

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program  
(IIPP)

*In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7.  
General Industry Safety Orders Section 3205, COVID-19 Prevention*

**Gold Oak Union School District**

**Effective February 3, 2023**

# COVID-19 Prevention Program

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## Preface

The District utilizes Injury and Illness Prevention Program (IIPP) policies for correcting unsafe or unhealthy conditions, work practices and procedures in a timely manner based on the severity of the hazard. This includes, but is not limited to, implementing controls, policies and/or procedures in response to the evaluations conducted for workplace safety matters.

It is the goal of the District's Injury and Illness Prevention Program (IIPP) to prevent or reduce injuries, illnesses and loss of productivity in the workplace. In order to accomplish that goal, it is imperative that all employees support the District safety policy and comply with all federal, state and local laws, and ordinances pertaining to fire hazards, hazardous materials, accident prevention and working conditions. This plan is required by Cal-OSHA (California Occupational Safety Health Act) because of legislation (SB 198) effective July 1, 1991.

Referenced on page 6 of the Injury and Illness Prevention program, Employees are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves and to their fellow workers and to be mentally and physically alert to safety issues. To accomplish this goal, employees will:

1. Follow safe procedures and take an active part in protecting themselves, fellow workers and district property by reporting potential unsafe conditions to their supervisor or safety coordinator.
2. Keep work areas clean and orderly at all times and use all safeguards and safety equipment.
3. Wear safety protective devices as necessary or when instructed to do so.
4. Report injuries immediately and seek immediate medical attention when required.
5. Learn to lift and handle materials properly.
6. Cooperate and take part in the District Safety Program, workshops, training and safety meetings, etc., as appropriate.

Employees are to make every effort to correct hazards immediately within their control. Other hazards are to be reported immediately to the employee's supervisor (page 7 of the Injury and Illness Prevention Program). Employees may also use the Employee Hazard Reporting Form in Appendix E of IIPP binder to report hazards.

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## (a) Scope.

(1) This section shall apply until February 3, 2025, except for the recordkeeping subsections 3205(j), which shall apply until February 3, 2026.

(2) This section applies to all employees and all places of employment, with the following exceptions:

(A) Work locations with one employee who does not have contact with other persons.

(B) Employees working from home.

(C) Employees with occupational exposure as defined by section 5199, when covered by section [5199, Aerosol Transmissible Diseases](#).

(D) Employees teleworking from a location of the employee's choice, which is not under the control of the employer.

(3) Nothing in this section or sections 3205.1 through 3205.3 is intended to limit more protective or stringent state of local health department orders or guidance.

(b) **Definitions.** The following definitions apply to this section and to sections 3205.1 through 3205.3.

(1) "Close contact" means the following, unless otherwise defined by regulation or order of the California Department of Public Health (CDPH), in which case the CDPH definition shall apply:

(A) In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, as defined by this section, regardless of the use of face coverings.

(B) In indoor spaces of greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period, as defined by this section, regardless of the use of face coverings.

(C) Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144 whenever they would otherwise have had a close contact under subsections 3205(b)(1)(A) or (b)(1)(B).

(2) "COVID-19" (Coronavirus Disease 2019) means the disease caused by SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2).

(3) "COVID-19 case" means a person who:

(A) Has a positive "COVID-19 test"; or

(B) Has a positive COVID-19 diagnosis from a licensed health care provider; or

(C) Is subject to a COVID-19-related order to isolate issued by a local or state health official; or

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- (D) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.
- (4) “COVID-19 hazard” means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.
- (5) “COVID-19 symptoms” means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.
- (6) “COVID-19 test” means a test for SARS-CoV-2 that is:
- (A) Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test); and
- (B) Administered in accordance with authorized instructions;
- (C) To meet the return to work criteria set forth in subsection 3205(c)(5), a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results).
- (7) “Exposed group” means all employees at a work location, working area, or a common area at work, within employer-provided transportation covered by section 3205.3, or residing within housing covered by section 3205.2, where an employee COVID-19 case was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:
- (A) For the purpose of determining the exposed group, a place where persons momentarily pass through, without congregating, is not a work location, working area, or a common area at work.
- (B) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- (C) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

NOTE: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 6304.1.

- (8) “Face covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that

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completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

- (9) "Infectious period" means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply:
- (A) For COVID-19 cases who develop COVID-19 symptoms, from two days before the date of symptom onset until:
- (1) Ten days have passed after symptoms first appeared, or through day five if testing negative on day five or later; and
  - (2) Twenty-four hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved.
- (B) For COVID-19 cases who never develop COVID-19 symptoms, from two days before the positive specimen collection date through 10 days (or through day five if testing negative on day five or later) after the date on which the specimen for their first positive test for COVID-19 was collected.
- (10) "Respirator" means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.
- (11) "Returned case" means a COVID-19 case who was excluded from work but returned pursuant to subsection 3205(c)(5)(A) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 30 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 30 days after the first positive test. If a period of other than 30 days is required by a CDPH regulation or order, that period shall apply.
- (12) "Worksite," for the limited purposes of this section and section 3205.1, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.

## (c) Application of section 3203

COVID-19 is a workplace hazard and shall be addressed under section 3203, which requires employers to establish, implement, and maintain an effective Injury and Illness Prevention Program. The District's COVID-19 procedures shall either be addressed in a separate document.

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In accordance with the District's Injury and Illness Prevention Program (IIPP), all employees are responsible for using safe work practices, following all directives, policies, procedures, and assisting in maintaining a safe work environment.

## (1) Consideration of all persons as potentially infectious

When determining measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards, the District will consider all persons to be potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.

## (2) Review applicable orders and guidance

When determining measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards, the District will review applicable orders and guidance related to COVID-19 from the State of California and the local health department with jurisdiction over the workplace and shall treat COVID-19 as an airborne infectious disease. COVID-19 prevention controls include remote work, physical distancing, reducing the density of people indoors, moving indoor tasks outdoors, implementing separate shifts and/or break times, restricting access to the work area, and other prevention measures, in addition to the requirements of this section.

District Administration and staff consult with state and local agencies and other industry professionals to maintain up-to-date information.

## (3) Staff training

Employees shall receive training regarding COVID-19 in accordance with subsection 3203(a)(7), which states:

(7) The District will provide training and instruction:

(A) When the program is first established;

Exception: Employers having in place on July 1, 1991, a written Injury and Illness Prevention Program complying with the previously existing Accident Prevention Program in Section 3203.

