# Innovations Academy

# Campus Reopening Plan 2020-21

(para una traducción al español, mande un correo electrónico a christine@innovationsacademy.org)

## Introduction

Innovations Academy ("the School") leadership team created this plan to aid in navigating the reestablishment of our school where employees, students, and families feel safe and to reduce the impact of COVID-19 conditions upon returning to our school building. Regular updates will be made to our school plan based on information provided by the CDC, WHO, and applicable federal, state and local agencies. This plan is posted at https://innovationsacademy.org/covid19-info/

The person responsible to implement and monitor this plan is: Christine Kuglen, Director, 858-271-1414
The school's COVID-19 Liaison for contact with Public Health Services is Ali Kolb who can be reached at 858-271-1414
The school's Health Clerk is Tina McGinnis who can be reached at 858-271-1414

The process the school will use to report information about COVID-19 outbreaks through the COVID-19 Liaison is:

1) All staff and parents will be instructed to report suspected and known positive COVID-19 cases immediately to our COVID-19 Liaison.
2) The Liaison will meet with the school director and together they will contact San Diego Health and Human Services Agency (HHSA) by the end of the same business day in which they were notified of the case.

The COVID-19 Liaison and the school director will read the CDC training manual for tracing (https://www.cdc.gov/coronavirus/2019-ncov/downloads/php/contact-tracer-sample-training-plan.pdf see appendix)

The COVID-19 Liaison will report information on positive cases to 1-888-950-9905 per guidance from SD County Health and Human Services as of 9/1/20. The liaison will leave a message if the call is not answered with the name, DOB and contact information of the person and the school.

Documents from the following agencies were used to create this plan:

The Center for Disease Control and Prevention (CDC)

World Health Organization (WHO)
California Department of Public Health (CDPH)
San Diego County Health and Human Services Agency (SDHHSA).

Regular updates will be made to our school plan based on information provided by the CDC, WHO, and applicable federal, state and local agencies that will be consulted regularly.

### Mission

The mission of Innovations Academy has not changed in our 12 years of operation. We are still daily creating our lives through self-expression, compassionate connection and purposeful learning. These have been challenging times for all of our families, staff members and the school mission in different ways. But we are connected as a community and will continue to function in a way that takes every individual into account and works towards becoming stronger and more connected.

This document is a communication tool for us to share our plans for re-opening amidst this pandemic.

## Academic Learning

At the heart of our mission is academics. We strive to make learning purposeful and robust, and continue to do so.

### Assessment

We believe that proper, effective assessment takes place in person and we will strive to assess each student in person safely at some point in the first 6 weeks of the school year. The goal is to know where each child is starting the school year, support teachers in developing initial learning targets and to provide parents information about their child(ren).

Grading of assignments will take place by credentialed classroom teachers who will evaluate assignments based on the standards set forth by the CDE and achievement based on the objectives of the assignment.

| Area | Elementary | Middle School |
|---|---|---|
| Language Arts | NWEA MAP<br>LEXPLORE<br>DRA | NWEA MAP<br>LEXPLORE |
| Mathematics | NWEA MAP<br>3-5 SAXON | NWEA MAP<br>SAXON PLACEMENT |
| ELL assessment | ELPAC | ELPAC |

## Models of Instruction

On August 2, 2020, families chose between 2 models of instruction for the first semester (assuming schools would open at some point). If school was not allowed to open in person then all families would be following a distance learning approach.

Our goal with this design is to have as much continuity as possible to minimize confusion. Regardless of the model of instruction (100% distance learning or hybrid train track model) teachers will release upcoming assignments, objectives and extension activities for the week to parents prior to the commencement of the school week.

**Full Distance Learning:** This is when 100% of the school is participating in the distance learning model either because schools are not allowed to be open or the school has had to shut down temporarily due to COVID-19 regulations.

| Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
|---|---|---|---|---|
| 8:30-1:00<br>synchronous and asynchronous learning | 8:30-3:00<br>synchronous and asynchronous learning | 8:30-3:00<br>synchronous and asynchronous learning | 8:30-3:00<br>synchronous and asynchronous learning | 8:30-3:00<br>synchronous and asynchronous learning |

- Synchronous learning will involve a mix of one-on-one, small group and whole class instruction on ZOOM or GOOGLE MEET. Each student will be online for a minimum of one hour with a certificated teacher. Teacher assistants, distance learning support teachers, classroom teachers, enrichment teachers and ed specialists will support students in live online sessions as needed.
- Asynchronous learning will involve offline activities, projects and other academic work or the independent use of software for learning. Classroom teachers will provide office hours during which time students can ask questions and get help with work.

**Hybrid Train Track Model**: This model will go into effect when we are allowed to have students on site. Families have made a choice of either distance learning (DL) or site-based learning (SBL) for the first semester once classes are allowed to resume. This allows our most vulnerable students to continue their education even though they cannot be on site.

Distance Learning while in hybrid train track

| Mondays | Tuesdays | Wednesdays | Thursdays | Fridays |
|---|---|---|---|---|
| 8:30 a.m.<br>30-60 minutes of integrated synchronous learning with the site-based students | 8:30 a.m.<br>30-60 minutes of integrated synchronous learning with the site-based students | 8:30 a.m.<br>30-60 minutes of integrated synchronous learning with the site-based students | 8:30 a.m.<br>30-60 minutes of integrated synchronous learning with the site-based students | 8:30 a.m.<br>30-60 minutes of integrated synchronous learning with the site-based students |

| | | | | |
|---|---|---|---|---|
| 9:30 a.m.-1:00 p.m.<br>Asynchronous Assigned activities to be completed with home support. This period includes support with distance learning teachers and teacher assistants as well as enrichment class options | 9:30 a.m.-1:00 p.m.<br>Asynchronous Assigned activities to be completed with home support. This period includes support with distance learning teachers and teacher assistants as well as enrichment class options | 9:30 a.m.-1:00 p.m.<br>Asynchronous Assigned activities to be completed with home support. This period includes support with distance learning teachers and teacher assistants as well as enrichment class options | 9:30 a.m.-1:00 p.m.<br>Asynchronous Assigned activities to be completed with home support. This period includes support with distance learning teachers and teacher assistants as well as enrichment class options | 9:30 a.m.-1:00 p.m.<br>Asynchronous Assigned activities to be completed with home support. This period includes support with distance learning teachers and teacher assistants as well as enrichment class options |
| Minimum day, dismissal at 1:00 | 1:30-3:00<br>A mix of synchronous and asynchronous learning with classroom teacher in small groups, one-on-one and whole DL group | 1:30-3:00<br>A mix of synchronous and asynchronous learning with classroom teacher in small groups, one-on-one and whole DL group | 1:30-3:00<br>A mix of synchronous and asynchronous learning with classroom teacher in small groups, one-on-one and whole DL group | 1:30-3:00<br>A mix of synchronous and asynchronous learning with classroom teacher in small groups, one-on-one and whole DL group |

