked or dislodged as the patient cannot breathe around the tube. An individual assessment by a registered nurse needs to be performed in order to identify recommendations for both students and health care providers.
4. Physical distancing and the liberal use of face masks and coverings by others, including children, may not be sufficient to prevent exposure to a student using augmented breathing devices. During a COVID-19 outbreak in the community and without the use of a vaccine, it is highly recommended that, for persons who have significant respiratory

conditions such as oral suctioning, nasal suctioning, pharyngeal suctioning or tracheostomy, with or without ventilator support students, the school nurse and the parents consult with the physician regarding the benefits of on-campus education.

Diapering

When diapering a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safe diaper changing procedures. Procedures should be posted in all diaper changing areas. Steps include:

- 1) Don gloves and any other needed PPE
- 2) Untape and remove portions of the diaper
- 3) Using wipes, clean the student from any urine or soiled material
- 4) Discard wipes and soiled diaper in the trash
- 5) Make sure the student's skin is free from any urine or soil
- 6) Reapply a new diaper.
- 7) Remove gloves and redress the student.
- 8) Return the student to a secure place.
- 9) Wash the child's hands and your hands.
- 10) Don gloves and clean up the diapering station.
- 11) Remove the trash with the soiled diaper and used wipes.
- 12) Remove the gloves and wash your hands.

After diapering, wash your hands (even if you were wearing gloves) and disinfect the diapering area with a fragrance-free bleach that is EPA-registered as a sanitizing or disinfecting solution. If other products are used for sanitizing or disinfecting, they should also be fragrance-free and EPA-registered. If the surface is dirty, it should be cleaned with detergent or soap and water prior to disinfection. (CDC recommendations for diapering in child care settings remaining open during Covid-19 quarantine).

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>

Students Who Need Activities of Daily Living Assistance (ADL) such as Feeding

When providing support for Assistance of Daily Living (ADL's) such as feeding assistance for a child, wash your hands and wash the child's hands before you begin, and wear gloves. Follow safety procedures. Steps include:

- 1) Prepare yourself don gloves and any other needed PPE(mask, face shields, gowns)
- 2) Prepare the child
- 3) Perform the procedure (feeding, etc)
- 4) Remove trash (soiled napkins and wipes)
- 5) Wash child's hands
- 6) Clean up the area
- 7) Wash your hands

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Health Office Protocol for COVID-19 Symptoms

STUDENTS

If a student experiences COVID-19 symptoms while at school, the Health Office Staff will immediately follow these steps:

DO FIRST

1. Place face mask on student
2. Direct student to supervised "Sick Area" for increased isolation
3. Call parent/guardian for immediate pick up
4. Notify Principal and School Nurse
5. Call 911 if symptoms are worsening (i.e. difficulty breathing, etc.) and communicate COVID-19 symptoms

DO NEXT

1. Use cleaning/disinfecting protocol to decrease further transmission
2. Provide parent/guardian the following flyers:
 - 10 Things to Do at Home
 - Stay at Home Guidelines

