

01-14-2022

FAQ for Santa Clara County Schools and Districts

As of January 14, 2022, these are the frequently asked questions regarding the latest [public health orders](#) and [CDPH K-12 school guidance](#). Please note that this document is updated on a regular basis as additional information becomes available.

ISOLATION/QUARANTINE

Q: Why does the guidance permit students with known exposures to COVID-19 to remain in-school?

A: Scientific research and experience from around the country demonstrate that when both parties are wearing facemasks appropriately at the time of a school-based exposure to COVID-19, in-school transmission is unlikely and students can safely continue in-person learning. When students remain in school after exposure because the student and the individual with COVID-19 were wearing masks appropriately, this is called modified quarantine. Modified quarantine involves a period of time during which students may continue in-person instruction but should refrain from all extracurricular activities at school, including sports, and activities within the community setting. Testing during modified quarantine provides an additional layer of safety and monitoring. Modified quarantine allows for less missed days of school and supports in-person education.

Q: Who qualifies for modified quarantine?

A: Asymptomatic student close contacts who have NOT completed the primary series of COVID-19 vaccines NOR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days exposed to COVID-19 may qualify for a modified quarantine, provided they meet criteria listed in the K-12 Guidance.

- The infected person to whom the student was exposed may be any individual in the school setting, including fellow students, teachers, or other school-based contacts. The exposure may have occurred in any school setting in which students are supervised by school staff. This includes indoor or outdoor school settings and school buses, including on buses operated by public and private school systems.
 - Note: Asymptomatic student close contacts who have completed the primary series of COVID-19 vaccines OR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days do not need to quarantine. See the K-12 Guidance for more information.

Q: What are students permitted to do during modified quarantine?

A: When students are attending school during modified quarantine, they continue to be required to wear masks indoors and are strongly encouraged to wear masks outdoors. They may use school buses, including buses operated by public and private school systems. They may participate in all required instructional components of the school day, except activities where a mask cannot be worn, such as while playing certain musical instruments. However, students on modified quarantine may eat meals on campus using food service recommendations provided in the K-12 Guidance. As noted above, they should refrain from all extracurricular activities, including sports.

Q: Do people who have been vaccinated still need to quarantine if they were exposed to someone with COVID-19? (TK-12; Programs for Children/Youth)

A: *Updated 1/12/2022 - Those aged 18+ who are vaccinated and booster-eligible but have not yet received their booster dose are considered not fully vaccinated for the purposes of determining quarantine. Children ages 5-17 who completed their initial series are considered fully vaccinated.

A: Updated 1/12/2022 - In general, fully vaccinated students/youth who have been exposed to a COVID-19 case and are asymptomatic do not need to quarantine, but they should get tested 5 days after exposure and wear a mask for 10 days whenever near others. Exceptions and other considerations may apply. Please see the County Public Health Department's [Home Isolation and Quarantine Guidance - Contact Tracing](#) webpage for more information

Q: If a student or staff member has COVID-like symptoms, when is a doctor's note needed before returning to school? (TK-12)

A: If a student or staff person, who is not a close contact to a confirmed COVID-19 case, has COVID-like symptoms that may be common to a variety of illnesses, the person should get tested. If the test result is negative, the student or staff member can return to school when at least 24 hours have passed since resolution of any fever (without the use of fever-reducing medications) and other symptoms have improved. The negative test result should be provided to the school, and a doctor's note is not needed.

A doctor's note is only needed before returning to school if:

- A. the symptoms experienced are identical to those of a documented underlying chronic condition(e.g., asthma or diabetes); or

- B. the healthcare provider determined, through a medical evaluation of the person, that there is an alternative, named diagnosis(e.g., streptococcal pharyngitis or coxsackievirus) that explains the symptoms experienced.

*For a doctor's note to be valid documentation of the above situations, the doctor must provide a written explanation that includes all of the following: certification that a medical evaluation was completed; an alternative explanation for symptoms; and a statement that COVID-19 testing is not indicated.

Q: What if my child has runny nose or congestion but no other symptoms of COVID-19, should he/she stay home from school? (TK-12)

A: Many school age children will have symptoms of runny nose throughout the school year due to a range of conditions. It would be unlikely for a child to experience a runny nose as the only symptom of COVID-19, and preventing children with only a runny nose from going to school would likely lead to unnecessary school absences. If a child has a runny nose but no other symptoms of COVID-19, it would be reasonable to allow that child to remain at school, provided the child does not develop any other symptoms of COVID-19.

