



Novel Coronavirus (COVID-19)
Alameda County Public Health Department
Guidance and FAQ for Out of School Time Camps and Youth Extracurricular Programs
September 30, 2020

This document provides guidance for operating out of school time day camps and youth extracurricular programs, including private and public camps, children's activity centers, church programs, sports camps, etc. Camps and youth extracurricular programs are an essential service to ensure children are receiving education, recreation, and enrichment activities while they are out of school time. ACPHD wants to balance allowing these essential activities and services with the protection of staff and children, and thus recommends the guidance outlined below.

This document answers questions about the following topics:

- 1) COVID-19 Overview**
- 2) General Measures**
- 3) Promote Healthy Hygiene Practices, Use of Face Coverings, & Staff Safety**
- 4) Cleaning Disinfection Ventilation**
- 5) Implementing Distancing**
 - **Arrival & Departure**
 - **Classroom Space**
 - **Recreational Space**
 - **Meals**
 - **Sports**

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



6) Train All Staff and Family

7) Check for Signs and Symptoms

8) Considerations for Partial or Total Closings

9) Resources

1) COVID-19 Overview

COVID-19 is a respiratory illness, caused by a novel (new) virus that we are learning more about every day. There is currently no vaccine to protect against COVID-19. At this point, the best way to prevent infection is to minimize potential exposure to the virus that causes it. Reducing the spread of the virus through everyday practices is the best way to keep people healthy. More information on COVID-19 is available at www.cdc.gov/coronavirus/2019-ncov

The virus that causes COVID-19 is called “novel” because it has never before been seen in human beings. The full name of the virus is SARS-CoV-2. The illness caused by it is known as COVID-19. The first known case of COVID-19 was seen in Wuhan, China at the end of 2019.

Symptoms of COVID-19 include the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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More information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

COVID-19 Transmission

COVID-19 is thought to be spread between people who are in close contact with one another (within about 6 feet). The spread happens through respiratory droplets produced when an infected person coughs, sneezes or talks. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. COVID-19 may be spread by people who are not showing symptoms.

2) General Measures

California Department of Public Health (CDPH) Cohort Guidance

The CDPH cohort guidance applies to **groups of children and youth in controlled, supervised, and indoor environments operated by local educational agencies, non profits, or other authorized providers, including, but not limited to, public and private schools; licensed and license-exempt child care settings; organized and supervised care environments, i.e., "distance learning hubs"; recreation programs; before and after school programs; youth groups; and day camps.**

[Reference: CDPH Guidance Related to Cohorts - UPDATED September 4, 2020](#)

Reference Table: CDPH Child and Youth Cohort Guidance

Topic	Guidance	Notes
Numbers 1-3 apply to school sites that are otherwise closed to in-person instruction ONLY	Settings include, but are not limited to: public and private schools; licensed and license-exempt child care settings; organized and supervised care environments, i.e., "distance learning hubs"; recreation programs; before and after school programs; youth groups; and day camps.	

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Numbers 4-17 apply to ALL settings		
1. Which students can be served while schools are otherwise closed for in-person instruction	Students needing specialized services, targeted services and support while schools are otherwise closed for in-person instruction.	The determination is made at the LEA- and school-level based on the needs of students. Students with disabilities should be prioritized by the LEA and school for receiving targeted supports and services. In addition, English learners, students at higher risk of further learning loss or not participating in distance learning, students at risk of abuse or neglect, foster youth and students experiencing homelessness may also be prioritized.
2. Determining specialized and targeted support Services	Specialized services are determined by LEAs	Specialized services include but are not limited to occupational therapy services, speech and language services, and other medical services, behavioral services, educational support services as part of a targeted intervention strategy or assessments, such as those related to English learner status, individualized educational programs and other required assessments.
3. Number of cohorts on a single school site otherwise closed for in-person instruction	<p>The number of cohorts will depend on the school's enrollment size and available building capacity.</p> <p>In general, given the need for physical distancing and separation of cohorts, the number of students on a given school site should generally not exceed 25% of the school's enrollment size or available building capacity.</p>	Local school officials – in collaboration with local health departments and school-based staff – should determine the number of cohorts that can be safely established to avoid interactions between cohorts.
4. Maximum number of individuals in a cohort	16 total (combination of children and supervising adults)	<p>The maximum cohort size applies even when all children are not participating at the same time.</p> <p>Assign children and youth who live together or carpool together to the same cohort, if possible.</p>