(B) To all new employees;

(C) To all employees given new job assignments for which training has not previously been received;

(D) Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;

(E) Whenever the employer is made aware of a new or previously unrecognized hazard; and,

(F) For supervisors to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

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The District provides training and instruction to employees that includes the following:

- (A) The District's COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- (B) The fact that COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.
- (C) The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
- (D) The employer's policies for providing respirators, and the right of employees to request a respirator for voluntary use as stated in this section, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use under this section or sections 3205.1 through 3205.4, the District shall provide effective training and instruction to employees regarding:
  - 1. How to properly wear the respirator provided.
  - 2. How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair interferes with a seal.
- (E) The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- (F) Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. COVID-19 is an airborne disease. N95s and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
- (G) COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
- (H) Information on the employer's COVID-19 policies; how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
- (I) The conditions under which face coverings must be worn at the workplace and that employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

Training materials contain the required components of COVID-19 training and awareness.



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## (4) Procedure to investigate

The District’s procedure to investigate COVID-19 illness at the workplace, as required by subsection 3203(a)(5), shall include the following:

- (A) The District will determine the day and time a COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
- (B) The District will identify and respond to persons with COVID-19 symptoms at the workplace. Employees shall be encouraged to report COVID-19 symptoms and to stay home when ill.

The District asks staff to report, without fear of reprisal, to their Supervisor or Manager any of the following:

1. **COVID-19 symptoms:** If any employee is experiencing any of the identified symptoms of COVID-19
2. **Possible close contacts:** If any employee has been exposed or possibly exposed to an individual who is positive for or has been diagnosed with COVID-19.
3. **Possible COVID-19 hazards at the workplace:** If any employee becomes aware of a possible hazard in the workplace that could increase the likelihood of exposure to COVID-19.

Methods of Reporting:

Immediately report:	To Whom:	How:
<b>COVID-19 symptoms</b>	Supervisor/Manager or Human Resources	Call 530-626-3150
<b>Possible COVID-19 exposures</b>	Supervisor/Manager or Human Resources	Call 530-626-3150
<b>Possible COVID-19 hazards at the workplace</b>	Supervisor/Manager or your Site Safety Team	In person discussion, call, or email your Supervisor/Manager

## COVID-19 Questions - Contact Information

Superintendent	Meg Enns		530-626-3150	menns@gousd.org
Human Resources	Tillie Douglas	Employee illness, contact tracing (staff)	530-626-3150	tdouglas@gousd.org

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Health Services	Jenny Troswick	Health concerns, mask exemptions, contact tracing (students), symptom screening	530-626-3150	jtroswick@gousd.org
Business Services	Shannon Daniel	Safety procedures, policies, checklists, response testing	530-626-3150	sdaniel@gousd.org
Maintenance & Operations	John Himmel	Cleaning/sanitizing, Custodial products, etc.	530-626-3150	jhimmel@gousd.org

Staff are to communicate with their Supervisors for Covid-19 supplies. Site Administrators or designees will submit orders. Requests for Covid-19 supplies submitted via other methods will not be processed.

## COVID-19 Case Management Contact Information

Human Resources	Tillie Douglas	530-626-3150	tdouglas@gousd.org
Health Services	Jenny Troswick	530-626-3150	jtroswick@gousd.org

### Covid-19 Case Management information is confidential.

Covid-19 case management information is confidential. Only those needing to be involved in contact tracing and possible quarantine procedures will be communicated with directly about details.

### (5) Responding to a COVID-19 case in the workplace

The District's methods and/or procedures for responding to a COVID-19 case at the workplace include the following:

(A) The District will immediately exclude from the workplace all COVID-19 cases and employees excluded under section 3205.1. The District shall demonstrate it has met the applicable requirements below:

1. COVID-19 cases who do not develop COVID-19 symptoms shall not return to work during the infectious period;
2. COVID-19 cases who develop COVID-19 symptoms shall not return to work during the shorter of the following: the infectious period; or through 10 days after the onset of symptoms and at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication.
3. Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a

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COVID-19 case shall wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.

4. The requirements in subsections 3205(c)(5)(A)1 and (c)(5)(A)2 apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.

(B) The District will review current CDPH guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission. The District will develop, implement, and maintain effective policies to prevent transmission of COVID-19 by persons who had close contacts.

(C) If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted.

(D) If no violations of local or state health official orders for isolation, quarantine, or exclusion would result, the Division may, upon request, allow employees to return to work on the basis that the removal of an employee would create undue risk to a community's health and safety. In such cases, the District shall develop, implement, and maintain effective control measures to prevent transmission in the workplace including providing isolation for the employee at the workplace and, if isolation is not feasible, the use of respirators in the workplace.

(E) Upon excluding an employee from the workplace based on COVID-19 or a close contact, the District shall give the employee information regarding COVID-19- related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, if applicable, workers' compensation law, local governmental requirements, the employer's own leave policies, and leave guaranteed by contract.

## (d) Testing of close contacts

The District shall make COVID-19 tests available at no cost, during paid time, to all employees of the district who had a close contact in the workplace, with the exception of returned cases as defined in subsection 3205(b)(11), and provide them with the information on benefits described in subsection 3205(c)(5)(E).

## (e) Notice of COVID-19 cases

(1) The District shall notify employees and independent contractors who had a close contact, as well as any employer with an employee who had a close contact. Notice shall be provided as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements of subsection 3205(c)(5)(A) are met.

(2) When Labor Code section 6409.6 or any successor law is in effect, the District shall provide notice of a COVID-19 case, in a form readily understandable to employees. Notice shall be

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given to all employees, employers, and independent contractors at the worksite in accordance with the applicable law.

- (3) When Labor Code section 6409.6 or any successor law is in effect, the District shall provide notice in accordance with the applicable law to the authorized representative, if any, of the COVID-19 case and of any employee who had a close contact. The District shall also provide notice in accordance with the applicable law to the authorized representative, if any, of all employees on the premises at the same worksite as the COVID-19 case within the infectious period.