Site Based Learning while in hybrid train track

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---|---|---|---|---|
| 8:30-1:00<br>Site based learning in single classroom cohort | 8:30-1:00<br>Site based learning in single classroom cohort | 8:30-1:00<br>Site based learning in single classroom cohort | 8:30-1:00<br>Site based learning in single classroom cohort | 8:30-1:00<br>Site based learning in single classroom cohort |
| Minimum day, dismissal at 1:00 | 1:00-3:00<br>Software learning at home or at school. Children of essential workers will have the option to participate in an after school camp with software and enrichment options | 1:00-3:00<br>Software learning at home or at school. Children of essential workers will have the option to participate in an after school camp with software and enrichment options | 1:00-3:00<br>Software learning at home or at school. Children of essential workers will have the option to participate in an after school camp with software and enrichment options | 1:00-3:00<br>Software learning at home or at school. Children of essential workers will have the option to participate in an after school camp with software and enrichment options |

## Curriculum

Innovations Academy is an inquiry-based school. We integrate subjects through projects and other hands on, engaging, robust learning activities. Learning activities happen through a constructivist philosophy with awareness of child development which maximizes the potential for learning.

Resources

During the COVID-19 crisis, we have logically increased the amount of computer-based learning happening for our students. This is truly unfortunate because screen-based learning is not the best method of instruction and the impact of increased screen time is detrimental to children's well-being. For that reason, we are striving to get children in the classroom as soon as possible.

So this year will be an unusual one.

Software Supports for Distance and Hybrid Learning

| Subject Area | K-2 | 3-5 | 6-8 |
|---|---|---|---|
| Science | Mystery Science | Mystery Science | Zingy Science |
| Social Studies | Newsela | Newsela | Newsela |
| Mathematics | CGI Math<br>3 Act Math<br>ST Math | Saxon Math<br>Khan Academy<br>3 Act Math<br>ST Math | Saxon Math<br>Khan Academy<br>3 Act Math<br>ST Math |
| Language Arts | Newsela<br>Reading Eggs<br>RAZ Kids<br>Epic | Newsela<br>Activated Learning | Newsela<br>Activated Learner |
| Spanish | N/A | N/A | Duolingo |
| Work Sharing, Assignment management, online class connection, Academic Portfolios | SeeSaw<br>ZOOM<br>Padlet<br>ShowMe | Google Classroom<br>Google Docs<br>SeeSaw<br>ZOOM<br>Padlet | Google Classroom ,<br>Google Docs<br>SeeSaw<br>ZOOM<br>Padlet |
| Parent Communication | ParentSquare | ParentSquare | ParentSquare |

## Attendance

While in distance learning, attendance will be based on two factors: presence in synchronous learning and work completion. Each school day will have two components. Lessons live online with a student's designated credentialed teacher and asynchronous work to be completed that day. Attendance will be based on both.

While participating is site-based learning, student attendance will be based on presence at school each day. Assignment monitoring will take place in the classroom.

Once a child who has attended school starts a quarantine, they will be contacted by their teacher and other Innovations Academy staff to offer assistance in adjusting to the distance learning program. Since all students started the school year in the full distance learning

program, a student and their parents will be familiar with the structure, design and expectations of the program. Once quarantine is completed and it is completely safe to return to school, the student will be welcomed back into the classroom.

### Special Education

All Innovations Academy students with disabilities are accorded supports that are based on their IEP. All IEPs have been reviewed and plans have been made for both on site learning periods and periods of closure such that services and supports are in place for students with IEPs in either case. Students will either be receiving instruction virtually or in person depending on family situations and the decisions of the CDE, SDCOE, CDPH and San Diego HHSA. Education Specialists who are each managing a designated caseload will review each student's special education services, related services, supports and accommodations to reflect the situation of the student. Depending on a variety of factors such as the medical situation of the child and needed services, the manner in which services are delivered may be affected though we will maintain as much stability for students as possible. Classroom teachers, support teachers, teacher assistants (paraprofessionals) and education specialists will collaborate to continue to support students whether in person or virtually. Communication will be maintained by the special education team, which includes the child's parents or guardians, in order to mitigate learning loss.
Innovations Academy staff is committed to ensuring that students have equal access to the curriculum whether they are in the distance learning or site-based learning program.

### English Language Learners

It is possible that due to the pandemic, some ELL students may have lost a significant amount of exposure to hearing and speaking English. They may also have lost supports that help them learn content area language. Due to these conditions, Innovations Academy instruction for ELL students will

- Incorporate
    - multiple modes of instruction (visual modes of instruction (video, slides, images),
    - the use of graphic organizers and learning partners
    - closed captions on video learning when possible
    - as much speaking (with peers and teachers) as possible into the learning
- involve continuous formative assessment to make appropriate adjustments as needed
- provide additional synchronous learning (small groups with an ELL support teacher),
- involve more frequent checks for understanding
- provide access to learning level and grade level materials
- use culturally sensitive materials and instruction

## Healthy Hygiene Practices

### Plans To Teach Positive Hygiene Practices

Innovations Academy has provided both staff and parents/guardians information contained in the CDHP guidelines for the use of face coverings that include when they should be worn (plus the exemptions), the requirements at Innovations Academy, instructions on the proper use, removal and washing of face coverings. Additionally parents have received educational materials for handwashing, physical distancing and COVID-19 symptoms.