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<p>5. Movement among cohorts</p>	<p>Supervising adults should be assigned to one cohort and must work solely with that cohort, unless serving children five years of age and younger in which case an adult may be assigned to no more than 2 cohorts.</p> <p>Avoid moving children and youth from one cohort to another, unless needed for a child's overall safety and wellness.</p>	<p>Avoid changing staff assignments to the extent practicable.</p> <p>Substitute providers who are covering for short-term staff absences are allowed but must only work with one cohort of children per day.</p>
<p>6. Maximum number of children in a cohort</p>	<p>14 unless there are more than two supervising adults</p>	
<p>7. Cohort mixing</p>	<p>Prevent interactions between cohorts, including interactions between staff assigned to different cohorts.</p>	<p>Cohorts must be kept separate from one another for special activities such as art, music, and exercise. Stagger playground time and other activities so that no two cohorts are in the same place at the same time.</p>
<p>8. Maximum number of cohorts on a single program site</p>	<p>The number of cohorts will depend on the program's enrollment size and available building capacity.</p>	<p>The number of students on a given school site should generally not exceed 25% of the school's enrollment size or available building capacity.</p>
<p>9. Maximum number of different cohorts a child may participate in</p>	<p>Children are able to participate in up to two childcare or youth extracurricular activities during any three-week period. Therefore, they are permitted to enroll in two of these programs, but no more than two.</p>	

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10. Space configuration	Having each cohort in a separate room or space created by partitions.	When you use partitions, we recommend consulting with an HVAC consultant/expert to determine that the air flow in the space is not disrupted by the partition. Please see the ACPHD Ventilation Guidance for more information.
11. Specialized services	One-to-one specialized services can be provided to a child or youth by a support service provider that is not part of the child or youth's cohort.	Services must be provided consistent with the industry guidance for Limited Services.
12. Staff meetings	Meetings among the staff from different cohorts must be conducted remotely, outdoors, or in a large room in which all providers wear cloth face coverings and maintain at least 6 feet distance from other providers.	Outdoor meetings and meetings in large rooms with the windows open are preferred over meetings in small rooms with windows closed.
13. Physical distancing	Physical distancing between adults must be maintained as much as possible Physical distancing between young children in the same cohort should be balanced with developmental and socio-emotional needs of the age group.	Additional ACPHD physical distancing guidance is provided later in this document.
14. Face coverings	Adults and students must use face coverings at all times	See CDPH Schools Guidance regarding face coverings . Also, please reference the ACPHD face covering guidance .

3) Promote Healthy Hygiene Practices, Use of Face Coverings, & Staff Safety

Healthy Hygiene Practices

- Children and staff should wash hands for 20 seconds with soap and water or use alcohol-based hand sanitizer containing at least 60% alcohol (if hands are not visibly dirty) before and after eating, drinking, touching eyes/nose/mouth, toileting or diapering, after activities handling shared items and physical contact with each other. Keep soap dispensers filled. For more information click here: [Handwashing: Make it Really Effective](#)

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- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
- Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
- Do not use hand sanitizers that may contain [methanol](#) which can be hazardous when ingested or absorbed.
- Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.
- Children and staff should cover coughs with a sleeve or tissue. Keep tissues and “no touch” trash cans close by.
- Children will use touch since nonverbal communication is 80% of our messaging. Think about ways to encourage handwashing or hand sanitizer after touch and make it part of the fun experience.
- Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.

Teach and reinforce use of face coverings

- Face coverings must be used in accordance with [CDPH guidelines](#) unless a person is exempt as explained in the guidelines. Physical distancing alone is not sufficient to prevent disease transmission.
- All staff must use face coverings unless Cal/OSHA standards require respiratory protection. In limited situations (i.e. communicating or assisting young children or those with special needs) a face shield may be used instead of a face covering as long as the wearer maintains physical distance from others, to the extent practicable. Staff must return to wearing a face covering when the face shield is not necessary.
- Children aged 2 years and older should wear face coverings in accordance with [CDPH guidelines](#), especially when indoors or outdoors when a six-foot physical distance from others cannot be maintained.
- Face coverings **should not** be placed on children younger than 2 years old. A face covering **should not** be used by anyone who has trouble breathing, anyone who is unconscious or incapacitated, or anyone who is otherwise unable to remove the face covering without assistance. A face covering should be removed for meals, snacks, naptime, or outdoor recreation, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag (marked with the student’s name and date) until it needs to be put on again. Program staff and participants should be frequently reminded not to touch the face covering and to wash their hands frequently.
- Information should be provided to all program staff and participants on proper use, removal and washing of face coverings.

Ensure Program Staff Safety

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- Ensuring staff maintain physical distancing from each other is critical to reducing transmission between adults.
- Ensure that all staff use face coverings in accordance with [CDPH guidelines](#) and Cal/OSHA standards.
- Support staff who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as telework, where appropriate, or conducting program activity in a virtual learning context.
- Conduct all staff meetings, professional development training and education, and other activities involving staff with physical distancing measures in place, or virtually, where physical distancing is a challenge.
- Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings.
- Implement procedures for daily symptom monitoring for staff.