## (f) Face coverings

- (1) The District shall provide face coverings and ensure they are worn by employees when required by a CDPH regulation or order. When a CDPH regulation or order requires face coverings indoors, that includes spaces within vehicles. Face coverings shall be clean, undamaged, and worn over the nose and mouth.
- (2) When employees are required to wear face coverings under this section or sections 3205.1 through 3205.3, the following exceptions apply:
- (A) When an employee is alone in a room or vehicle.
- (B) While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
- (C) While employees are wearing respirators required by the employer and used in compliance with section 5144.
- (D) Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
- (E) During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.
- (3) If an employee is not wearing a face covering pursuant to the exceptions in subsections 3205(f)(2)(D) and (f)(2)(E) the District shall assess COVID-19 hazards and take action as necessary based on subsection 3205(c) and on section 3203.
- (4) The District shall not prevent any employee from wearing a face covering, including a respirator, when not required by this section, unless it would create a safety hazard.

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## (g) Respirators

Upon request, the District shall provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees who are working indoors or in vehicles with more than one person. Whenever the District makes respirators for voluntary use available, the District shall encourage their use and shall ensure that employees are provided with a respirator of the correct size and that employees are trained how to properly wear the respirator provided; how to perform a user seal check according to the manufacturer's instructions each time a respirator is worn; and the fact that facial hair interferes with a seal.

## (h) Ventilation

(1) For indoor workplaces, the District shall review CDPH and the Division guidance regarding ventilation, including "Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments." The District shall develop, implement, and maintain effective methods to prevent transmission of COVID-19 including one or more of the following actions to improve ventilation:

(A) Maximize the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

(B) In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.

(C) Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

(2) Employers subject to section 5142 or 5143 shall review and comply with those sections, as applicable.

NOTE: Section 5142 requires heating, ventilating, and air conditioning (HVAC) systems to be operated continuously during working hours, with limited exceptions.

(3) In vehicles, the District shall maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

(4) A place of employment subject to section 3205.1 after February 3, 2023 shall continue to comply with the ventilation requirements of subsection 3205.1(f) even after the outbreak has passed and section 3205.1 is no longer applicable.

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## (i) Aerosolizing procedures

For employees in work settings that are exempt from section 5199 in accordance with the conditions in subsections 5199(a)(2)(A) or (a)(2)(B), who are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids, the District shall evaluate the need for respiratory protection to prevent COVID-19 transmission under section 5144 and shall comply with that section.

NOTE: Examples of work covered by subsection 3205(i) include, but are not limited to, certain dental procedures and outpatient medical specialties not covered by section 5199.

## (j) Reporting and recordkeeping

- (1) The District shall keep a record of and track all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of the positive COVID-19 test and/or COVID-19 diagnosis. These records shall be retained for two years beyond the period in which the record is necessary to meet the requirements of this section or sections 3205.1 through 3205.3.
- (2) The District shall retain the notices required by subsection 3205(e) in accordance with Labor Code section 6409.6 or any successor law.
- (3) Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee medical records required by this section or by sections 3205.1 through 3205.3, shall be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases shall be provided to the local health department with jurisdiction over the workplace, CDPH, the Division, and NIOSH immediately upon request, and when required by law.

## (k) Orders

Pursuant to title 8, section 332.3, the Division may require an employer to take additional actions to protect employees against COVID-19 hazards through the issuance of an Order to Take Special Action.

Note: Authority cited: Section 142.3, Labor Code. Reference: Sections 142.3, 144.6, and 6409.6, Labor Code.

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## § 3205.1. COVID-19 Outbreaks.

### (a) Scope.

This section applies until February 3, 2025.

- (1) This section applies to a workplace covered by section 3205 if three or more employee COVID-19 cases within an exposed group, as defined by subsection 3205(b)(7), visited the worksite during their infectious period at any time during a 14-day period, unless a California Department of Public Health (CDPH) regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period, in which case this section applies when the number of cases at the worksite constitutes an outbreak under CDPH's definition.
- (2) This section shall apply until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.

### (b) COVID-19 testing.

- (1) Immediately upon being covered by this section, the District shall make COVID-19 testing available at no cost to its employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s) under subsection 3205.1(a).
- (2) The District shall then make testing available on a weekly basis to all employees in the exposed group who remain at the workplace.
- (3) Employees who had close contacts shall have a negative COVID-19 test taken within three to five days after the close contact or shall be excluded and follow the return to work requirements of subsection 3205(c)(5) starting from the date of the last known close contact.

### (c) Face coverings

Employees in the exposed group, regardless of vaccination status, shall wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in subsection 3205(f)(2) applies.

### (d) Respirators

The District shall notify employees of their right to request and receive a respirator for voluntary use under subsection 3205(g).

## COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

### (e) COVID-19 Investigation, review and hazard correction

The District shall perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19 when this section initially applies and periodically thereafter. The investigation, review, and changes shall be documented and shall include:

- (1) Investigation of new or unabated COVID-19 hazards including the District's leave policies and practices and whether employees are discouraged from remaining home when sick; the District's COVID-19 testing policies; insufficient supply of outdoor air to indoor workplaces; insufficient air filtration; and insufficient physical distancing.
- (2) The review shall be updated every 30 days that this section continues to apply, in response to new information or to new or previously unrecognized COVID-19 hazards, or when otherwise necessary.
- (3) Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include: moving indoor tasks outdoors or having them performed remotely; increasing the outdoor air supply when work is done indoors; improving air filtration; increasing physical distancing to the extent feasible; requiring respiratory protection in compliance with section 5144; and other applicable controls.

### (f) Ventilation

In buildings or structures with mechanical ventilation, the District shall filter recirculated air with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, employers shall use filters with the highest compatible filtering efficiency. The employer shall use High Efficiency Particulate Air (HEPA) air filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

### (g) Major outbreaks

If 20 or more employee COVID-19 cases in an exposed group, as defined by subsection 3205(b)(7), visited the worksite during their infectious period within a 30-day period, the District shall do the following while section 3205.1 applies:

- (1) The COVID-19 testing described in subsection 3205.1(b) shall be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by the local health department with jurisdiction over the workplace. Employees in the exposed group shall be tested or shall be excluded and follow the return to work requirements of subsection 3205(c)(5).
- (2) The District shall report the outbreak to the Division. This subsection does not limit the District's obligation to report employee deaths, serious injuries, or serious



## COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

illnesses when required by subsection 342(a).

- (3) The District shall provide respirators for voluntary use in compliance with subsection 5144(c)(2) to employees in the exposed group, shall encourage their use, and shall train employees provided respirators for voluntary use, as set forth in subsection 3205(g).
- (4) Any employees in the exposed group who are not wearing respirators required by the employer and used in compliance with section 5144 shall be separated from other persons by at least six feet, except where the District can demonstrate that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include: telework or other remote work arrangements; reducing the number of persons in an area at one time, including visitors; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees. When it is not feasible to maintain a distance of at least six feet, individuals shall be as far apart as feasible.