## Handwashing Facilities, Routines and Products

Upon entry to the building and throughout the day, staff and students will be given frequent handwashing/sanitizing breaks. Innovations Academy has sinks and soap stations in every elementary classroom and within 10 feet of every middle school classroom.

For bathroom use, all adult and child bathrooms will be opened so that fewer students will be using each bathroom. Bathrooms will be assigned to classrooms and monitored. There will be a system in place so that the number of children in each bathroom at any given time is limited.

All teachers will have established routines in their classrooms for students to regularly wash their hands and for the use of hand sanitizer in the classrooms which will be readily accessible to students. We have always required that students take regular "brain breaks" to support learning and teachers will use these pre-established routines for hand sanitization. Teachers will model and teach the practices.

The best pedagogy involves setting routines and procedures, teaching through interactive modeling and continual reinforcement. Through that technique students will learn to

- Use a tissue to wipe their nose and to cough/sneeze inside a tissue or their elbow
- Wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
- Wash their hands for 20 seconds with soap, rubbing thoroughly after application.

Innovations Academy will model, teach and have established procedures for hand washing with soap and water, the use of fragrance free hand sanitizer when soap is not available, the covering of coughs and sneezes and the use of tissues to wipe the nose or to cough or sneeze into a tissue or elbow. We are aware that soap products marketed as "antimicrobial" are not necessary or recommended.

Innovations Academy has ample supplies of soap, towels, tissue, face coverings and hand sanitizers that meet the requirement of 60% ethyl alcohol. Our students will use fragrance-free hand sanitizer when hand washing is not practicable. We will not purchase or use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed. All students under the age of nine will only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

## Supplies and PPE

Innovations Academy has extra supplies of PPE on hand for a variety of situations. Custodial staff will be provided with gloves and masks plus shields when utilizing sanitization equipment. Any staff participating in sanitization will also be provided those materials. Front desk staff will be provided partitions in addition to the face coverings they are wearing.

As recommended by the CDC, all staff will wear face coverings. Per CDPH guidance, teachers can wear face shields which enable students to see the face of their teacher to avoid potential barriers to phonological instruction and which enable younger students to see their teachers' faces and avoid potential barriers to important social cues and phonological instruction.

- Innovations Academy will provide masks if the employee does not have a clean face covering.
- Innovations Academy will provide face shields for teachers and students as needed
- Innovations Academy will provide other protective equipment, as appropriate for the job.
- Innovations Academy will provide additional protection for staff performing screenings such as gloves.

## Face Coverings

Students

Innovations Academy will teach and reinforce the use of face coverings for students attending the site-based learning program. That instruction will include reminders that hands must be washed regularly and that face coverings should not be touched. Instructions on the proper use, removal and washing of face coverings will be given to parents/guardians.

Innovations Academy's plans regarding students' use of face coverings includes the following elements:

| **Age** | **Face Covering Requirement** |
|---|---|
| Under 2 years old | No |
| 2 years old – 2nd grade | Strongly encouraged** |
| 3rd grade – high school | Yes, unless exempt |
| **Face coverings are strongly encouraged for young children between 2 years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort who cannot wear them properly. | |

The use of masks follows these guidelines:

- Masks should have two or more layers to stop the spread of COVID-19
- The mask should be worn over the nose and mouth and secured under the chin.
- Masks should not be worn by children younger than two, people who have trouble breathing, or people who cannot remove the mask without assistance.

- A face shield is an acceptable alternative for children up to second grade who cannot wear them properly.
- A cloth face covering or face shield 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.
- In order to comply with the guidelines, Innovations Academy is required to exclude students from campus if they are not exempt from wearing a face covering under CDHP guidelines and refuse to wear one provided by the school. They will be offered the distance learning option for their learning plan.
- If a student forgets to bring a mask or loses their mask, Innovations Academy will provide them with one.

Staff
As recommended in all current health protocols (CDC, the CDPH and the SDCHHSA), all staff will wear face coverings. All staff should utilize a cloth mask that covers both the nose and mouth. Teachers will be able to use face shields per the CDPH guidelines when giving instructions that require that students see their lower face in order to support learning and social emotional connection (especially with younger children), for necessary pedagogical or developmental reasons as long as the staff member maintains physical distancing to the extent practicable. Staff members must resume wearing a face mask outside of the classroom. Innovations Academy will provide face coverings as necessary when a staff member needs one. Innovations Academy will provide gloves for any staff member serving food.

# Facilities and Logistics

## Use of Facility by Outside Organizations

Outpost Camps provides extended care services to the students of Innovations Academy. They have been involved in the establishment of the school's COVID-19 Prevention Plan and meet regularly with the director. It has been decided that when students return to campus, Outpost will be following the same protocols and procedures with regards to sanitization, consistent identifiable and independent cohorts and other health and safety protocols.

No other outside organizations will have access to the campus.

# Logistics

### Drop off and Pick Up

Since Innovations Academy is running parallel programs (distance learning and site based learning), we have a reduced number of students returning to campus.
There will be designated routes for entry to the building and students will be assigned specific entrances. We will use as many of the entrances as possible. Entrances will be marked for flow of traffic. There will be marked physical spacing of students waiting to enter. Parents will not be

allowed in the building and will drop/pick up their students near their child's designated entry. This will minimize/eliminate contact and groups forming. Health screenings will happen upon arrival where at least one staff member at each entrance will receive students and take temperatures.

Our school bus will not be used until further notice.

Visitors during the school day will not be allowed to enter the building. There will be a doorbell outside of the front door and a front office staff person will attend visitors outside the building.

### Classroom Distancing

All IA students will be assigned to classroom cohorts with the same credentialed teacher all day. Teacher assistants are assigned specific groups and will sanitize when they change groups. Students are assigned seating with maximized space between desks and with the use of partitions as needed. Furniture has been set up in a way to minimize contact and maximize physical distancing.