4) Intensify Cleaning, Disinfection, and Ventilation

What are the recommended cleaning and disinfecting practices?

The Center for Disease Control (CDC) recommends the following practices:

- Facilities should develop a schedule for cleaning and disinfecting. An example can be found here: <https://nrckids.org/files/appendix/AppendixK.pdf>
- [Routinely clean, sanitize, and disinfect](#) surfaces and objects that are frequently touched, especially toys and games. This may also include cleaning objects/surfaces not ordinarily cleaned daily such as doorknobs, light switches, classroom sink handles, countertops, nap pads, desks, chairs, cubbies, and playground structures. Use the cleaners typically used at your facility. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- Use all cleaning products according to the directions on the label. Store safely and keep products away from children.
- When choosing disinfecting products, use those [approved for use against COVID-19 on the Environmental Protection Agency \(EPA\)](#)-approved list “N” and follow product instructions.
- To [reduce the risk of asthma](#) and other health effects related to disinfecting, programs should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
- Avoid products that contain peroxyacetic (peracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.

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- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality
- If possible, provide EPA-registered disposable wipes to staff members so that commonly used surfaces such as keyboards, desks, and remote controls can be wiped down before use. If wipes are not available, please refer to CDC's guidance on [disinfection for community settings](#).

Ventilation

- Increasing outdoor air circulation lowers the risk of infection by “diluting” any infectious respiratory droplets with outdoor air. Being outside is even lower risk.
- Do as many activities outside as possible, especially snacks/meals and physical activities.
- Stagger use of outdoor spaces to keep cohorts from mixing. If the outdoor space is large enough, consider designating separate spaces for each cohort.
- Open windows to increase ventilation with outdoor air when health and safety allow, for example, when it does not worsen individuals' allergies or asthma. When health and safety allow, also consider also leaving room doors slightly open to promote flow of outdoor air through the indoor space.
- Adjust mechanical ventilation systems to maximize fresh (outdoor) air ventilation. Minimize or eliminate return or recirculated air. [For more information See Alameda County Public Health Department Guidance on Ventilation in School Buildings During the COVID-19 Pandemic](#)
- For mechanical ventilation systems, increasing the intake of outdoor air and minimizing recirculated air should be prioritized over increasing filter efficiency during the COVID-19 pandemic. Generally, opening windows and adjusting mechanical ventilation systems to maximize outdoor air intake will effectively increase the amount of outdoor air in a room. Although increased filter efficiency may be desirable for other reasons, such as improving indoor air quality near freeways or during wildfires, it is less important than maximizing outdoor air intake for COVID-19. Improving filter efficiency may require significant upgrades to the mechanical ventilation system. Portable air cleaners may be considered, but must be sized and positioned appropriately for the specific space.

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

5) Implementing Distancing

Physical distancing is deliberately increasing the physical space between people to avoid spreading illness. A distance of at least six feet is needed to prevent the spread of COVID-19.

The following recommendations should be followed to the extent possible given the age of the children and nature of the program activities.

Arrival And Departure

- Limit the number of persons in the program to the number appropriate for maintaining physical distancing.
- Limit the presence of volunteers for classroom activities, mystery readers, cafeteria support, and other activities unless they can remain stable within one group.
- Minimize contact between program staff, children and families at the beginning and end of the day. Establish procedures for drop-off and pick-up to maintain physical distancing. Consider moving the sign-in station outside the facility. Provide hand sanitizer or handwashing facilities to use before and after families sign in and out. Do not share pens. Ask parents to bring their own pens when signing children in and out. If check-in is electronic, clean and disinfect the screens or keyboards frequently.
- Stagger arrival and/ or dismissal times. These approaches can limit the amount of close contact between students in high-traffic situations and times.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Open windows and maximize space between children and the driver on transport vehicles where possible.
- Consider using privacy boards or clear screens.
- If transport vehicles (e.g., buses) are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings, and physical distancing).

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- Ensure transport vehicles are equipped with extra unused face coverings for children who may have inadvertently failed to bring one.

Classroom Space

How do I design my space to promote physical distancing?

- As stated above, limit the number of children to no more than 14 children in a room or space
- To reduce possibilities for infection, students must remain in the same space and in cohorts as small and consistent as practicable, including for recess and lunch. Keep the same students and staff with each group, to the greatest extent practicable.
- Re-engineer rooms or spaces to put six feet or more between children's activity stations, tables, and chairs.
- Involve children in developing social distancing plans using chalk and materials – such as pool noodles and yarn – to create personal space areas.
- Program staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for students to understand and are developmentally appropriate
- Involve children in developing signs, which can be used as reminders to social distance.
- Involve older children in developing social distancing space plans to practice their applied math skills.
- Ensure you have ample space in restrooms and monitor the number of children able to use restrooms to allow for physical distancing.
- Prioritize the use and maximization of outdoor space for activities where practicable.