Note: Authority cited: Section 142.3, Labor Code. Reference: Sections 142.3 and 144.6, Labor Code.

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

## Appendix A: Links to guidance

[covid19.ca.gov](https://covid19.ca.gov)- California current safety measures

### [CDPH Isolation and Quarantine Guidance](#)

#### Employers

- Cal/OSHA Emergency Temporary Standard COVID-19 Prevention Program [resources](#)
- [Safety in the workplace](#) (covid19.ca.gov)

#### K-12 Education

- [Safe Schools for All Hub](#)
- [CDPH K-12 Schools guidance](#)

#### Face Coverings

- [Guidance for the Use of Face Coverings](#) (CDPH)
- [CDPH Get the most out of masking](#)
- [Face coverings, masks, and respirators](#) (covid19.ca.gov) – Information & Overview
- [Face coverings, masks & respirators](#) (DIR)- Handout
- [Voluntary use of N95 masks](#) (DIR)- Cal/OSHA

#### Mega Events

- [Mega Events: 1,000 + people](#) (CDPH)

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

## Gold Oak Union School District

### COVID-19 Testing Plan

Per SB 1479, Gold Oak Union School District, after consulting with its local health department regarding any local guidance or best practices from the Safe Schools for All hub, will use the framework that is consistent with guidance from the CDPH. The testing plan is posted on the district internet website.

Per the California Department of Public Health (CDPH) [COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year](#), testing remains a key mitigation layer to detect and curb transmission of COVID-19. Schools are encouraged to ensure access to COVID-19 testing for students and staff, particularly for vulnerable communities. Schools should review support and resources offered by the [California COVID-19 Testing Task Force](#), as well as those available through healthcare insurers, local, and federal sources.

#### *Recommended Actions:*

1. CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. For more information, see the [Testing Framework for K–12 Schools](#).
2. Due to the increased travel and social interactions that often occurs during school-breaks, it is recommended that students and staff get tested for COVID-19 prior to returning to school following major breaks (e.g., summer, winter, spring).
3. If symptoms are concerning for COVID-19, it is strongly recommended that students wear a mask and get tested immediately. Students should also follow [CDPH recommendations](#) for retesting and/or isolating if results are positive.

Gold Oak Union School District will make available and/or use rapid over-the-counter antigen tests for detecting COVID-19 in schools as readily available and provided by the free CDPH school testing program.

Additional testing recommendations are referenced in the Guidance for K-12 Schools and the Testing Framework for K-12 Schools (see links above).

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Excerpt from [SB 1479](#), effective January 1, 2023

**SECTION 1.** Article 9 (commencing with Section 32096) is added to Chapter 1 of Part 19 of Division 1 of Title 1 of the Education Code, to read:

#### **Article 9. COVID-19 Testing in Schools**

**32096.** (a) For purposes of this section, the following definitions apply:

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

(1) "Framework" means the document issued on May 27, 2022, titled "Preliminary Testing Framework for K-12 Schools for the 2022-2023 School Year" by the State Department of Public Health, as it is updated based on current scientific knowledge and anticipated trends.

(2) "Local educational agency" means a school district, county office of education, or charter school serving pupils in kindergarten or any of grades 1 to 12, inclusive.

(3) "Local health department" means either a city or county health department.

(e) (1) Each local educational agency, after consulting with its local health department regarding any local guidance or best practices from the Safe Schools for All Hub, shall create a COVID-19 testing plan, or adopt the framework, that is consistent with guidance from the State Department of Public Health. Each local educational agency shall publish the testing plan on its internet website.

(2) (A) Each local educational agency may designate one staff member to report information on its COVID-19 testing program to the State Department of Public Health.

(B) For purposes of this paragraph, publishing a testing plan on its internet website, as required pursuant to paragraph (1), shall satisfy the reporting provision described in subparagraph (A).

(3) All COVID-19 testing data shall be in a format that facilitates a simple process by which parents and local educational agencies may report data to the State Department of Public Health, or to a local health department, consistent with the framework.

(4) Testing plans shall not be required to include the provision of onsite testing or programs.

(5) Nothing in this section requires the State Department of Public Health to review or approve testing plans that are consistent with the framework before the testing plan is published or implemented.

(f) The State Department of Public Health shall determine which COVID-19 tests are appropriate for use for the testing programs described in this section.

**32096.1.** This article shall remain in effect only until January 1, 2026, and as of that date is repealed.

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

## Senate Bill 1479 Implementation Questions and Answers

November 15, 2022

### Related Materials:

Bill Text - SB-1479 COVID-19 testing in schools: COVID-19 testing plans

Guidance for K–12 Schools

Testing Framework for K–12 Schools for the 2022–2023 School Year

Frequently Asked Questions around K–12 Testing Framework for 2022/23 School Year

Safe Schools for All Hub  
Outbreak Definitions

Guidance for Individuals Infected with or Exposed to COVID-19  
COVID-19 Testing at Schools

### Background

Senate Bill (SB) 1479 (Pan, Chapter 850, Statutes of 2022), which goes into effect January 1, 2023 and remains in effect until January 1, 2026, requires the California Department of Public Health (CDPH) to coordinate school COVID-19 testing plans and services. Local educational agencies (LEAs) are encouraged to consult with their counsel and local health departments for further interpretation.

### Guidance related to SB 1479

As we continue to mitigate the COVID-19 pandemic, in-person safe learning remains a top priority to support student well-being and development. More information about CDPH's recommendations for school COVID-19 testing is available in the Testing Framework for K–12 Schools for the 2022–2023 School Year and in COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year.

Learn about CDPH provided testing resources at the CDPH Schools Testing Website, the State of California Safe Schools for All Hub: Testing Section or sign up to receive CDPH School Testing emails.

CDPH provides the following to all California public and private schools, including:

Free over-the-counter (OTC)/at-home COVID-19 antigen tests

Free professional COVID-19 testing program for on-site antigen testing with confirmatory molecular testing Additional

services are currently provided on a limited or as-needed basis:

Free personnel support for eligible school districts granted on an equity basis Free support for outbreak response with OTC tests

### Questions and Answers

#### **SB 1479 requires, subject to appropriation, each LEA to create a COVID-19 testing plan. What needs to be in the testing plan?**

The bill specifies that each testing plan must be consistent with CDPH guidance that is available in the COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year. It also permits adoption of this Testing Framework for K–12 Schools for the 2022–2023 School Year (Framework) as a testing plan to meet this requirement.