### Non-Classroom Distancing

Bathrooms will be assigned and the number of children utilizing the bathroom at one time will be limited. Flow of traffic in hallways will be marked. The use of our lunch and play areas will be staggered and on a schedule during the school day. Both are outside. Areas are designated on the playground and cohorts will stay in their group within their designated areas. Flow from inside to outside the building will be marked and staggered to minimize contact.

All assemblies, sports events, dances, field trips and other large group, multiple class or whole school events have been suspended until further notice.

Physical Education will take place only with physical distancing of at least six feet in consistent cohorts with an emphasis on physical training, conditioning and individual skill development.

### Food and Meals

Free and reduced cold breakfast is served before school on the outside lunch court with physical spacing and the use of partitions. The meal is served in a bag. Students will not be permitted to share food.

With our 4 hour school day, the majority of students will be going home for lunch. Snacks will not be served. Each student will bring their own lunch box or bag. Students who remain on campus for after school care will eat lunch outside in the open air safe physically distanced with the use of partitions.

## Staff/Teacher Safety

Innovations Academy supports teachers to maintain their health and to be safe on campus. Any staff member who is determined to be in a high risk category will be given the option of

switching to a position that does not involve direct interaction with others and equipment that will protect them from any exposure while in the workplace as needed.

All staff meetings and trainings will be held with physical distancing in place or when that is not possible, in a virtual setting via Google Meet or Zoom.

Upon entry each day, all employees will respond to a health/symptom screening via an online form and have their temperature checked.

If an employee becomes ill on campus, they will report to the isolation room (health office) and a case form will be completed. This room is near the front exit and has hot water. Once the employee arrives at the isolation room, they will immediately be provided a mask (as needed) and gloves. The Suspected COVID-19 Case Form is completed and the local health authority is contacted for advice. Anyone supporting the potentially infected person should also wear PPE.

The individual may return to campus when all three of the following criteria are met:

1) At least three days (72 hours) have passed since recovery (which means no fever without the help of fever reducing medications)
2) The individual has improved in respiratory symptoms (cough, shortness of breath) AND
3) At least 10 days have passed since the onset of symptoms

Additionally, individuals may be asked to submit a healthcare provider's note before returning to campus.

The director and COVID-19 liaison must identify persons who may have come in contact with the suspected infected person. Unless required by the local health authority, the name of the individual will not be provided.

Additional close contacts at school outside of a classroom should also isolate at home. Any employee that may have been in contact with a suspected employee will be advised of such without identifying that individual. They will also carry out self-screening at home every morning, and based on the results, contact the administration and COVID-19 liaison.

### Team Support

In order for the plan to be effective all staff members will be trained in the areas of academic and social emotional support to students, when to refer to our school counselor (licensed marriage, family therapist), effective cleaning and disinfecting and protocols, health protocols and symptom identification and all school transitions.

## Checking for Signs and Symptoms

### Screening Procedures

Before entering the building each day, all staff members complete a health screening form.

Upon entering the building at least 30 minutes prior to the arrival of students, they will have their temperatures taken.

Students in grades 3 and above will have a health screening done upon entry to the building and will also have their temperature taken. Parents of students in grades K-2 will be instructed to do a screening and contact the health liaison if any of the screening measures are not met every school day morning.

Visual wellness checks will be performed upon entry by the designated screener assigned to each one of the designated school entrances and students will be asked if anyone in their home is exhibiting COVID19 symptoms.

Sanitizer will be distributed to all children entering the building.

Staff will self-monitor throughout the day and check in with the health clerk as needed. Classroom teachers will implement ongoing visual monitoring throughout the day for signs of illness per CDE symptom list. If anyone has a temperature of 100 degrees or higher or is exhibiting a cough or other COVID-19 symptoms, they will immediately report to the health office for isolation and initiation of school protocols.

## Actions and Protocol

All incidents of possible exposure will be documented and tracked by our school COVID-19 liaison and communicated with the director. The COVID-19 liaison will report information on information to Public Health Services Epidemiology Department at 619-692-8499. Additionally, staff and families who have had possible exposure will also be notified. All FERPA rules and regulations will be adhered to and the identity of the individual in question will be kept confidential.

If an Innovations Academy student becomes ill while on campus they will immediately report to the health office and the case form will be completed. If a student or family member becomes sick while off campus, they will report to both the COVID-19 liaison/director and their confidentiality will be respected. If an employee has come into close contact (as defined by longer than 15 minutes within less than 6 feet) with someone who has tested positive for COVID-19, they will report to the COVID-19 liaison and director confidentially.

All families have been given the choice of distance learning so that no family can be known to be at risk just by choosing the distance learning plan.

If a student is exhibiting the symptoms of COVID-19 per the CDC, they will be sent to the school health office for a symptom check. The health clerk will review the student's health history form and emergency card and the parents/guardians of that child will be notified. Any siblings of that student will also report to the health office to wait for evaluation.

Once a child starts a quarantine, they will be contacted by their teacher and other Innovations Academy staff to offer assistance in adjusting to the distance learning program. Since all students started the school year in the full distance learning program, a student and their parents will be familiar with the structure, design and expectations of the program.

## Plans for When Staff or Student Becomes Sick

If a staff member or student becomes ill on campus, s/he will immediately report to the health office, a mask and gloves will be provided if the individual does not already have them readily available (they will most likely have a mask) and isolation protocol will commence. A case form will be completed and the local health authority will be contacted at 619-692-8499 for advice. All those who attend to the possibly infected person will also wear a mask and gloves. If, for some reason, the suspected person is not wearing a mask they will put one on immediately as well as gloves. Our isolation room is the health office which is near the entrance to the building.

All areas where the individual suspected of being infected has been will be closed off for either 24 hours or as long as is practicable until the area is cleaned and disinfected. The area will not be accessed until it has been thoroughly cleaned and disinfected.