Can we use partitions to separate our classroom spaces?

Facilities that have large rooms can organize the space to practice proper distancing for the groups. This can include using dividers, book shelves, and staggering activities, as well as using outdoor classrooms. Proper ventilation is important and having access to fresh air. Opening windows is highly recommended.

Recreational Space

For very large spaces like gyms and ice rinks, you might also consider a 10-12 feet buffer zone in between groups.

How do I plan activities to promote physical distancing?

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



- Eliminate all gatherings like campfires and sing-alongs, and other activities that bring large groups of children close together.
- Alternatively, keep small groups of children together for storytelling, and games, safely spaced at least six feet apart.
- Stagger activities so no two groups are in the same place at the same time.
- Encourage individual activities like painting, crafts, and building with blocks, Legos, and other materials.
- Involve the children in developing reminder signs for hand washing, covering coughs and sneezes, or to stay six feet apart.
- Create field games or outdoor activities where you can provide wider spacing opportunities.
- Sports with shared equipment or physical contact, like soccer, basketball, baseballs, softball, and tennis, can only be played within the same stable group of children, and equipment should be cleaned daily at minimum.
- Swimming is permitted as long it occurs with the same stable group of children. The number of groups will be limited by the ability to keep the groups at least six feet apart from each other within a pool or body of water.
- Spend as much time and do as many activities outdoors as possible.

Meals

How does a program plan mealtime to promote physical distancing?

- Discontinue buffet-style food options and offer pre-packaged foods when possible.
- Stagger mealtimes to increase personal space and avoid mixing of groups.
- Set up a tent or two when weather prevents eating outside and designate separate spaces for groups of children to eat.
- Avoid sharing tables whenever possible, and clean tables in between groups.

Youth Sports

- As general guidance, smaller groups are safer than larger; outdoor locations are safer than indoor; sports that can ensure distance of six feet or more are safer than close contact; and shorter duration is safer than longer. Leagues, coaches, parents, and athletes need to consider all these factors as they plan to return to play.
- Outdoor and indoor sporting events, assemblies, and other activities that require close contact or that would promote congregating are not permitted at this time. For example, tournaments, events, or competitions, regardless of whether teams are from the same school or from different schools, counties, or states are not permitted at this time.

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- Youth sports and physical education are permitted only when the following can be maintained: (1) physical distancing of at least six feet; and (2) a stable cohort, such as a class, that limits the risks of transmission (see [CDC Guidance on Schools and Cohorting](#)). Activities should take place outside to the maximum extent practicable.
- For sports that cannot be conducted with sufficient distancing or cohorting, only physical conditioning and training is permitted and ONLY where physical distancing can be maintained. Conditioning and training should focus on individual skill-building (e.g., running drills and body weight resistance training) and should take place outside, where practicable. Indoor physical conditioning and training is allowed only in counties where gyms and fitness centers are allowed to operate indoors.
- Avoid equipment sharing, and if unavoidable, clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- Consistent with guidance for gyms and fitness facilities, cloth face coverings must be worn during indoor physical conditioning and training or physical education classes (except when showering). Activities that require heavy exertion should be conducted outside in a physically distanced manner without face coverings. Activities conducted inside should be those that do not require heavy exertion and can be done with a face covering. Players should take a break from exercise if any difficulty in breathing is noted and should change their mask or face covering if it becomes wet and sticks to the player's face and obstructs breathing. Masks that restrict airflow under heavy exertion (such as N-95 masks) are not advised for exercise.
- Youth sports programs and schools should provide information to parents or guardians regarding this and related guidance, along with the safety measures that will be in place in these settings with which parents or guardians must comply.
- **For Specific information follow [Alameda County Guidance Table pertaining to Youth Activities – Camps, Youth Sports, Outdoor Non-contact Fitness, Outdoor Lap Swimming](#)**

6) Train All Staff and Educate Families

Train all staff and provide educational materials to families in the following safety actions:

- Enhanced sanitation practices
- Physical distancing guidelines and their importance
- Proper use, removal, and washing of face coverings
- Screening practices
- How COVID-19 is spread

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- COVID-19 specific symptom identification
- Preventing the spread of COVID-19 if you are sick, including the importance of not coming to work if staff members have symptoms, or if they or someone they live with has been diagnosed with COVID- 19.
- For workers, COVID-19 specific symptom identification and when to seek medical attention
- The employer’s plan and procedures to follow when children or adults become sick at program.
- The employer’s plan and procedures to protect workers from COVID- 19 illness.
- Consider conducting the training and education virtually, or, if in-person, ensure a minimum of six-foot distancing is maintained.