# COVID-19 Prevention Program

An Addendum to the Injury and Illness Prevention Program: *In accordance with TITLE 8, DIVISION 1, CHAPTER 4, Subchapter 7. General Industry Safety Orders Section 3205, COVID-19 Prevention*

## **Can an LEA adopt the CDPH guidance to fully satisfy the requirement of having a COVID-19 testing plan?**

Yes, SB 1479 allows LEAs to either create a COVID-19 testing plan or adopt the Framework.

## **Where does the COVID-19 testing plan need to be posted?**

The bill specifies that the COVID-19 testing plan or Framework be posted on each LEA's internet website.

## **What types of LEAs are included in the provisions of SB 1479?**

The bill defines LEAs as a school district, county office of education, or charter schools serving students in kindergarten or any grades 1 to 12, inclusive.

## **Does an LEA's COVID-19 testing plan cover all schools in the LEA?**

Yes.

## **Are LEAs required to maintain on-site testing programs?**

No, the bill specifies that testing plans are not required to include onsite testing.

## **Are LEAs required to submit the COVID-19 testing plan to CDPH for approval?**

No, however, support services are available by CDPH that include, but are not limited to, technical assistance, vendor support, guidance, monitoring, and testing education.

## **Do I need to hire someone to track school-related testing?**

No, however, SB 1479 says an LEA "may" designate one staff member to report information on its COVID-19 testing program to CDPH.

For any additional questions, concerns, or operational testing needs, please contact CDPH CA testing Task Force, at [schooltesting@cdph.ca.gov](mailto:schooltesting@cdph.ca.gov)

**From:** CDPHPress (OPA) <[CDPHPressOPA@CDPH.CA.GOV](mailto:CDPHPressOPA@CDPH.CA.GOV)>

**Sent:** Tuesday, September 13, 2022 2:46 PM

**To:** [CDPHOPA@LISTSERV.CDPH.CA.GOV](mailto:CDPHOPA@LISTSERV.CDPH.CA.GOV)

**Subject:** News Release - Public Health Leaders End Weekly Testing Requirements for Workers



**FOR IMMEDIATE RELEASE**

September 13, 2022

PH22-142

**CONTACT:** [CDPHpress@cdph.ca.gov](mailto:CDPHpress@cdph.ca.gov)

**Public Health Leaders End Weekly Testing Requirements for Workers**

SACRAMENTO – To better align state COVID-19 guidance with the most current federal recommendations, the California Department of Public Health (CDPH) is ending COVID-19 policies that required weekly COVID-19 testing for unvaccinated individuals in high-risk workplaces and schools. Health care facilities, other congregate settings and schools will no longer be required to administer weekly COVID-19 testing of unvaccinated and under vaccinated workers.

The state’s vaccination requirements for employees in these work settings remain in effect. In addition, changes to policies regarding state workers will be announced separately by CalHR.

“We’ve entered a phase of the pandemic where the majority of people in these workplace settings are vaccinated, and our youngest Californians are now eligible for vaccination too, which protects all of our communities against severe illness, hospitalization and death,” said CDPH Director and State Public Health Officer Dr. Tomás Aragón. “While unvaccinated individuals remain at greatest risk of serious health consequences from COVID-19 infection, weekly testing of unvaccinated groups is no longer slowing the spread as it did earlier in the pandemic due to the more infectious Omicron variants.”

State public health leaders urge all individuals to stay up-to-date on the COVID-19 vaccine to protect themselves from severe illness and slow the spread of the virus. As Omicron variants keep emerging, the updated booster is an important tool against severe illnesses, hospitalization, long COVID, and death. California expects to receive more than 1 million doses of the updated booster and will have ample supply to meet demand.

While weekly testing requirements are ending, employers and schools are encouraged to continue providing testing resources to staff and students to slow the spread of COVID-19 in all communities. Vaccination and testing are two key measures that help mitigate the spread of COVID-19, as is masking and improving indoor ventilation.

The state has distributed another round of 10 million at-home tests to K-12 schools and continues to support additional testing resources for schools as well as school and community testing sites, some of which offer COVID-19 treatments.

The state public health officer orders being amended to reflect testing changes include:

- [8/11/21 Vaccine Verification for Workers in Schools](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx)

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Vaccine-Verification-for-Workers-in-Schools.aspx>

[www.cdph.ca.gov](http://www.cdph.ca.gov)

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



September 30, 2022

**TO:** All Californians

**SUBJECT:** COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year

**RELATED MATERIALS:** Safe Schools for All Hub | Guidance for the Use of Face Masks | Guidance for Individuals Infected with or Exposed to COVID-19 | COVID-19 Outbreak Definitions | COVID-19 Testing at Schools | State Public Health Officer Order regarding School Workers

**Updates as of September 30, 2022:**

- Guidance updated to reflect extension of COVID-19 supplemental paid sick leave requirements through December 31, 2022.

**Preamble**

This guidance is intended to support safe, in-person learning in K–12 schools and mitigate the spread of COVID-19. Disease management strategies in K–12 schools are guided by the principle that safe, in-person learning is critical to student well-being and development.

COVID-19 is here to stay, but we have learned methods and gained tools to decrease its impact on our health and well-being. California's schools can manage this disease in sustainable and adaptive manners. In alignment with the state's SMARTER plan, California will continue to provide resources—including COVID-19 tests and personal protective equipment—to support these goals and prevent broad disruption to in-person learning.

Additionally, many of the strategies used to address COVID-19 can protect school communities from other diseases and support healthy learning environments. In alignment with the CDC, California schools should consider the approaches described below as potential methods to also safeguard students and staff from other airborne pathogens, allergens, and pollutants (e.g., wildfire smoke).

The guidance is based on current scientific knowledge and anticipated trends. It is subject to change, as COVID-19 conditions can shift rapidly and our response in schools must remain nimble and responsive to dynamic challenges.