### Symptoms

Symptoms of COVID-19 include:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Fatigue
- Muscle pain
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell

If an employee is exhibiting any of the above symptoms, they will leave campus immediately. If they are unable to drive, arrangements for their safe transport will be made. If a student is exhibiting any of the above symptoms, their parent/guardian will be called to get them. Until the time their parent arrives, they will remain in our isolation room, attended by a safely equipped person. Innovations Academy will follow all current guidelines that have been released by the SDHHSA, SDCOE and CDPH. Individuals will be able to return to school when all three of the following criteria have been met:

1) At least three days (72 hours) have passed since recovery (with no fever and without the use of fever reducing medications) and
2) Respiratory symptoms (cough, shortness of breath) have improved and
3) At least ten days have passed since symptoms FIRST occurred.

Additionally, a person may be asked to submit a healthcare provider's note prior to returning to campus.

The Innovations Academy COVID-19 liaison must identify persons who may have come in contact with the suspected infected person. Unless required by the local health authority (SDCHHSA), the name of the person should not be provided. Those additional contacts from school and outside of school should also isolate at home (quarantine). All staff will be notified that they may have come into contact with an infected individual and will continue to self-monitor and self-screen throughout the day. Depending on the result they will notify the director and COVID19 liaison.

In addition, the isolation area, the suspected employee's/student's work area, any other areas where they have been and common areas will be thoroughly cleaned and disinfected.

If a person has experienced a serious injury or illness, 9-1-1 will be immediately called. If any serious symptoms of COVID-19 present themselves (including pain or pressure in the chest, confusion or bluish lips or face), medical attention will be sought immediately. Updates to these symptoms will be reviewed regularly.

## Positive Cases

If, at any time, a staff member, student or family member (living  home) of student becomes a positive case of COVID-19, local health officials will be notified while confidentiality of the individual is maintained as required by state and federal laws.

As mentioned above, once it is suspected that an individual is infected with the Coronavirus, any area that they have been in will be closed off and thoroughly disinfected. If practicable, a wait of 24 hours will happen prior to cleaning and disinfecting. If not, the person doing the cleaning will be wearing additional PPE. Disinfectants and cleaners will be kept in locked areas.

If there is a COVID-19 illness in our community, Innovations Academy will work with the local health department as well as pursuing our own investigation to identify any school related factors that may have contributed to the risk of infection.
Depending on the specific factors of the situation, testing of all employees will be considered as an identification tool. Testing may be done at a single point in time or at repeated intervals.

Innovations Academy director will seek guidance from the SDHHSA when developing a testing strategy, if that approach is taken, including how testing can be arranged and how to prioritize testing of employees (i.e., testing close contacts of laboratory-confirmed cases first).

When testing all employees is not available, not practicable, not warranted or not recommended by the SDCHHSA, we may consider tracing close contacts of confirmed cases and instructing those individuals to quarantine or temporarily closing the school and quarantining all employees.

Innovations Academy will provide information to SDCHHSA on the confirmed COVID-19 case employees in the workplace, including job titles, work areas, close contacts in the workplace, dates of symptom onset, and shifts worked while suspected of being infectious based on FERPA and other confidentiality laws.

Innovations Academy director and/ or COVID-19 liaison, in conjunction, SDCHHSA, or both will conduct interviews of the cases to determine their close contacts.

Close contacts will be instructed to quarantine at home for 14 days from their last known contact with the employee with COVID-19. Close contacts should be tested for COVID-19 when possible.

A close contact is someone who spent 15 minutes or more within 6 feet of an individual with COVID-19 infection during their infectious period, which includes, at a minimum, the 48 hours before the individual developed symptoms.

Innovations Academy will use phone interviews of employees with laboratory-confirmed COVID-19 to determine when their symptoms began and to identify other staff and students with whom they had close contact during their infectious period.

While at home, close contacts should self-monitor daily for COVID-19 symptoms (e.g., fever, chills, shaking chills, cough, difficulty breathing, sore throat, congestion or runny nose, fatigue, body or muscle aches, loss of taste or smell, nausea or vomiting, diarrhea, loss of appetite).

## Response and Return to Work/School

Innovations Academy will adhere to the following CDPH guidelines for each situation of an employee or student.

| | |
|---|---|
| Symptomatic Positive<br><br>People with symptoms who are laboratory confirmed to have COVID-19<br>and<br>Symptomatic Negative<br><br>People who had symptoms of COVID-19 but test result returned negative | At least 3 days (72 hours) have passed since recovery, defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 10 days have passed since symptoms first appeared. |

| | |
|---|---|
| Asymptomatic Positive<br><br>People who never had symptoms and are laboratory confirmed to have COVID-19 | A minimum of 10 days have passed since the date of their first positive COVID-19 test. If they develop symptoms, then the criteria for laboratory confirmed cases with symptoms apply. |
| Asymptomatic Negative<br><br>People who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative | People should quarantine at home for 14 days after the last known close contact with the case patient. Symptoms can develop even after testing negative within 14 days after exposure. |
| Symptomatic Untested<br><br>People who had symptoms of COVID-19 but were not tested | Testing is highly recommended. If anyone cannot be tested, the same criteria will be used for return to work/school as laboratory confirmed cases. |
| Asymptomatic Untested<br><br>People who had close contact to a laboratory-confirmed case patient at work, home, or in the community and do not have symptoms.<br><br>OR<br><br>People who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from LHD or healthcare provider, and do not have symptoms. | People should be quarantined at home for 14 days after the last known close contact with the case patient. Testing is highly recommended.<br><br>People who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work/school should be used as laboratory-confirmed cases. |

When a classroom teacher must be off campus due to suspected illness, confirmed COVID-19 case or contact with an individual who was diagnosed positive, the families will be immediately informed of the situation and the site based class will be covered by a credentialed teacher on staff who has been designated as a substitute OR the class will pivot to a distance learning plan for the duration of the quarantine. If the teacher is able and willing to teach from home, they will be allowed to continue teaching in the full distance learning plan.

When a student who has been in the site-based learning program must be off campus, they will join the distance learning program while quarantining.

Innovations Academy COVID-19 Liaison will work in conjunction with San Diego County Health

and Human Services to make appropriate plans for additional cleaning and any additional length of time necessary for safety.

# Cleaning and Disinfection

## Ventilation

Our new building, which is designed per school codes, does not have windows that open. In place of open windows, our HVAC system has double filtration that adds fresh air to the system continuously. Each classroom is on its own system so that air does not mix between classrooms. Filters will be checked and changed regularly.