Planning for Staff Training and Absenteeism

- Plan for absenteeism of staff and children.
- Identify critical job functions and positions, and plan for alternative coverage by cross-training staff.
- Determine what level of absenteeism will disrupt continuity of programming.

Create a communications plan for the families you serve

- Include strategies for sharing information with Program staff, children, and their families.
- Include information about steps being taken by the program facility to prepare, and how additional information will be shared.
- Share resources with the Programs’ community to help families understand how to prevent spread and when to keep children home.
- Any communication to children and families should include information that helps them make safe, informed decisions and educates them on how to remain healthy.
- Children and families should avoid close contact with those who are sick.
- Encourage families to talk to children about simple, but effective prevention tips, such as covering coughs and sneezes with a tissue or sleeve (not hands), wearing face coverings when around others, and washing hands frequently, and remaining six feet or more apart

Distribute the following fact sheets and resources to children (where age-appropriate), their families, and staff:

- General CDC fact sheets to help staff and students’ families understand COVID-19 and the steps they can take to protect themselves:
 - [What you should know about COVID-19 to protect yourself and others](#)
 - [Prevent the spread of COVID-19 if you are sick](#)

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



- [Stop the spread of germs – help prevent the spread of respiratory viruses like COVID-19](#)

7) Check for Signs and Symptoms

Health Screening

- Screen children and staff for fever or cough daily, before entering the program.
- Children or staff who are sick with other illnesses that meet the usual exclusion criteria should also stay home.
- If a staff member or child shows signs of respiratory illness (a new cough, complaints of sore throat, or shortness of breath), a fever of 100°F or above, they should enter a separate room, or be safely isolated with a staff member, and be sent home as soon as possible.
- Seek medical care immediately if symptoms, such as a high fever or difficulty breathing, become more severe.
- [See ACPHD Health Screening guidance document](#)

Alameda County Public Health Department: Confirmed Positive COVID-19 Process for Schools, Childcare Programs and Extracurricular Programs (Updated September 25, 2020)

1. **Preparedness Guidance: Assign staff within your district, school, childcare or extracurricular program to track and report positive COVID-19 cases. This assigned staff will be your COVID Liaisons to the Public Health Department** (i.e. school nurse(s) or student service(s) staff). Develop a communication protocol for COVID Liaisons to notify the pertinent program, school, and district staff. Prepare a letter and communicate this information to your school, childcare programs', extracurricular programs' community. When developing your communication, be mindful of:
 - Confidentiality when releasing details about the case. Balancing privacy with transparency is critical.
 - Preparing a template notification letter that can be easily tailored to different incidents and have the template letter translated into languages based on the identified need of each school site, district-wide, childcare programs, extracurricular programs.
 - Messaging for different audiences - message to those at impacted sites may differ somewhat from public message
 - Avoiding messages that stigmatize a site or group of people
 - Intentionality about “concentric circles” of information, i.e., whom and when you will inform them and in what order:
 - District Senior Leadership team
 - Board Members
 - Union leadership (if applicable)
 - The staff of the impacted site

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- o Families of the impacted site
- o District community via letter (Template provided)
- o Social media

2. Confirmation

- Obtain documentation that a COVID-19 case has occurred

3. Internal notification

- School, childcare program, extracurricular program and partner organization staff immediately notify COVID-19 Liaisons
 - o Advise school staff, childcare program staff, extracurricular program staff and partner organizations, to immediately report positive COVID-19 cases to the COVID Liaisons
- COVID Liaisons notify the pertinent childcare program, extracurricular program, school, and district staff
 - o The School Superintendent should also be notified

4. Notification to ACPHD

- COVID Liaisons notify ACPHD (email, phone) Monday-Friday 8:30-5:00
 - o Advise COVID Liaisons, to contact safelearning@acgov.org; (510) 268-2101 if the district, school, childcare program or extracurricular program is made aware of a confirmed COVID-19 case.
 - o ACPHD will provide guidance and will answer any questions you may have about the ACPHD COVID-19 contact investigation process.
 - o Please use this form to report a confirmed or suspected COVID-19 case in a children and youth setting (school, childcare, organization, etc.), and any associated contacts <https://veoci.com/veoci/p/form/matpj7dvdzvs#tab=entryForm>
 - o Please complete a separate form for each confirmed or suspected COVID-19 case. Before completing this form be sure to have a list of the COVID-19 case close contacts ready to either input into the form or to upload. **In accordance with [HIPPA Privacy and Security Rules](#), all information you provide in this form will remain confidential; the information you provide will not impact immigration status.**