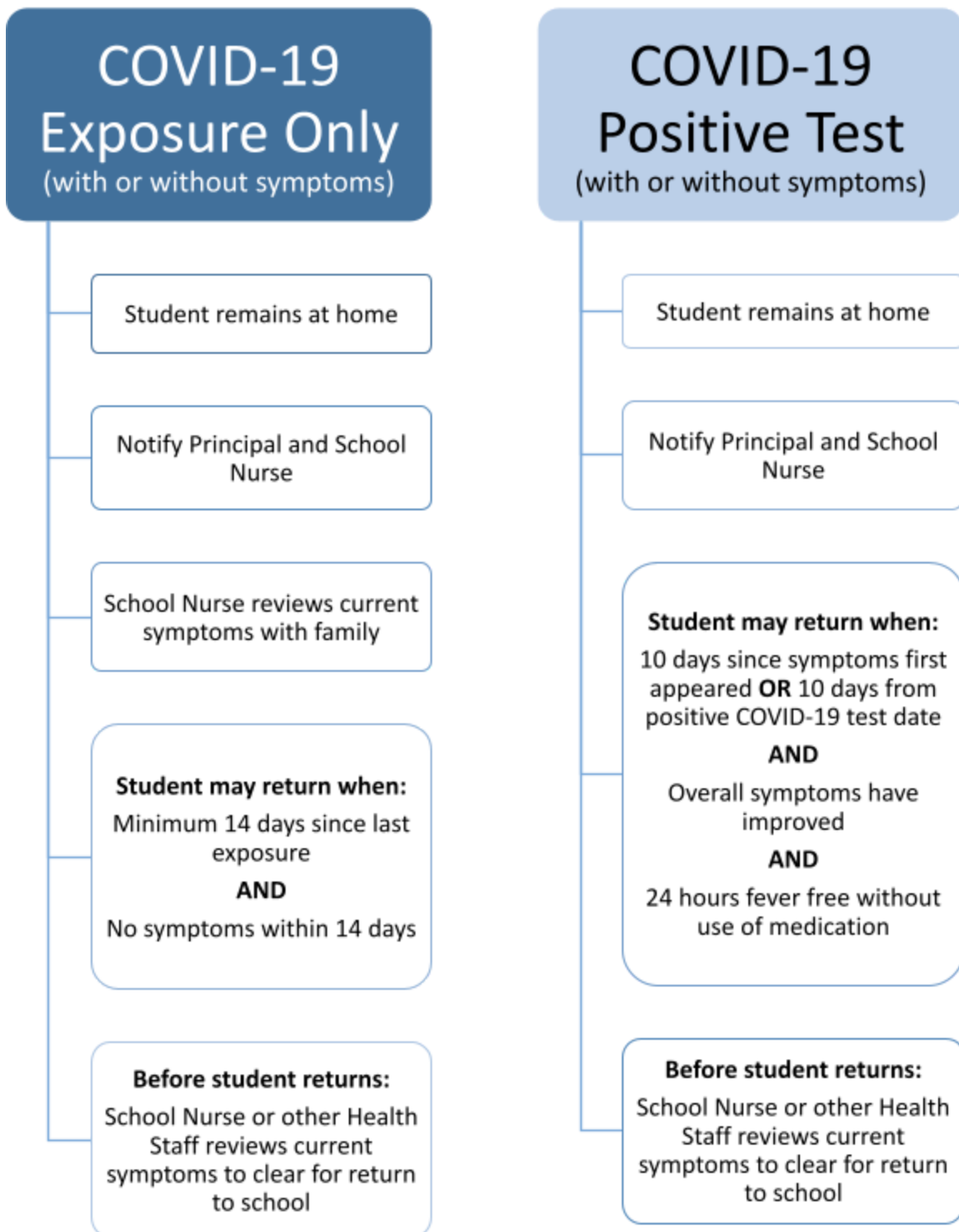
DO LAST

1. Clear student to return to school if symptom free utilizing Stay at Home Guidelines
2. If confirmed COVID-19 exposure or positive test, follow COVID-19 Student Return to School Guidelines

Links to Documents

- [10 Things to Do at Home](#)
- [10 Things to Do at Home - Spanish](#)
- [Stay at Home Guidelines](#)
- [Student Return to School Guidelines](#)

Ontario-Montclair School District
COVID-19 Return to School Guidelines
STUDENTS



Ontario-Montclair

School District

BOARD OF TRUSTEES

Sonia Alvarado
Kristen Brake
Sarah S. Galvez
Flora Martinez
Elvia M. Rivas

950 West D Street, Ontario, California 91762 • (909) 418-6428 • Fax (909) 988-2092
HEALTH SERVICES

Date: March 5th , 2021

To: OMSD Leadership & Health Services

From: Brenda Rios, RN, Health Services Administrator

Regarding: Isolation Care Room – COVID-19

James Q. Hammond, Ed.D.
Superintendent

Tammy Lipschultz
*Assistant Superintendent
Learning & Teaching Division*

Cara Molina
*Director II,
Family & Collaborative Services*

Brenda Rios
*Health Services Administrator,
Family & Collaborative Services*

A separate sick room at each school site is necessary to safely isolate and care for students during the COVID-19 pandemic. Health Services staff are unable to test students for COVID-19, so they must assume that students presenting with COVID-19 symptoms are infectious and must take additional safety measures to prevent further exposure to others. Students that present with symptoms will need to be immediately taken to the sick room and continuously monitored until parents pick up or are transferred by EMS, depending on severity of symptoms. The student should be picked up immediately by the parent/guardian.