Many classrooms have acquired air filtration systems in addition to the already existing double filtration with fresh air system. These will be running in classrooms while class is in session.

Innovations Academy is occupying a new building for the first time at the onset of this school year. All systems will have been inspected by district inspectors prior to opening the school year. Likewise, both air conditioning systems and water systems will have been flushed, cleaned and have new filters.

## Drinking Fountains

Drinking fountains will be closed. Each student and staff member is required to bring their own labeled water bottle to school. Water bottles can be refilled at designated refill stations and in their classroom. If a student forgets or loses their water bottle, they will be given a disposable cup for drinking water.

## Frequently Touched Surfaces and Shared Student Materials

Classroom cohorts are in each classroom for no more than a 2.5 hour period before a break occurs. Prior to breaks all electronic devices will be wiped down and stored. During breaks disinfection will take place which will involve the use of an electrostatic sprayer or mister and will include the disinfecting of all frequently touched surfaces (handles and switches).

Each student will have their own assigned student materials including writing utensils, scissors, rulers, technology devices, headphones, mouse etc. When shared manipulatives and art or other supplies are used, they will be wiped down or sprayed prior to use by another individual. Recess materials will be cleaned in between uses and will be left outside in the sun as well.

## Bus

Innovations Academy has suspended the use of our school bus indefinitely. Prior to reinstatement of bus use, a social distance and sanitization plan will be in effect.

## Cleaning and Disinfecting

Innovations Academy's facility manager will oversee and train all persons using disinfecting equipment and products and keep a disinfecting schedule for both classrooms and common

areas. Sanitizing sprayers are designated per wing of our building. All products and sanitizers are kept away from children in a locked closet that only adults can access.

Custodial staff and any other staff that participate in disinfecting the school site will be equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment per product instructions. All products will be stored away from children in rooms with restricted access.

The facility manager will purchase only cleaning and disinfecting products that meet all of the requirements set forth by the Environmental Protection Agency (EPS) that are on the approved list "N" and all instructions will be closely followed.

As recommended by the EPA, we will

- 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 (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
- Follow the directions of the label for appropriate dilution rates and contact times.
- Always use appropriate PPE when applying or being exposed to products.

Appendix A Reopening Checklist

Appendix B Parent Education Materials: COVID-19 symptoms, family handwashing, how to select, clean and wear a mask, handwashing facts

Appendix C Contact tracer sample training booklet (CDC)

Appendix D FERPA and Coronavirus FAQ

The following signature attests that the information provided above is true and correct.

Director

Approved by the Innovations Academy Board of Directors on 9/2/20

Updated with new reporting phone number 9/3/20

# COVID-19 PREVENTION PLAN FOR SCHOOLS CHECKLIST

Previously known as the "Safe Reopening Plan for K-12 Schools"
Updated Aug. 7, 2020

| | | | |
|---|---|---|---|
| **School Name:** | Innovations Academy | | |
| **School Address:** | 5454 Ruffin Rd. San Diego, CA 92123 | | |
| **School Type:** | School District: ☐ | Charter School ☒ | Private School ☐ |
| **Name of School District, Charter School System or Private School System if Applicable:** | | | |

This checklist was developed in consultation with the County of San Diego Health and Human Services Agency, Public Health Services and is based on guidance articulated by the California Department of Public Health in its COVID-19 INDUSTRY GUIDANCE: Schools and School Based Programs and COVID-19 and Reopening In-Person Learning Framework for K-12 Schools in California, 2020-2021 School Year.

**The checklist was revised on Aug. 7, 2020 to include a section on sports and extracurricular activities that was added to industry guidance released on Aug. 3, 2020. (See Section 6, item 30.)** School leaders are also advised to review the California Department of Public Health Schools Guidance FAQs.

The checklist describes each of the requirements that schools (district, charter, and private) in San Diego County must include in their COVID-19 Prevention Plan before resuming in-person instruction. Schools are not required to use this checklist but doing so is recommended as a means of evaluating the school's COVID-19 Prevention Plan and demonstrating compliance with state and county requirements.

**Checking the box to the left of each section indicates that the school has developed plans that address each of the elements described in the section.**

## 1. General Measures

The school's COVID-19 prevention plans address each of the following provisions:

☒ 1. The school has a COVID-19 Prevention Plan webpage that provides access to a written, worksite-specific COVID-19 prevention plan based on a comprehensive risk assessment of all work areas and work tasks, and that designate a person at each school to implement the plan.

   a. Identify contact information for the local health department where the school is located for communicating information about COVID-19 outbreaks among students or staff.
   b. Incorporate the CDPH Guidance for the Use of Face Coverings, into the School-Site-Specific Plan that includes a policy for handling exemptions.
   c. Train and communicate with workers and worker representatives on the plan. Make the written plan available and accessible to workers and worker representatives.
   d. Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
   e. Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
   f. Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
   g. Identify individuals who have been in close contact (within 6 feet for 15 minutes or more) of an infected person and take steps to isolate COVID-19 positive person(s) and close contacts. (See Section 10 for more detail.)
   h. Adhere to these guidelines. Failure to do so could result in workplace illnesses that may cause classrooms or the entire school to be temporarily closed or limited.

- ▣ 2. Evaluate whether and to what extent external community organizations can safely utilize the site and campus resources. Ensure external community organizations that use the facilities also follow this guidance.
- ▣ 3. Develop a plan for the possibility of repeated closures of classes, groups, or entire facilities when persons associated with the facility or in the community become ill with COVID-19. (See Section 10 below.)
- ▣ 4. Develop a plan to further support students with access and functional needs who may be at increased risk of becoming infected or having unrecognized illness due to COVID-19. For example, review existing student health plans to identify students who may need additional accommodations, develop a process for engaging families for potentially unknown concerns that may need to be accommodated, or identify additional preparations for classroom and non-classroom environments as needed. Groups who might be at increased risk of becoming infected or having unrecognized illness include the following:
    a. Individuals who have limited mobility or require prolonged and close contact with others, such as direct support providers and family members.
    b. Individuals who have trouble understanding information or practicing preventive measures, such as hand washing and physical distancing; and
    c. Individuals who may not be able to communicate symptoms of illness.
- ▣ 5. Schools should review the CDPH Guidance for the Use of Face Coverings and any applicable local health department guidance and incorporate face-covering use for students and workers into their COVID-19 Prevention Plan. Some flexibility may be needed for younger children consistent with child development recommendations. See Section 3 for more information.