5. Identify exposed cohort and group(s) that must receive contact notification.

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



Alameda County Health Care Services Agency

Public Health Department

www.acphd.org

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Colleen Chawla, Director
Kimi Watkins-Tartt, Director
Nicholas Moss, MD, Interim Health Officer

- Refer to the *Protocols for the Onset of Symptoms, Close Contact with an Individual Testing Positive for COVID-19 in a School, Childcare Setting or Extracurricular Setting on page 3 of this document.*
 - Identify the dates that the case was at school, program facility while infectious. Cases are infectious from 2 days before through 10 days after the date that symptoms began. If a case did not have any symptoms, they are infectious from 2 days before through 10 days after the date that they had a specimen collected (usually a swab) for COVID testing.
 - Determine when the quarantine period begins for contacts.
 - o It begins the day after the last exposure to the case while the case was infectious.
6. **Prepare exposure letter to send** to parents and staff. Provide the date that the quarantine period begins (see Appendix A).

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



Alameda County Public Health Department Protocols for the Onset of Symptoms, Close Contact with an Individual Testing Positive for COVID-19 in a School, Childcare Setting or Extracurricular Setting

Table 1. Definition of Frequently Used Terms

A Medical Evaluator is defined as a Physician, Nurse Practitioner, or Certified Physician Assistant

Exposed Group: The exposed group includes all members of the COVID-19 positive case (“Case”) stable cohort(*) (children, students and staff) and any additional individuals known to have been in close contact(**) with the case (within 6 feet for ≥ 15 minutes) during the case’s infectious period.

***A cohort is a stable group with fixed membership that stays together for all courses and activities (e.g., lunch, recess, etc.) and avoids contact with other persons or cohorts.**

****Close contact:** Close contacts are people who stayed within 6 feet of a COVID-19 infected person for more than 15 minutes after that person was diagnosed or up to two days before they first developed symptoms. This applies even if both people are wearing a face covering, mask, or a N95 respirator. Close contact can also take place during brief interactions where there is unprotected direct contact with the COVID-19 infected person’s body secretions (sneezing, coughing, sharing utensils, saliva). Cumulative exposures that add up to 15 minutes within a day may be considered close contact depending on intensity of exposure (e.g., did the person have multiple interactions in a confined space with a symptomatic COVID-19 infected person). In some school situations, it may be challenging to determine whether individuals have met this criterion, and an entire cohort, classroom, or other groups may need to be considered exposed, particularly if people have spent time together indoors.

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



**Alameda County Health Care Services Agency
Public Health Department**

www.acphd.org

Public Health Department: Main Line (510) 267-8000

COVID-19 Information: (510) 268-2101

Colleen Chawla, Director
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Nicholas Moss, MD, Interim Health Officer

Isolation separates sick people with a contagious disease from people who are not sick. (Centers for Disease Control and Prevention, “CDC” definition)

Quarantine is used to keep someone *who might have been exposed to COVID-19* away from others. (Centers for Disease Control and Prevention, “CDC” definition)

+Note [Release from Isolation instructions](#) changed by CDC on 7.20.2020

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Table 2. Protocols		
	Action	Cohort/School remains
<p>Scenario 1: A child, student or staff member exhibits COVID-19 symptoms, answers yes to a health screening question, or has a temperature of 100 or above.</p>	<p>Action:</p> <ul style="list-style-type: none"> • Send the child, student or staff member home. • Isolate child, student or staff member in a separate room or designated area, away from other children, students and staff, pending pick up at the facility. • Advise child, student or staff member to contact their healthcare provider and consider COVID-19 testing. • Advise child, student or staff member to share the test results with the school administrator as soon as possible: <ul style="list-style-type: none"> ○ If positive: follow Actions in Scenario 3 ○ If negative: follow Actions in Scenario 4 • Advise symptomatic staff or parent of symptomatic child, student to <u>Follow isolation instructions unless COVID-19 is ruled out by a health care provider.</u> • <u>Refer symptomatic individuals to find community testing resources here</u> 	<p>OPEN</p> <p>Communication: No action needed</p>

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Table 2. Protocols		
	Action	Cohort/School remains
<p>Scenario 2: A household member or someone in close contact with child, student or staff member tests positive for COVID-19.</p>	<p>Action:</p> <ul style="list-style-type: none"> • Send the child, student or staff member home. • Advise child, student or staff member to follow quarantine instructions for a minimum of 14 days. • Advise child, student or staff member to contact their healthcare provider and consider COVID-19 testing. • Advise staff or parent of the child, student to follow quarantine instructions • Refer individuals to find community testing resources here 	<p>OPEN</p> <p>Communication: No action needed</p>