**General Considerations:**

- The guidance is effective July 1, 2022, unless otherwise stated, and will continue to be reviewed regularly by the California Department of Public Health (CDPH).
- For ease of reference, the guidance includes information about certain relevant requirements outside of CDPH authority. See the linked sources noted within Required Actions below for more details.
- California affirms the authority of local health departments and local educational agencies to maintain or establish additional guidance, including required actions, for K–12 school settings in their respective jurisdictions. When making a determination of whether additional measures are warranted to mitigate in-school transmission of COVID-19, CDPH recommends local health and education officials confer and review this guidance, relevant local considerations, and CDC guidance.
- In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases Standard, and should consult those regulations for additional applicable requirements.
- When applying this guidance, consideration should be given to the direct school population and the surrounding community. Factors include:
  - CDC community level indicators of COVID-19 and their trajectory;
  - COVID-19 vaccination coverage in the community and among students, teachers, and staff;
  - local COVID-19 outbreaks or transmission patterns;
  - indoor air quality at relevant facilities;
  - availability and accessibility of resources, including masks and tests;
  - ability to provide therapeutics in a timely and equitable manner as they become available;
  - equity considerations, including populations disproportionately impacted by and exposed to COVID-19;
  - local demographics, including serving specialized populations of individuals at high risk of severe disease and immunocompromised populations; and
  - community input, including from students, families, and staff.
- It is recommended that schools communicate to students, parents, staff, and the broader school community about the measures in place to safeguard health and well-being. This can include direct dissemination of safety plans (e.g., via email), providing information for students to take home to their families, and/or posting plans on a school's website or around campus. Communication should be cognizant of languages spoken and literacy levels of community members.

**Mitigation Strategies**

**Staying Up to Date on Vaccinations:**

Vaccinations prevent illness by working with the body's natural defenses to help safely develop immunity to disease. Not only do vaccinations provide individual-level protection, but high vaccination coverage reduces the burden of disease in schools and communities and may help protect individuals who are not vaccinated or those who may not develop a strong immune response from vaccination.

**1. Recommended Actions:**

- California strongly recommends that all eligible individuals get vaccinated against COVID-19 and remain up-to-date to protect oneself and reduce transmission of the virus.
- Additionally, children have fallen behind on receiving other vaccines over the course of pandemic, placing them and their communities at increased risk of falling ill from other vaccine-preventable illnesses. Schools should review statutory requirements for vaccination requirements for entry into K–12 schools and visit Shots for School for information.

**Optimizing Indoor Air Quality:**

The risk of getting COVID-19 is greater in indoor settings with poor air quality. Effective ventilation and filtration can curb the spread of COVID-19 and other infectious diseases. It may also protect students and staff from exposure to wildfire smoke and other airborne allergens and pollutants.

**1. Recommended Actions:**

- a. Follow CDPH recommendations to improve indoor air quality to mitigate against COVID-19 in K–12 schools. Facility maintenance staff may also review technical considerations (PDF).
- b. In circumstances where outdoor air quality is poor (such as from wildfire smoke), schools are encouraged to confer with local health officials to determine the best approach forward. Considerations include access to the following:
  - air filtration strategies that do not rely on outdoor air sources (e.g., portable air cleaners);
  - higher quality facemasks (e.g., N95, KN95, or KF94 respirators);
  - alternative spaces with better air quality to host in-person learning
  - alternative ways to commute to/from school; and
  - local COVID-19 epidemiologic factors (i.e., vaccination coverage status, community case rates).

For more information, see resources and guidance from the California Department of Education and the California Air Resources Board.

## Using Facemasks:

Masks, particularly high-quality and well-fitting masks (PDF), remain highly effective, inexpensive, and dynamic tools to protect oneself and mitigate transmission of COVID-19 and other respiratory pathogens.

### 1. Required Actions:

- a. No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a school, unless wearing a mask would pose a safety hazard (e.g., watersports).
- b. Schools must develop and implement local protocols to provide masks to students who inadvertently fail to bring a face covering to school and desire to use one.

### 2. Recommended Actions:

- a. Unless otherwise directed by local health departments or local educational agencies, students and staff should follow CDPH masking guidance for the general public, as well as masking guidance for specific situations referenced below (e.g., when having symptoms, being infected, or exposed).

## Getting Tested for COVID-19:

Testing remains a key mitigation layer to detect and curb transmission of COVID-19. Schools are encouraged to ensure access to COVID-19 testing for students and staff, particularly for vulnerable communities. Schools should review support and resources offered by the California COVID-19 Testing Task Force, as well as those available through healthcare insurers, local, and federal sources.

### 1. Recommended Actions:

- a. CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests. For more information, see the Testing Framework for K–12 Schools.
- b. Due to the increased travel and social interactions that often occurs during school-breaks, it is recommended that students and staff get tested for COVID-19 prior to returning to school following major breaks (e.g., summer, winter, spring).
- c. Additional testing recommendations are referenced in relevant sections below.

## Maintaining Clean Hands:

Hand hygiene can prevent the spread of infectious diseases, including COVID-19.

### 1. Recommended Actions:

- a. Schools should teach and reinforce proper handwashing to lower the risk of spreading viruses, including the virus that causes COVID-19.
- b. Schools should ensure adequate supplies to support hand hygiene behaviors, including soap, tissues, no-touch trashcans, and hand sanitizers with at least 60 percent alcohol for staff and children who can safely use hand sanitizer. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.
- c. Schools should teach and reinforce covering coughs and sneezes to help keep individuals from getting and spreading infectious diseases, including COVID-19.

## Managing Individuals with Symptoms:

Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people.

### 1. Required Actions:

- a. California requires employers to provide COVID-19 supplemental paid sick leave for most workers through December 31, 2022. This includes circumstances in which workers are experiencing symptoms of COVID-19 and seeking a medical diagnosis, attending a vaccine appointment for themselves or for a family member, and/or if a worker's child is isolating due to COVID-19 infection.

### 2. Recommended Actions:

- a. K-12 schools are encouraged to develop standard criteria for managing students who develop symptoms of infectious diseases, including COVID-19. In most situations, any student who develops new, unexplained symptoms should not return to campus until it is clear that symptoms are mild and improving or are due to a non-infectious cause (e.g., allergies). This includes waiting until 24 hours have passed since resolution of fever without the use of fever-reducing medications.
- b. Additionally, if symptoms are concerning for COVID-19, it is strongly recommended that students wear a mask and get tested immediately. Students should also follow CDPH recommendations for retesting and/or isolating if results are positive.
- c. Schools should avoid policies that incentivize coming to school while sick.

## Reporting COVID-19 disease burden to local health authorities:

Notifying local health authorities of the disease burden in schools can expedite deployment of additional strategies and resources to manage illness and contain transmission and outbreaks.