## 2. Promote Healthy Hygiene Practices

The school's COVID-19 prevention plans address each of the following provisions:

- ▣ 6. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
    a. Teach students and remind staff to use a tissue to wipe their nose and to cough/sneeze inside a tissue or their elbow.
    b. Students and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing; after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.
    c. Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as "antimicrobial" are not necessary or recommended.
    d. Staff should model and practice hand washing. For example, for lower grade levels, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
    e. Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent hand washing is more effective than the use of hand sanitizers.
    f. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
        i. Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
        ii. Do not use hand sanitizers that may contain methanol, which can be hazardous when ingested or absorbed.
    g. Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.
- ▣ 7. Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.
- ▣ 8. Develop routines enabling students and staff to regularly wash their hands at staggered intervals.
- ▣ 9. Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

- ■ 10. Information contained in the CDPH Guidance for the Use of Face Coverings to staff and families, including the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings.
- ■ 11. Employers must provide and ensure staff use face coverings in accordance with CDPH guidelines and all required protective equipment.
- ■ 12. The school has a sufficient supply of personal protective equipment (PPE) necessary to protect employees. The plans specify the type of PPE needed for tasks performed by employees.
- ■ 13. Strongly recommend that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:
    a. Protect the school community
    b. Reduce demands on health care facilities
    c. Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the school and public health authorities.

## 3. Face Coverings

The school's COVID-19 prevention plans address each of the following provisions:

- ■ 14. Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines, particularly in indoor environments, on school buses, and areas where physical distancing alone is not sufficient to prevent disease transmission.
    a. Teach and reinforce use of face coverings, or in limited instances, face shields.
    b. Students and staff should be frequently reminded not to touch the face covering and to wash their hands frequently.
    c. Information should be provided to all staff and families in the school community on proper use, removal, and washing of cloth face coverings.
    d. Training should also include policies on how people who are exempted from wearing a face covering will be addressed.
- ■ 15. The school's plans regarding students' use of face coverings includes the following elements:

| Age | Face Covering Requirement |
|---|---|
| Under 2 years old | No |
| 2 years old through 2nd grade | Strongly encouraged** |
| 3rd grade through high school | Yes, unless exempt |
| **Face coverings are strongly encouraged for young children between 2 years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort who cannot wear them properly. | |

    a. Persons younger than two years old, anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face covering without assistance are exempt from wearing a face covering.
    b. A cloth face covering, or face shield 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.
    c. In order to comply with this guidance, schools must exclude students from campus if they are not exempt from wearing a face covering under CDPH guidelines and refuse to wear one provided by the school. Schools should develop protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions. Schools should offer alternative educational opportunities for students who are excluded from campus.
- ■ 16. The school's plans regarding staff use of face covers includes the following elements:
    a. All staff must use face coverings in accordance with CDPH guidelines unless Cal/OSHA standards require respiratory protection.
    b. In limited situations where face coverings cannot be used for pedagogical or developmental

reasons, (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a cloth face covering while in the classroom as long as the wearer maintains physical distance from others, to the extent practicable. Staff must return to wearing a face covering outside of the classroom.

c. Workers or other persons handling or serving food must use gloves in addition to face coverings. Employers should consider where disposable glove use may be helpful to supplement frequent hand washing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.

## 4. Ensure Teacher and Staff Safety

The school's COVID-19 prevention plans address each of the following provisions:

☒ 17. The school's plan to protect teachers and staff includes the following elements:

a. Ensuring staff maintain physical distancing from each other is critical to reducing transmission between adults.
b. Ensure that all staff use face coverings in accordance with CDPH guidelines and Cal/OSHA standards.
c. 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 teaching in a virtual learning or independent study context.
d. 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.
e. Minimize the use of and congregation of adults in staff rooms, break rooms, and other settings.
f. Implement procedures for daily symptom monitoring for staff.

## 5. Intensify Cleaning, Disinfection, and Ventilation

The school's COVID-19 prevention plans address each of the following provisions:

☒ 18. Consider suspending or modifying use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.

☒ 19. Staff should clean and disinfect frequently touched surfaces at school and on school buses at least daily and, as practicable, these surfaces should be cleaned and disinfected frequently throughout the day by trained custodial staff. Frequently touched surfaces in the school include, but are not limited to:

a. Door handles
b. Light switches
c. Sink handles
d. Bathroom surfaces
e. Tables
f. Student desks
g. Chairs

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

☒ 21. Limit use and sharing of objects and equipment, such as toys, games, art supplies and playground equipment to the extent practicable. When shared use is allowed, clean and disinfect between uses.

☒ 22. 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.

a. 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.
b. Avoid products that contain peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
c. Follow label directions for appropriate dilution rates and contact times. Provide workers training on the chemical hazards, manufacturer's directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.

d. Custodial staff and any other workers who clean and disinfect the school site must be equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.
e. Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.

■ 23. Ensure safe and correct application of disinfectant and keep products away from students.

■ 24. 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.
a. If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons using the facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).

■ 25. Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices, and other spaces.

■ 26. 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.

## 6. Implementing Distancing Inside and Outside the Classroom

The school's COVID-19 prevention plans address each of the following provisions:

▣ 27. During arrival and departure:
a. Maximize space between students and between students and the driver on school buses and open windows to the greatest extent practicable.
b. Minimize contact at school between students, staff, families, and the community at the beginning and end of the school day. Prioritize minimizing contact between adults at all times.
c. Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
d. 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.
e. Implement health screenings of students and staff upon arrival at school. (See section 9)
f. Ensure each bus is equipped with extra unused face coverings on school buses for students who may have inadvertently failed to bring one.