COHORTING/DISTANCING

Q: Is there a maximum cohort size or minimum amount of physical distancing required for in-person instruction? (TK-12)

A: CDPH's COVID-19 Public Health Guidance for K-12 Schools in California, 2021-2022 School Year does not set a maximum cohort size or minimum amount of distancing between students and/or staff. On physical distancing, the State's guidance specifically states that "[r]ecent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are fully implemented. This is consistent with CDC K-12 School Guidance."

Q: What is the recommendation for how to serve students with disabilities who are receiving in-person instruction? (TK-12)

A: CDPH's COVID-19 Public Health Guidance for K-12 Schools in California, 2021-2022 School Year states that "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." It also

directs schools “to the CDC K-12 guidance section on ‘Disabilities or other health care needs’ for additional recommendations.”

Q: What is the guidance on breakrooms?

A: The Health Officer recommends that use of indoor breakrooms by unvaccinated staff be minimized as much as possible. Unvaccinated employees should preferably eat outside, alone in their vehicles or alone at their own desk/workspaces. Employers are strongly encouraged to take steps to encourage these safety measures (for example, by staggering break times and/or setting up outdoor areas where employees can eat and stay at least six feet apart from one another). If unvaccinated employees want to eat with coworkers, they should do so outdoors and distanced more than six feet apart from each other.

Q: Can parents, especially those of younger children, be in the classroom?

A: CDPH’s COVID-19 Public Health Guidance for K-12 Schools in California, 2021-2022 School Year recommends the following:

- Schools should review their rules for visitors and family engagement activities.
- Schools should limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly in areas where there is moderate-to-high COVID-19 community transmission.

TESTING

Q: How frequently should testing occur for students in modified or standard quarantine? When can quarantined students resume all activities?

A: Based on experiences in California schools so far, CDPH recommends the same testing cadence for those in modified quarantine and those in standard quarantine, as follows: It is recommended to test as soon as a person is informed that they were a close contact of someone with COVID-19. Subsequent testing may occur on or after Day 5 from the date of last exposure. Quarantine can end after Day 5 if a test specimen is collected on or after Day 5 from the date of last exposure and tests negative.

Q: What type of test may be used to assess a person's status during quarantine or to exit quarantine?

A: Any FDA-approved antigen diagnostic test, PCR diagnostic test, or pooled PCR test is acceptable for evaluation of an individual's COVID-19 status during quarantine. For individuals who have been recently infected (within the past 90 days), antigen testing is strongly recommended as PCR results may remain persistently positive and not be indicative of a new active infection.

- Repeat antigen testing and/or confirmatory molecular testing should be considered in individuals who receive a negative result with an antigen test but have symptoms specific for COVID-19 (such as loss of taste and smell). For more information, see the CDPH updated testing guidance.

Q: Is at-home testing permitted?

A: At-home testing, also known as over-the-counter (OTC) testing, is permitted to evaluate the status of a student who is in isolation or quarantine (or received a notification of exposure). Schools are encouraged to provide resources to parents and families regarding the best practices for using and reporting at-home tests. Contact CDPH for support as needed. Schools are not required to verify the results of at-home testing but may consider verification methods listed in the OTC guidance.

Q: Should students, teachers, and other school staff be routinely tested? (TK-12)

A: CDPH's K-12 school-based COVID-19 testing strategies for school year 2021-22 outlines the State's recommendations and support for testing of students, teachers, and other school staff. In addition to testing of symptomatic individuals and close contacts, screening testing can be helpful in preventing COVID-19 transmission on campus. More frequent screening testing is more likely to result in identifying COVID-19 cases early and preventing on-campus transmission.

Q: How should schools manage testing resources

A: CDPH recommends that schools facilitate access to testing resources, particularly for vulnerable populations within their communities. Tracking results from all exposed students is not required. Parents should notify schools of positive results. Schools that do not have access to sufficient testing supports are strongly encouraged to promptly contact local health departments and/or CDPH for additional guidance.

VACCINATIONS

Q: What are the benefits to being fully vaccinated for students in school?

A: COVID 19-vaccines are effective. They decrease the chances of getting and spreading the virus that causes COVID-19. COVID-19 vaccines help keep you from getting seriously ill even if you do get COVID-19. Getting vaccinated yourself may also protect people around you, particularly people at increased risk for severe illness from COVID-19.

- Fully vaccinated students may remain in school and avoid interruptions to in-person education, even if they are exposed to someone with COVID-19, so long as they remain without symptoms.

Q: How should school staff determine whether a student's symptoms are due to being infected or recently vaccinated against COVID-19?

A: More than one million teenagers have been immunized against COVID-19 in California as of 2022, including hundreds of thousands since schools reopened this fall. Based on data from clinical trials, post-vaccination side effects in younger children are anticipated to be similar or milder than in adolescents or young adults who received the Pfizer COVID-19 vaccine. Current school-based practices for assessing post-vaccination symptoms in adolescents can be applied to this younger population.