### 1. Required Actions:

- a. K–12 schools should refer to California Code of Regulations (CCR) Title 17, §2500 and §2508 for reporting requirements. Note that 17 CCR §2500 has been temporarily modified by the State Public Health Officer Order of February 10th, 2022.
- b. As workplaces, schools are subject to COVID-19 workplace outbreak reporting requirements stipulated in AB 685 and Cal/OSHA Emergency Temporary Standards.

## Managing Students Diagnosed with COVID-19:

Prompt management of students with COVID-19 can prevent further spread and, in some cases, allow for early treatment.

### 1. Recommended Action:

- a. Students diagnosed with COVID-19 should follow recommendations listed in Table 1 (Persons with COVID-19) of CDPH's guidance for the general public, including staying home for at least 5 days and wearing a well-fitting mask around others for a total of 10 days, especially in indoor settings.

## Managing Students Exposed to COVID-19:

Prompt notification to students and families regarding exposure to infectious diseases, including COVID-19, can allow for rapid testing, early treatment, and prevention of further spread.

### 1. Recommended Actions:

- a. It is recommended that families notify schools if their child has COVID-19 and was on school grounds during their infectious period, and that schools in turn notify students who spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone with COVID-19 during their infectious period.
- b. In lieu of individual exposure notifications, schools should consider providing a general notification to the entire school community during times of elevated community transmission of COVID-19. This communication can alert all to the increased potential of being exposed to COVID-19 due to a rise in cases among school and community members, and remind all to monitor for symptoms and get tested.
- c. All students with known exposure to persons with COVID-19 should follow recommendations listed in Table 2 (Asymptomatic Persons Who are Exposed to Someone with COVID-19) of CDPH's guidance for the general public. If they remain without symptoms, students may continue to take part in all aspects of K–12 schooling including sports and extracurricular activities. As recommended in Table 2, they should wear a well-fitting mask around others for a total of 10 days and get tested 3–5 days after last exposure.

## Managing COVID-19 Outbreaks:

CDPH will continue to support local health and education officials in managing suspected or confirmed outbreaks of COVID-19.

### 1. Recommended Actions:

- a. Broad disruptions to in-person learning, such as temporary school or classroom closures, due to COVID-19 should remain a last resort and considered only after all available resources have been exhausted, and only after conferring with local health officials.
- b. Local public health officials are encouraged to contact CDPH to learn more about consultation, testing and vaccination resources to support management of COVID-19 outbreaks.

## Cleaning Facilities:

In general, routine cleaning is enough to sufficiently remove the virus that causes COVID-19 from surfaces. If disinfectants are used, use asthma-safer products.

### 1. Recommended action:

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

## Additional Considerations

1. **Considerations to address student mental and behavioral health:** Schools are encouraged to implement strategies to address student mental and behavioral health. Schools should review guidance and resources available to support social and emotional learning and mental health resources for youth, including California's Healthy Minds, Thriving Kids Project.
2. **Considerations for students with disabilities or other health care needs:** When implementing this guidance, schools should carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply. For additional recommendations for students with disabilities or other health care needs, refer to guidance provided by the American Academy of Pediatrics.
3. **Considerations for higher risk activities:** Certain activities that involve increased and forceful exhalation can pose increased risk for getting and spreading COVID-19, particularly if conducted indoors, in poorly ventilated settings, and/or without the use of masks. Accordingly, schools may consider implementing additional measures to mitigate transmission in these settings, including screening testing and vaccination, particularly during COVID-19 outbreaks or surges.
4. **Considerations for large events at K–12 schools:** Particularly during surges of COVID-19, school dances, large assemblies, and other school-based crowded events, especially those held indoors, all have the potential to cause substantial spread of COVID-19 within and beyond the school community. Prior to hosting large events, schools are encouraged to review the Safe and SMART Events Playbook (PDF) for mitigation strategies that should be considered.
5. **Considerations for visitors to K–12 schools:** Schools should not limit access for essential direct service providers who comply with school visitor policies due to a concern about mitigating spread of COVID-19.
6. **Considerations for boarding schools and programs that may operate residential components:** Participants in activities with a residential component are at increased risk of getting and spreading COVID-19 to one another. Accordingly, they should consider all the layered mitigation strategies described in this guidance, especially recommendations to get vaccinated and undergo testing for COVID-19 prior to returning to school following major breaks (e.g., summer, winter, spring).

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





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



December 1, 2022

**TO:** All Californians

**SUBJECT:** Testing Framework for K–12 Schools for the 2022–2023 School Year

**RELATED MATERIALS:** Guidance for K–12 Schools | Frequently Asked Questions around K–12 Testing Framework for 2022/23 School Year | Safe Schools for All Hub | Guidance for the Use of Face Masks | Guidance for Individuals Infected with or Exposed to COVID-19 | COVID-19 Outbreak Definitions | COVID-19 Testing at Schools

Updates as of December 1, 2022:

- Section on testing types updated for clarity.

## Background

This document aims to inform California's K-12 schools of COVID-19 testing strategies for the 2022-2023 school year. It is intended to support planning processes for safe in-person learning, as disease management is an essential priority to maintain student well-being and development.

## Testing Framework:

Testing for COVID-19 remains an essential tool to decrease transmission, keep students and staff safe, and keep schools open for in-person instruction while mitigating the COVID-19 pandemic.

Please refer to the COVID-19 Public Health Guidance for K–12 Schools to Support Safe In-Person Learning, 2022–2023 School Year for more specific information on when and who to test in a school setting. This information is being incorporated into this framework by reference.

### The following are recommended practices for California districts, schools, and county offices of education:

- **Identify** a COVID Testing Point of Contact to facilitate communication and coordination with the CA Testing Task Force along with other relevant agencies or organizations that oversee school operations.
- **Review** and reference current testing recommendations provided in the CDPH K-12 School COVID Guidance and any additional recommendations or requirements provided by the Local Health Jurisdiction.
- **Maintain** situational awareness of the testing resources and programs offered by the CA Testing Task Force and monitor availability of pre-positioned testing resources housed with a County Office of Education or Local Health Jurisdiction for rapid distribution to schools.
- **Monitor** the CDC's COVID Community Data Tracker as a method of identifying when to increase or reestablish school testing operations.
- **Communicate** any questions, concerns, or additional operational testing resources/needs to the CA Testing Task Force at [schooltesting@cdph.ca.gov](mailto:schooltesting@cdph.ca.gov)