Necessity for and use of Isolation Care room

Students with symptoms of COVID-19, who may be contagious, must be separated from other students requesting services in the Health Office for services such as, medications, injuries, and/or procedures. Without separation, other students and staff may be exposed. Isolation Care room will be for the sole use of Health Services staff during the COVID-19 pandemic and may not be used for any other purposes.

Isolation Care Room Identification

Health Services, including Credentialed School Nurses, LVN's and Health Assistant's at each school site, will collaborate with Site Administration to determine the best space available, to manage both potentially infectious and non-infectious students. Additional isolation rooms may need to be considered for multiple students presenting with COVID-19 symptoms at the same time. Maintain capacity for isolation of symptomatic students in a room with a separate entrance when students are on campus, with staff with appropriate PPE immediately available.

Supplies for Isolation Care Room

Each room will need minimal supplies to safely care for students while they await parent/guardian pick-up. Health staff will have a roller cart with essential equipment needed for the isolation room. Personal Protective Equipment will be necessary for staff and students.

Cleaning

This room will be part of the regular cleaning of spaces schedule. If a symptomatic student uses the room, it should be disinfected by the custodian following the use for specific conditions. The Health Services Team will need to work closely with Custodial Services related to appropriate practices, training and use of approved products.

Health Services Oversight

School Nurse, LVN or Health Assistant will oversee the isolation care room and Health Staff will monitor students. Site Administration to identify office staff to backup the Health Office when Health Staff needs to escort and monitor a COVID-19 symptomatic student to the isolation room

Categories	Required	Preferred & Measures to Consider
Location	Identify location where student can be visually monitored	Close proximity to the main office Minimal student and staff traffic Close proximity to a designated restroom
Communication	Either phone or portable radio	Both phone and portable radio
Hand Hygiene	Hand sanitizer	Sink in room or in close proximity
Furniture	Chairs and desk/table spaced at least 6 ft apart	Cot Storage for medical supplies
Ventilation/Air Flow	Door that can remain open	Window Door with window
PPE for Health Staff prior to entering Isolation Care room	KN95 Respirator Mask Face Shield Gown Gloves Trash Bin See Isolation Care Room Flyer	<i>After removal, employees should place the used PPE in a bag, tie off and seal tightly, and place the bag in a trash can.</i>

If you have any further questions,
please contact Brenda Rios, RN, Health Services Administrator,
@ 909-418-6428. Thank You.



Health Services

Isolation Care Room Standards

[Health Videos](#): Hand hygiene, masks, staying home when sick

Health Staff are the first point of contact for any specific health needs.

- Students who are ill and waiting to be picked up will be sent to an Isolation Care Room and monitored.
- Student/Staff remain masked
- Hand Hygiene routine
- 6 feet distancing will be maintained
- Families instructed to pick up students within 30-60 minutes upon receiving a call
 - Student will stay in care room until picked up
 - Student will not be sent on bus, allowed to walk home alone or driven home
- Health staff stationed inside the Isolation Care Room will be wearing Personal Protective Equipment.
- A back up room will be identified for multiple students who may be ill at once and 6 ft distancing cannot be maintained
- Room and supplies will be cleaned between students using EPA approved disinfectants/wipes by monitoring staff/health professional
- Isolation Care Room and designated restroom are part of daily routine cleaning by Custodial Services
- Isolation Care Room signs will be posted for care room and designated restroom by site
- Sick Student Letter given to parent/guardian when student is picked up
- All designated items for the Isolation Care Room are to remain in the room (hand sanitizer, disinfectant wipes, etc).