- Most post-vaccination symptoms occur within the first 3 days of vaccination (the day of vaccination and the following 2 days, with most occurring the day after vaccination). Testing may help determine whether symptoms should be attributed to COVID-19 infection that could occur prior to the body's ability to develop immunity from the vaccine, which typically takes about two weeks after the vaccination. Vaccination does not cause positive antigen and PCR test results for COVID-19.
- Additionally, many of CDC's post-vaccine considerations for workplaces apply to K-12 schools, including information about signs and symptoms not caused by COVID-19 vaccination (e.g., cough, shortness of breath, runny nose, sore throat, loss of taste or smell). Suggested approaches for assessing and responding to post-vaccination symptoms are also provided.

MASKING

Q: What is a face covering?

A: "face covering" means a covering that:

- completely covers the nose and mouth

- is made with two or more layers of a breathable fabric that is tightly woven (i.e., fabrics that do not let light pass through when held up to a light source)
- is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they should have two layers of fabric or be folded to make two layers
- fits snugly over the nose, mouth, and chin with no large gaps on the outside of the face
- is a solid piece of material without slits, exhalation valves, visible holes, punctures, or other openings. This definition of face covering allows various different types of masks including clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet this definition and which may be used to facilitate communication with people who are hearing impaired or others who need to see a speaker's mouth or facial expressions to understand speech or sign language, respectively.

Face coverings can be manufactured or homemade, and they can incorporate a variety of designs, structures, and materials. Face coverings provide variable levels of protection based on their design and construction.

Q: How does the Santa Clara County order differ from other similar indoor face covering orders issued in the Bay Area?

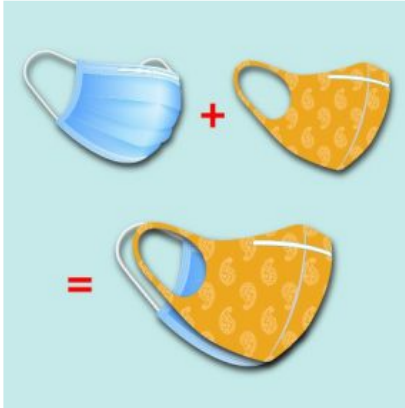
A: While most Bay Area indoor face covering orders are similar in effect, the Santa Clara County order also requires use of face coverings at private indoor events (such as parties or gatherings in a residence). This is because the risk of COVID-19 transmission is similar in such settings. Most other orders urge use of face coverings in such settings, but do not require it.

- There are free testing sites in Santa Clara County, click [here](#) for more information including a complete list of testing sites.

Q: When should I double mask?

A: Double masking is an effective way to improve fit and filtration. A close-fitting cloth mask can be worn on top of a surgical/disposable mask to improve the seal of the mask to the face. Layering more than two masks is not recommended as this could be difficult to breathe through. Also, it is not recommended to wear two medical masks, or to wear a medical mask on top of a KN95, KF94, or N95. Double masking may be appropriate

where improved fit and filtration are especially important.



Q: Who is required to wear a face-covering? (TK-12)

A: CDPH's COVID-19 Public Health Guidance for K-12 Schools in California, 2021-2022 School Year says that face coverings are optional outdoors for all in K-12 school settings. However, K-12 students are required to wear face coverings indoors, with exemptions per CDPH face mask guidance. Adults in K-12 school settings are also required to mask when sharing indoor spaces with others. Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

*Individual school sites and districts may choose to enforce a more restrictive masking policy.

Q: When is wearing an effective mask especially important?

A: The August 2, 2021 Health Order requiring universal indoor masking remains in effect throughout Santa Clara County.

Some situations require a higher level of protection (improved fit and/or improved filtration):

- In indoor settings with unvaccinated persons or with persons whose vaccination status is unknown.
- In indoor settings with poor ventilation.
- In close quarters with other people where social distancing is not possible (examples: riding a crowded bus, waiting in line at a crowded airport terminal).

- In any public place for people who are older or with medical conditions that put them at higher risk of severe COVID illness.

Even when you're at home, there are times when a higher level of protection is important, such as when:

- Providing care for family members who are sick with or may have been exposed to someone with COVID-19.
- Living in a household with someone who is suspected of having or has COVID-19.
- Someone from outside your household comes into your home who may be unvaccinated (example: friend, relative, repair person).
- You work outside the home and live with someone who is older or with a medical condition that puts them at higher risk of severe COVID illness.

Q: Why does the K-12 guidance require masks to be worn indoors?