### The following list describes operational considerations for COVID-19 testing for K-12 schools:

- California is currently offering direct ordering of COVID-19 over-the-counter (OTC) tests to schools. Schools may use OTC tests to supplant on-site testing in many situations. Such efforts should be paired with educational materials to facilitate proper OTC use, particularly in communities with limited English proficiency and/or lower health literacy.
- California also offers COVID-19 OTC tests to all county offices of education (COEs) for use by public and private school students and staff for return from various prolonged school holiday break testing, such as summer and winter breaks. California Department of Public Health (CDPH) has communicated with COEs about a 2022-2023 Winter Break distribution; for more information, please contact your local COE or email [schooltesting@cdph.ca.gov](mailto:schooltesting@cdph.ca.gov).
- CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, rather than PCR tests. Both the professional, on-site antigen tests as well as the OTC at-home antigen tests have been effective in identifying persons who have infectious levels of all known variants of SARS-CoV-2. PCR tests are highly sensitive, but their utility is greatest as a confirmatory test in appropriate situations and/or in clinical settings. If you are currently participating in a CDPH school-based PCR testing program, please email [schooltesting@cdph.ca.gov](mailto:schooltesting@cdph.ca.gov) for more information about transitioning to an antigen testing program, and to learn more about available resources.
- CDPH will continue to support professional on-site antigen testing programs in the 2022-2023 school year. However, the volume of anticipated on-site testing is likely to decrease with the increased availability and ease of OTC tests. We anticipate the workload for on-site testing to substantially decrease for the 2022-2023 school year as OTC testing will often meet testing needs. Thus, state support for school-based testing staff (via End-to-End vendors) will be reduced. For more information, please email [schooltesting@cdph.ca.gov](mailto:schooltesting@cdph.ca.gov).

### CDPH recommends that antigen tests be considered the primary option for detecting COVID-19 in schools, compared to PCR tests.

### If used, PCR or other molecular testing may be considered in limited situations in the school setting:

- People with symptoms who may have a negative initial antigen test AND are at high risk for hospitalization or death from COVID-19 benefit from early treatment. They may consider PCR (or other molecular) test and/or repeat an antigen test (at-home tests are acceptable) in 24 hours if the PCR result has not returned (Updated Testing Guidance). Individuals may consider repeat antigen testing every 24-48 hours until a positive test is returned or until symptoms improve.
- When a participant has ambiguous or invalid antigen test results, even on a repeat test, schools can consider repeating an antigen test in 24-48 hours, or PCR testing as an alternative.

These updates and anticipated changes are based on current scientific knowledge and anticipated trends. The framework is subject to change. As noted in the SMARTER plan, COVID-19 trends can shift rapidly and California's response to conditions in schools must remain nimble, adaptive, and responsive to dynamic challenges to keep students and staff safe.

Preliminary Testing Framework for K-12 Schools for the 2022–2023 School Year originally published on May 27, 2022.



## UPDATE - COVID-19 Prevention – Non-Emergency Regulation

### What Employers Need to Know

December 15, 2022

On December 15, 2022, the Occupational Safety and Health Standards Board voted to adopt non-emergency COVID-19 Prevention regulations. These regulations will take effect once they are approved by the Office of Administrative Law (OAL) in the month of January 2023 and will remain in effect for two years after the effective date, except for the recordkeeping subsections, which will remain in effect for three years. These regulations include some of the same requirements found in the COVID-19 Prevention Emergency Temporary Standards (ETS), plus new provisions aimed at making it easier for employers to provide consistent protections to workers and allow for flexibility if changes are made to CDPH guidance in the future.

**Note:** These regulations apply to most workers in California who are not covered by the [Aerosol Transmissible Diseases standard](#).

#### Important requirements from the ETS that are also part of the COVID-19 Prevention regulations include:

- Employers must provide face coverings and ensure they are worn by employees when CDPH requires their use.
  - Employers must review [CDPH Guidance for the Use of Face Masks](#) to learn when employees must wear face coverings.
  - **Note:** Employees still have the right to wear face coverings at work and to request respirators from the employer when working indoors and during outbreaks.
- Employers must report information about employee deaths, serious injuries, and serious occupational illnesses to Cal/OSHA, consistent with existing regulations.
- Employers must make COVID-19 testing available at no cost and during paid time to employees following a close contact.
- Employers must exclude COVID-19 cases from the workplace until they are no longer an infection risk and implement policies to prevent transmission after close contact.
- Employers must review CDPH and Cal/OSHA guidance regarding ventilation, including [CDPH and Cal/OSHA Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#). Employers must also develop, implement, and maintain effective methods to prevent COVID-19 transmission by improving ventilation.

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## Important changes to the COVID-19 Prevention regulations include:

- Employers are no longer required to maintain a standalone COVID-19 Prevention Plan. Instead, employers must now address COVID-19 as a workplace hazard under the requirements found in [section 3203 \(Injury and Illness Prevention Program, IIPP\)](#), and include their COVID-19 procedures to prevent this health hazard in their written IIPP or in a separate document.
  - Employers must do the following:
    - Provide effective COVID-19 hazard prevention training to employees.
    - Provide face coverings when required by CDPH and provide respirators upon request.
    - Identify COVID-19 health hazards and develop methods to prevent transmission in the workplace.
    - Investigate and respond to COVID-19 cases and certain employees after close contact.
    - Make testing available at no cost to employees, including to all employees in the exposed group during an outbreak or a major outbreak.
    - Notify affected employees of COVID-19 cases in the workplace.
    - Maintain records of COVID-19 cases and immediately report serious illnesses to Cal/OSHA and to the local health department when required.
- Employers must now report major outbreaks to Cal/OSHA.
- The COVID-19 Prevention regulations do not require employers to pay employees while they are excluded from work. Instead, the regulations require employers to provide employees with information regarding COVID-19 related benefits they may be entitled to under federal, state, or local laws; their employer's leave policies; or leave guaranteed by contract.

## Important changes to definitions

- “Close contact” is now defined by looking at the size of the workplace in which the exposure takes place. For indoor airspaces of 400,000 or fewer cubic feet, “close contact” is now defined as sharing the same indoor airspace with a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period. For indoor airspaces of greater than 400,000 cubic feet, “close contact” is defined as being within six feet of a COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case's infectious period.
- “Exposed group” was clarified to include employer-provided transportation and employees residing within employer-provided housing that are covered by the COVID-19 Prevention standards.

This guidance is an overview, for full requirements see Title 8 sections [3205](#), [3205.1](#), [3205.2](#), and [3205.3](#)