If a student becomes ill while at school and there is NO health professional available:

- 1) Ensure student and all staff keep their mask on and remain 6 feet apart
- 2) Inform student you will call parent/guardian to pick them up
- 3) Place student in Isolation Care Room, remain masked, and visually monitor student at all times from outside the room until parent/guardian arrives.
- 4) Admin/Admin Designee to notify School Nurse and COVID-19 Action Team (CAT).
 - Siblings/household students of a student going home for symptoms need to be reported separately even if they have no symptoms.
- 5) Admin/School Nurse/CAT Member will provide site and family with next steps and guidance for clearance.
- 6) Any emergencies, call 911

If a student becomes ill while at school and there is a health professional available:

- Health Staff will refer to “Health Services – Student Illness Protocol”
- School Nurse and site will collaborate and identify site specific workflow plan

Ontario-Montclair School District

Injury and Illness Prevention Program

COVID-19 INFECTION PREVENTION PLAN

OVERVIEW

The following guidelines and considerations are intended to help school and community leaders plan and prepare to resume in-person instruction.

This guidance is interim. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing school operations; as new data and practices emerge, the guidance will be updated. Additionally, the guidelines and considerations do not reflect the full scope of issues that school communities will need to address, which range from day-to-day site-based logistics to the social and emotional well-being of students and staff; further guidance is forthcoming, including on school-based sports and extracurricular activities.

Implementation of this guidance will depend on local public health conditions, including those listed here. Communities meeting those criteria, such as lower incidence of COVID-19 and adequate preparedness, may implement the guidance described below as part of a phased reopening. All decisions about following this guidance should be made in collaboration with local health officials and other authorities.

Implementation of this guidance will be tailored for each setting, including adequate consideration of instructional programs operating at each school site and the needs of students and families.

The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA. Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on its Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage and will be developing supplemental guidance to assist education employers in complying with Cal/OSHA's COVID-19-related standards.

General Measures

The District will establish and continue communication with local and State authorities to determine current disease levels and control measures in our community. For example:

- Review and refer to, if applicable, the relevant county variance documentation.
- Consult with county health officer, or designated staff, who are best positioned to monitor and provide advice on local conditions.

- Collaborate with other local educational agencies in your region, including the county office of education.
- Regularly review updated guidance from state agencies, including the California Department of Public Health and California Department of Education.

The District will evaluate whether and to what extent external community organizations can safely utilize the site and campus resources. The District will ensure external community organizations that use the facilities also follow this guidance.

The District will develop a plan for the possibility of repeated closures of classes, groups or entire facilities when persons associated with the facility or in the community become ill with COVID-19.

The District will develop a plan to further support students with access and functional needs who may be at increased risk of becoming infected or having unrecognized illness due to COVID-19. For example, review existing student health plans to identify students who may need additional accommodations, develop a process for engaging families for potentially unknown concerns that may need to be accommodated or identify additional preparations for classroom and non-classroom environments as needed. Groups that might be at increased risk of becoming infected or having unrecognized illness include the following:

- Individuals who have limited mobility or require prolonged and close contact with others, such as direct support providers and family members;
- Individuals who have trouble understanding information or practicing preventive measures, such as hand washing and physical distancing; and
- Individuals who may not be able to communicate symptoms of illness.

Healthy Hygiene Practices

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

- Teach students and remind staff to use tissue to wipe their nose and to cough/sneeze inside a tissue or their elbow.
- Students and staff should wash their hands before and after eating; after coughing or sneezing; after being outside; and before and after using the restroom.
- Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application, and dry hands thoroughly.
- Staff should model and practice handwashing. For example, for lower grade levels, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry.

- Ethyl alcohol-based hand sanitizers are to be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
- Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

The District has installed additional portable handwashing stations at each site to reduce congregation in bathrooms to the extent practicable.

The District will develop routines enabling students and staff to regularly wash their hands at staggered intervals.

The District will teach and reinforce use of cloth face coverings, masks, or face shields. Face coverings are most essential when physical distancing is not practicable.

- All staff should use cloth face coverings unless Cal/OSHA standards require respiratory protection. Teachers can use face shields, if available, which enable younger students to see their teachers' faces and to avoid potential barriers to phonological instruction.
- Food service workers and staff in routine contact with the public (e.g., front office) should use gloves and facial coverings.
- Students should be encouraged to use cloth face coverings. Cloth face coverings are most essential in settings where physical distancing cannot easily be maintained, such as school buses or other settings where physical distancing may be insufficient.
- Students and staff should be frequently reminded not to touch the face covering and to wash their hands frequently.
- Information should be provided to all staff and families in the school community on proper use, removal and washing of cloth face coverings.