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<p>Scenario 3: A child, student or staff member tests positive for COVID-19.</p>	<p>Action:</p> <ul style="list-style-type: none"> • Contact the Alameda County Public Health Department: safelearning@acgov.org or 510-268-2101 • Advise cohort members and/or close contacts of the COVID-19 positive child, student or staff member to follow quarantine instructions, contact their healthcare provider and consider testing. • Advise household contacts of COVID-19 positive student, child or staff member to follow quarantine instructions, contact their healthcare provider and consider testing. 	<p>*Cohort QUARANTINE for 14 days from the date of last exposure.</p> <p>*Close contacts quarantine for 14 days from last exposure.</p> <p>School/Program remains open</p>
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Table 2. Protocols		
	Action	Cohort/School remains
	<ul style="list-style-type: none"> • Find community testing resources here • Clean and disinfect classroom and primary spaces where the COVID-19 positive student or staff member spent significant time >15 minutes. 	<p>Communication:</p> <ul style="list-style-type: none"> • Complete and send template exposure letter to cohort*(see Appendix A) • Consider school wide or program notification of a known case (see process document page 1)
<p>Scenario 4: While a child, student or staff member has been isolated because of symptoms, they receive a negative test result for COVID-19 and want to return to school, program before 10 days have passed.</p>	<ul style="list-style-type: none"> • Follow isolation instructions • If COVID-19 test is negative, the staff member, student or child can return after: <ul style="list-style-type: none"> • They are feeling better. (The symptoms do not have to be completely resolved.) • They have been at least 24 hours with no fever without taking medicines to lower temperature, like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). • Must show a medical evaluator note to verify that the symptoms are not due to COVID-19, and the test for COVID-19 is negative. *** 	<p>Open Communication: No action needed</p>

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Table 2. Protocols		
	Action	Cohort/School remains
<p>Scenario 5: Child, student or staff member has been isolated because of symptoms and want to return to school, program before 10 days have passed without a COVID-19 test.</p>	<ul style="list-style-type: none"> • If No COVID-19 test, the staff member, child or student can return after: • They are feeling better. (The symptoms do not have to be completely resolved.) • They have been at least 24 hours with no fever without taking medicines to lower temperature, like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). • Must show a medical evaluator note to verify that an alternative diagnosis has been made, and the symptoms are not due to COVID-19. 	<p>Open Communication: No action needed</p>
<p>Scenario 6: While a child, student or staff member is placed in quarantine following exposure to a case, they receive a negative test result for COVID-19.</p>	<p>Action</p> <ul style="list-style-type: none"> • Follow quarantine instructions <p>If the staff member, child or student has never had symptoms, gets tested, and the COVID-19 test is negative:</p> <ul style="list-style-type: none"> • They must still remain in quarantine for 14 days, because they may develop symptoms and/or become infectious to others at any time during the 14 days. quarantine infographic <p>Note: For those who do not develop symptoms: For children and students:</p>	<p>Open Communication: No action needed</p>

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Table 2. Protocols		
	Action	Cohort/School remains
	<ul style="list-style-type: none"> Testing is advisable but not required. Parents should discuss the pros and cons of testing with the child’s healthcare provider. <p>For teachers and staff:</p> <ul style="list-style-type: none"> ACPHD recommends testing 4-10 days after the last exposure to the COVID-19 case. 	

Frequently Asked Questions

What should a school, childcare program or extracurricular program do while an ill staff, child or student is waiting for COVID-19 test results?

In this situation, a cohort should only be closed if there is strong clinical suspicion that the person undergoing testing has COVID-19. For example, if the person is symptomatic following exposure to a confirmed case, or if the symptoms are highly specific for COVID-19 (e.g., loss of taste and smell), the cohort should be closed while awaiting test results. This decision should be made in consultation with ACPHD. Members of the cohort should be told to self-quarantine until test results are available.

*** The requirement for the medical evaluators note is included in order to verify the reliability of the COVID -19 test because of the variable sensitivities of the currently available tests, and to ensure that the symptoms have an explanation other than COVID-19.

Exposure Letter Template: Included below as Appendix A.

For more information, please contact Lisa Erickson, Alameda County Public Health at lisa.erickson@acgov.org



Appendix A:

Template Letter for STAFF, PARENT or GUARDIAN of student or child: To be placed on school/facility/program letterhead

Date:

Dear: Insert staff name, or name of child, student's parent or guardian here

Insert <You or Your child here> may have been exposed to a person with COVID-19 who was present at **insert school, childcare program or extracurricular program name here** from **date** to **date**. We are working closely with the Alameda County Public Health Department (ACPHD).