A: Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19. SARS-CoV-2, the virus that causes COVID-19, is primarily transmitted via airborne particles. Masks limit the spread of the virus in the air from infected persons and protect others exposed to these particles.

- Universal masking indoors in K-12 schools is recommended by the American Academy of Pediatrics and by the CDC in its Guidance for COVID-19 Prevention in K-12 Schools (updated July 27, 2021). As the CDC noted: "CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place."
- Universal masking prevents outbreaks and permits modified quarantine under certain conditions in K-12 settings, supporting more instructional time and minimizing missed school days for students. Additionally, universal masking indoors is critical to enabling all schools to offer and provide full in-person instruction to all students without minimum physical distancing requirements at the outset of the school year.
- As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of July 22, 2021, less than 40% of Californians 12 to 17 years old were fully vaccinated.

- Requiring universal masking indoors in K-12 schools also takes into account a number of other key considerations: operational barriers of tracking vaccination status in order to monitor and enforce mask wearing; the potential for increased transmission due to circulating variants; and potential detrimental effects on students of differential mask policies, which include: potential stigma, bullying, and isolation of vaccinated OR unvaccinated students, depending on the culture and attitudes in the school or surrounding community.
- CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations.** Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19, in alignment with the CDC-recommended indicators to guide K-12 school operations.
 - **On October 20, 2021, California reaffirmed its current approach to COVID-19 prevention and containment in schools. The State is maintaining the universal indoor mask mandate in K-12 schools and will continue to monitor conditions. For more information, including factors contributing to this decision, please see the [full statement](#).

Q: Is a doctor's note required to obtain a mask exemption? Is parental or self-attestation permitted to obtain a mask exemption?

A: As per CDPH Guidance on Face Coverings, "persons with a medical condition, mental health condition, or disability that prevents wearing a mask" as well as "persons who are hearing impaired" are exempt from mask requirements.

- Assessing an exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.). In this context, (1) "physician" refers specifically to an individual having a valid certificate or license to practice medicine and surgery issued by the Medical Board of California or the Osteopathic Medical Board of California; (2) "nurse practitioner" refers specifically to registered nurses who have a valid license to practice as a nurse practitioner (N.P) by the California Board of Registered Nursing; and (3) "physician assistant" refers specifically to an individual having a valid license to practice from the California Physician Assistant Board. Self-attestation and

parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations.

- Additionally, per CDPH K-12 Guidance, "persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it."

Q: Do masks need to be worn on school buses?

A: Yes. CDPH Face Coverings Guidance requires that everyone (regardless of vaccination status) use masks on school buses, including on buses operated by public and private school systems. In addition, CDC's Order requiring the wearing of masks by all people on public transportation conveyances also includes school buses. Passengers and drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions. More information regarding the CDC Requirement for Face Masks on Public Transportation is available on the CDC's website.

Q: Why do vaccinated teachers need to wear a mask?

A: As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Many students will not be fully vaccinated by the start of the school year. Due to the potential for increased spread from highly transmissible circulating variants and that face masks remain one of the most effective and simplest safety mitigation layers, adults – including those who are fully vaccinated – in K-12 school settings are required to mask when sharing indoor spaces with students. Universal indoor masking of teachers, regardless of vaccination status, is also recommended by the CDC.

- CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations.** Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19, in alignment with the CDC-recommended indicators to guide K-12 school operations.
 - ***On October 20, 2021, California reaffirmed its current approach to COVID-19 prevention and containment in schools. The State is maintaining the universal indoor mask mandate in K-12 schools and will*

continue to monitor conditions. For more information, including factors contributing to this decision, please see the full statement.

Q: What if I must temporarily lower my mask for any reason?

A: Lowering a mask (i.e., such that it does not fully cover the wearer's nose and mouth) for any reason increases risk of infection and potentially exposes other persons to COVID-19. If it must be done, it should be done for brief periods of time, away from other people, and preferably outdoors if possible.

GROUP-BASED CONTACT TRACING APPROACH TO STUDENTS EXPOSED TO COVID-19 IN A K-12 SETTING

Q: If using the Group-Tracing Approach, what should students notified of an exposure be told?

A: Schools should 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 period of infectiousness.