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

The District will provide and ensure staff use face coverings and all required protective equipment.

- The California Governor's Office of Emergency Services (CalOES) and the Department of Public Health (CDPH) are and will be working to support procurement and distribution of personal protective equipment.

Intensify Cleaning, Disinfection, and Ventilation

The District will suspend or modify use of site resources that necessitate sharing or touching items. For example, suspending use of drinking fountains and instead issue bottled water and/or reusable water bottles.

Staff should clean and disinfect frequently touched surfaces within school and on school buses at least daily and, as practicable, frequently throughout the day by trained custodial staff.

Buses should be thoroughly cleaned and disinfected daily and after transporting any individual who is exhibiting symptoms of COVID-19. Drivers should be provided disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.

Frequently touched surfaces in the school include, but are not limited to:

- Door handles
- Light switches
- Sink handles
- Bathroom surfaces
- Tables
- Student Desks
- Chairs

The District will limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.

The District will limit sharing of objects and equipment, such as toys, games and art supplies to the extent practicable. But where allowed, clean and disinfect between uses.

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

To reduce the risk of asthma related to disinfecting, programs should aim to select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid).

- Avoid products that mix these ingredients with peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
- Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on manufacturer’s directions, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable.
- Custodial staff with the responsibility of cleaning and disinfecting the school site must be equipped with proper protective equipment, including gloves, eye protection, respiratory protection and other appropriate protective equipment as required by the product instructions. All products must be kept out of children’s reach and stored in a space with restricted access.
- The District will establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.

The District will ensure safe and correct application of disinfectant and keep products away from students.

The District will ensure ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening doors /windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.

- If opening windows poses a safety or health risk (e.g., allowing pollens in or exacerbating asthma symptoms) to persons using the facility, the District will consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV-13.)

The District will take steps to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.

Good sanitation practices include:

- Checking restroom facilities frequently and make sure they are clean and sanitary
- Assigning an employee to check restrooms, open doors, re-stock toilet paper, clean and sanitize as necessary
- Making sure handwashing areas have plenty of soap, paper towels and that someone is cleaning and sanitizing
- Making sure handwashing supplies are re-stocked regularly
- Assigning an employee to serve drinking water and provide appropriate PPE including but not limited to gloves and appropriate respirators
- Sanitizing water receptacle and spigot frequently

Implementing Distancing Inside and Outside the Classroom

Arrival and Departure

1. Open windows and maximize space between students and between students and the driver on school buses where practicable.
2. Minimize contact at school between students, staff, families and the community at the beginning and end of the school day.
3. Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
4. Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
5. Consider using privacy boards or clear screens.

Classroom Space

1. Students should remain in the same space and in groups as small and consistent as practicable. Keep the same students and teacher or staff with each group, to the greatest extent practicable.
2. Minimize movement of students and teachers or staff as much as practicable. For example, consider ways to keep teachers with one group of students for the whole day.
3. Maximize space between seating and desks. Distance teacher and other staff desks at least six feet away from student desks. Consider ways to establish separation of students through other means if practicable, such as, six feet between desks, partitions between desks, markings on classroom floors to promote distancing or arranging desks in a way that minimizes face-to-face contact.
4. Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
5. Staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate.
6. Implement procedures for turning in assignments to minimize contact.

Non-Classroom Space

1. Limit nonessential visitors, volunteers and activities involving other groups at the same time.
2. Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect between uses.
3. Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting. For example, consider part-day instruction outside.
4. Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, and staggered passing times when necessary or when students cannot stay in one room.
5. Serve meals outdoors or in well ventilated areas when practicable. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.
6. Consider holding recess activities in separated areas designated by class.

Physical Distancing

Physical distancing is an effective method that can help stop or slow the spread of an infectious disease by limiting the contact between people. For COVID-19, the recommended distance is at least 6 feet. Employees will be asked to practice distancing outdoors including, but not limited to the following:

- When working in sports fields, playgrounds, assembly areas, and/or other outdoor areas
- Before starting the work shift
- After the work shift

- Coming and going from vehicles
- Entering, working and exiting physical buildings or other structures
- During breaks and lunch periods
- When other work activities including using various tools

Limit Sharing

Keep each child's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned.

Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.

Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable.

Train All Staff and Educate Families

The District will train all staff and provide educational materials to families in the following safety actions:

- Enhanced sanitation practices
- Physical distancing guidelines and their importance
- Use of face coverings
- Screening practices of COVID-19 specific symptom identification

The District will consider conducting the training and education virtually, or, if in-person, ensure distancing is maintained.

Information will be provided to all staff and families on proper use, removal and washing of cloth face coverings.

Check for Signs and Symptoms

The District will prevent discrimination against students who (or whose families) were or are diagnosed with COVID-19.

The District will actively encourage staff and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. The District will develop policies that encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies.

The District will implement screening and other procedures for all staff and students entering the facility.

- Conduct visual wellness checks of all students and take students' temperature with a no-touch thermometer.
- Ask all individuals about COVID-19 symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.
- Make available and encourage use of hand-washing stations or hand sanitizer.
- Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality, as required under FERPA and state law related to privacy of educational records. Additional guidance can be found here. As noted below, the staff liaison can serve a coordinating role to ensure prompt and responsible notification.
- If a student is exhibiting symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card to identify if the student has a history of allergies.

The District will monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100.4 degrees or higher, cough or other COVID-19 symptoms.

The District will not penalize students and families for missing class.

Plan for When a Staff Member, Child or Visitor Becomes Sick

The District will work with school administrators, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.

Any students or staff exhibiting symptoms should immediately be directed to wear a face covering and be required to wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.

The District will establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC's webpage.

Notify local health officials, staff and all families immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws.

Close areas used by any sick person until disinfected. When possible area will be isolated for 24 hours before disinfecting.

Sick staff members and students are not to return until they have met CDC criteria to discontinue home isolation, including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared.

The District will ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law.

The District will provide students, teachers and staff from higher transmission areas opportunities for telework, virtual learning, independent study and other options as feasible to reduce travel to schools to lower risk of transmission.

Maintain Healthy Operations

The District will monitor staff absenteeism and have a roster of trained back-up staff where available.

The District will monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly.

The District will designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Employees should know who they are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.

The District will maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records.

The District will consult with local health departments if routine testing is being considered by a local educational agency.

The District will support staff and students who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, virtual learning or independent study.

Considerations for Partial or Total Closures

The District will check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.

When a student, teacher or staff member tests positive for COVID-19 and had exposed others at the school, implement the following steps:

- In consultation with the local public health department, the appropriate school official may decide whether school closure is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer.
- Given standard guidance for isolation at home for at least 14 days after close contact, the classroom or office where the patient was based will typically need to close temporarily as students or staff isolate.
- Additional close contacts at school outside of a classroom should also isolate at home.
- Additional areas of the school visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfecting.
- Implement communication plans for school closure to include outreach to students, parents, teachers, staff and the community.
- Include information for staff regarding labor laws, information regarding Disability Insurance, Paid Family Leave and Unemployment Insurance, as applicable for public local educational agencies.
- 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.
- Develop a plan for continuity of education. Consider in that plan how to also continue nutrition and other services provided in the regular school setting to establish alternate mechanisms for these services to continue.
- Maintain regular communications with the local public health department.

Training

The District will provide regular training for employees on the following topics using interactive methods that are easy to understand including verbal, visual, audiovisual and picture-centered handouts and other resources:

- What is COVID-19 and how is it spread
- Signs and symptoms of COVID-19
- When to seek medical attention if not feeling well

- Prevention of the spread of COVID-19 if you are sick
- Physical distancing guidelines
- Importance of washing hands with soap and water for at least 20 seconds or use of hand sanitizer if soap and water are not readily available.
 - Hand washing should occur before and after using the toilet, eating, coming and going to work, after interactions with others, after contacting shared surfaces or tools, before and after wearing masks or gloves, and after blowing nose or sneezing. Methods to avoid touching eyes, nose and mouth
- Coughing and sneezing etiquette
- Safely using cleansers and disinfectants
 - Reading labels, wearing proper personal protective equipment (PPE), hazard review and steps to minimize harm to employees using those products.