WHAT YOU SHOULD DO

- **Stay home and do not have any visitors. You or insert child** will be under home quarantine through **date**, which is 14 days after the date of exposure at school, childcare program or extracurricular program. See ACPHD quarantine instructions at <http://www.acphd.org/2019-ncov/resources-residents/quarantine-and-isolation.aspx>.
- Monitor **yourself or insert child** for fever or COVID-19 symptoms through **date**:
 - Fever ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$)
 - Cough
 - Shortness of breath
 - Any other symptoms such as chills, body aches, fatigue, sore throat, headache, runny nose or nasal congestion, loss of taste or smell, nausea, vomiting or diarrhea. For more information about symptoms, see <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- **If insert <you or your child>** become sick, have a fever, or develop any of the symptoms listed, contact your healthcare provider to see if testing for COVID-19 is recommended.
- Even if you develop no symptoms, ACPHD recommends that teachers, school, or program staff obtain COVID-19 testing 4-10 days following exposure.

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- If you test **NEGATIVE** for COVID-19, you must still stay in home quarantine through **date**.
- If you test **POSITIVE** for COVID-19, stay home and away from others for 10 days with at least 24 hours of symptom improvement.
- For more information about what to do if you get sick with COVID-19 symptoms, see <https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>
- Parents and Guardians of children, students are advised to discuss the pros and cons of testing with the child's healthcare provider.
- **If <insert you or your child>** require urgent medical attention, please call the healthcare facility where you will be seen **BEFORE** you leave home and tell them that you may have been exposed to COVID-19. If you have a medical emergency and you need to call 911, notify the dispatcher that you may have been exposed to COVID-19.

PEOPLE AT HIGHER RISK OF SEVERE COVID-19 INFECTION

- Older adults and people with **serious medical conditions like heart disease, diabetes, lung disease, or a weakened immune system** may become seriously ill with COVID-19.
- If **insert< you are or your child is>** in a **higher risk group, please see:**
<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>

If you have questions, please call the Alameda County Public Health Department at 510-268-2101.

[End of Exposure Letter Template]

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8) Considerations for Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a program participant or staff member tests positive for COVID-19 and has exposed others at the facility, implement the following steps:
 - o In consultation with the local public health department, the appropriate program official may consider if closure is warranted and length of time based on the risk level within the specific community as determined by the local public health officer.
 - o Given standard guidance for isolation at home for at least 14 days after close contact, the facility or office where the individual was based will typically need to close temporarily as program participants and/or staff isolate.
 - o Additional close contacts at facility should also isolate at home.
 - o Additional areas of the facility visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.
 - o Implement communication plans for program closure to include outreach to participants, parents, staff and the community.
 - o Maintain regular communications with the local public health department.

9) Additional Resources and Information:

For additional Alameda County guidance around childcare and schools on issues visit
<http://www.acphd.org/2019-ncov/resources/childcare-schools-colleges.aspx> [link here](#)

California Department of Public Health (CDPH) Guidance Related to Cohorts - UPDATED September 4, 2020
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/small-groups-child-youth.aspx>

California Department of Public Health (CDPH) School Cohort Guidance FAQ

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<https://files.covid19.ca.gov/pdf/guidance-schools-cohort-FAQ.pdf>

California Departments of Public Health and Social Services Community Care Licensing Division and the State of California Department of Industrial Relations COVID-19 Updated Guidance: Child Care Programs and Providers

<https://covid19.ca.gov/pdf/guidance-childcare.pdf>

California Departments of Public Health and the State of California Department of Industrial Relations COVID-19 Updated Guidance: COVID-19 Interim Guidance of Youth Sports 8-3-2020

<https://files.covid19.ca.gov/pdf/guidance-youth-sports--en.pdf>

California Departments of Public Health and the State of California Department of Industrial Relations COVID-19 Industry Guidance: Schools and School-Based Programs 8-3-2020

<https://files.covid19.ca.gov/pdf/guidance-schools.pdf>

California Department of Public Health COVID-19 Interim Guidance Day Camps, 7-29-2020

<https://files.covid19.ca.gov/pdf/guidance-daycamps.pdf>

Centers for Disease Control Suggestions for Youth and Summer Camps

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

American Camp Association https://www.acacamps.org/resource-library/coronavirus-information-camps?utm_source=homepage&utm_medium=click&utm_term=coronavirus

Association of Camp Nursing https://campnurse.org/wp-content/uploads/2020/04/COVID-19-FAQs_april20.pdf

<https://campnurse.org/education-and-resources/covid-19-considerations-for-camp/>

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