- Notification should occur to "groups" of exposed students (e.g., classmates, teammates, cohorts, etc.) rather than contact tracing to identify individual "close contacts" (e.g., those within 6 feet).
- Notifications should be provided to all individuals considered exposed, including those who are vaccinated and/or recently infected.
- For example, if a student in tenth grade is diagnosed with COVID-19, the school should notify groups with whom that student interacted as per the criteria above, such as those in the same classes, sports team, and/or other extracurricular cohorts.
- Notifications should highlight that the student may remain in school but should get tested. Scientific research and experience from around the country – including from California during this school year – demonstrate that schools remain among the safest places for children to be. Information regarding where and how to access testing resources should be included, along with isolation instructions in case the exposed individual tests positive or develops symptoms. Required mitigation practices (such as masking) should be reiterated.
- A sample notification letter, [available here] may be downloaded and customized by schools to facilitate communication to exposed students.

SCHOOL-BASED EXTRA CURRICULAR ACTIVITIES

Q: Are there additional recommendations to protect against transmission of COVID-19 during sports in K-12 settings

A: Sports-related transmission of COVID-19 often occurs off the field of play. This includes during weight-training, team meetings, and while commuting with teammates to and from activities. Students are required to wear masks indoors in school settings and on school-based transportation. This includes weight rooms, locker rooms, and school buses, even if the sport itself is played outdoors.

- Additional recommendations to mitigate sports-related transmission of COVID-19 include the following: vaccinate all eligible student athletes, coaches, and parent/adult volunteers; consider screening testing programs; hold team meetings outdoors; minimize team meals and other activities not related to practice or play; wear masks during shared transportation (i.e., carpooling to and from activities); avoid sharing water bottles; and train in pods (e.g., separate teams into varsity/junior varsity, offense/defense, different track & field events, etc.). Note that local health jurisdictions may have additional rules and regulations. Additional recommendations are provided by the American Academy of Pediatrics.

Q: Can K-12 schools host dances and large assemblies?

A: School dances, large assemblies, and other school-based crowded events have the potential to cause substantial spread of COVID-19 within and beyond the school community. Schools are encouraged to consult with local health officials before deciding to host such events, particularly in communities where COVID-19 remains highly prevalent and/or vaccination rates remain low. The following are additional considerations to optimize health and safety for all attendees:

- Host such events outdoors whenever possible.
- Separate the event into smaller cohorts (by grade, for example) whenever possible.
- Ensure all eligible attendees (students and adults) are fully vaccinated. Conduct pre-entry testing for all unvaccinated attendees at or just prior to the event.
- Plan in advance how to identify close contacts or exposed groups if it is later discovered that someone with COVID-19 attended the event. Consider requiring pre-registration with CA Notify and maintaining a log of all attendees (even those arriving pre-event) at the door/entrance to the event.
- Consider requiring the use of masks at outdoor school-based large, crowded events. (Masks remain required indoors as per CDPH K-12 Guidance.

- If food or drinks are to be served, serve them outdoors whenever possible and/or place them away from other areas to clearly designate spaces where masks must be worn.

ADDITIONAL FREQUENTLY ASKED QUESTIONS

Q: I have questions about supporting my child's needs while at home. Where can I find support?

A: The Santa Clara County Office of Education's Inclusion Collaborative has expanded its Inclusion Support Warmline Service. This service is available 8 hours per day and has the following language capabilities: Spanish, Vietnamese, Mandarin, and Korean. Support will be provided by answering questions, addressing concerns and providing social stories to support children's understanding of 'social distancing', etc. Also available, will be alternative educational resources, support for distance learning (media, etc.) and information on addressing individual needs for children with IEPs.

- The Inclusion Collaborative is also hosting weekly Family Resource Chats where parents and educators can join a virtual chat with an Inclusion Specialist to discuss the weekly topic, have their questions addressed and network with other parents and educators. Call (408) 453-6651 or email WarmLineRemoteLearning@sccoe.org.

A: The California Parent and Youth Helpline provides support and resource referrals to parent and youth during the current COVID-19 pandemic, 7-days a week from 8:00 a.m. to 8:00 p.m. Call or text 1-855-4APARENT (855-427-2736) for services in English, Spanish and other languages. For more information, please visit: <https://caparentyouthhelpline.org/>

A: Additional distance learning resources can also be found on the Santa Clara County Office of Education's COVID-19 Learning Resource Portal.

Q: Are school boards still meeting during the shelter in-place?

A: On September 16, 2021, the Governor signed AB 361 authorizing a legislative body subject to the Brown Act to continue to meet remotely using teleconference without compliance with the Brown Act teleconference rules if certain conditions are followed including (1) initially the existence of a proclaimed state of emergency and (2) requirements or recommended measures from state or local officials to promote social distancing.

Q: Where can I find COVID-19 updates?

A: Updates can be found at the following websites: [Santa Clara Public Health Department](#); [Governor Newsom's Newsroom](#); [Santa Clara County Office of Education](#). The Santa Clara County Office of Education also has a hotline available at (408) 453-6819.