■ 28. In-classroom spaces:
a. 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 teacher or staff with each group, to the greatest extent practicable.
b. Prioritize the use and maximization of outdoor space for activities where practicable.
c. Minimize movement of students and teachers or staff as much as practicable. For example, consider ways to keep teachers with one group of students for the whole day. In secondary schools or in situations where students have individualized schedules, plan for ways to reduce mixing among cohorts and to minimize contact.
d. Maximize space between seating and desks. Distance teacher and other staff desks at least 6 feet away from student desks. Consider ways to establish separation of students through other means if practicable, such as, 6 feet between desks, where practicable, partitions between desks, markings on classroom floors to promote distancing, or arranging desks in a way that minimizes face-to-face contact.
e. Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
f. 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.

g. Activities where there is increased likelihood for transmission from contaminated exhaled droplets, such as band and choir practice and performances, are not permitted.
h. Activities that involve singing must only take place outdoors.
i. Implement procedures for turning in assignments to minimize contact.
j. Consider using privacy boards or clear screens to increase and enforce separation between staff and students.

■ 29. In non-classroom spaces:

a. Limit nonessential visitors, volunteers, and activities involving other groups at the same time.
b. Limit communal activities where practicable. Alternatively, stagger use, properly space occupants and disinfect in between uses.
c. Consider use of non-classroom space for instruction, including regular use of outdoor space, weather permitting. For example, consider part-day instruction outside.
d. Minimize congregate movement through hallways as much as practicable. For example, establish more ways to enter and exit a campus, create staggered passing times when necessary or when students cannot stay in one room and create guidelines on the floor that students can follow to enable physical distancing while passing. In addition, schools can consider eliminating the use of lockers and moving to block scheduling, which supports the creation of cohort groups and reduces changes of classrooms.
e. Serve meals outdoors or in classrooms instead of cafeterias or group dining rooms where practicable. Where cafeterias or group dining rooms must be used, keep students together in their cohort groups, ensure physical distancing, and consider assigned seating. Serve individually plated or bagged meals. Avoid sharing of foods and utensils and buffet or family-style meals.
f. Consider holding recess activities in separated areas designated by class.

■ 30. For sports and extracurricular activities: (Updated August 3, 2020)

a. Outdoor and indoor sporting events, assemblies, dances, rallies, field trips, 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.
b. 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.*
c. 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.
d. Avoid equipment sharing, and if unavoidable, clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
e. 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.
f. 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.
g. Activities where there is increased likelihood for transmission from contaminated exhaled droplets such as band and choir practice and performances are not permitted.

## 7. Limit Sharing

The school's COVID-19 prevention plans address each of the following provisions:

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|---|---|
| ■ | 31. Keep each child's belongings separated and in individually labeled storage containers, cubbies, or areas. Ensure belongings are taken home each day to be cleaned. |
| ■ | 32. Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses. |
| ■ | 33. Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable. Where sharing occurs, clean and disinfect between uses. |

## 8. Train All Staff and Educate Families

The school's COVID-19 prevention plans address each of the following provisions:

| | |
|---|---|
| ▣ | 34. Train all staff and provide educational materials to families in the following safety actions:<br>a. Enhanced sanitation practices<br>b. Physical distancing guidelines and their importance<br>c. Proper use, removal, and washing of face coverings<br>d. Screening practices<br>e. How COVID-19 is spread<br>f. COVID-19 specific symptom identification<br>g. 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.<br>h. For workers, COVID-19 specific symptom identification and when to seek medical attention<br>i. The employer's plan and procedures to follow when children or adults become sick at school.<br>j. The employer's plan and procedures to protect workers from COVID-19 illness. |
| ■ | 35. Consider conducting the training and education virtually, or, if in person, ensure a minimum of 6-foot distancing is maintained. |

## 9. Check for Signs and Symptoms

The school's COVID-19 prevention plans address each of the following provisions:

| | |
|---|---|
| ■ | 36. Prevent discrimination against students who (or whose families) were or are diagnosed with COVID-19 or who are perceived to be a COVID-19 risk. |
| ■ | 37. Actively encourage staff and students who are sick or who have recently had close contact with a person with COVID-19 to stay home. Develop policies that encourage sick staff and students to stay at home without fear of reprisal, and ensure staff, students and students' families are aware of these policies. |
| ■ | 38. Implement screening and other procedures for all staff and students entering the facility. |
| ■ | 39. Conduct visual wellness checks of all students or establish procedures for parents to monitor at home. If checking temperatures, use a no-touch thermometer. |
| ■ | 40. Ask all individuals if they or anyone in their home is exhibiting COVID-19 symptoms. |
| ■ | 41. Make available and encourage use of hand-washing stations or hand sanitizer. |
| ■ | 42. Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any exposure to a positive case of COVID-19 at school while maintaining confidentiality, as required under FERPA and state law related to privacy of educational records. Additional guidance can be found here. As noted in Section 11 below, the staff liaison can serve a coordinating role to ensure prompt and responsible notification. |
| ▣ | 43. If a student is exhibiting symptoms of COVID-19, staff should communicate with the parent/caregiver and refer to the student's health history form and/or emergency card. |
| ▣ | 44. Monitor staff and students throughout the day for signs of illness; send home students and staff with a fever of 100 degrees (per San Diego County public health order) or higher, cough, or other COVID-19 symptoms. |
| ▣ | 45. Policies should not penalize students and families for missing class. |

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

The school's COVID-19 prevention plans address each of the following provisions:

| | |
|---|---|
| ▣ | 46. Work with school administrators, nurses, and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19. |
| ▣ | 47. Any students or staff exhibiting symptoms should immediately be required to wear a face covering and be required to wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable. |
| ■ | 48. Establish procedures to arrange for safe transport home or to a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:<br>a. Fever<br>b. Cough<br>c. Shortness of breath or difficulty breathing<br>d. Chills<br>e. Repeated shaking with chills<br>f. Fatigue<br>g. Muscle pain<br>h. Headache<br>i. Sore throat<br>j. Congestion or runny nose<br>k. Nausea or vomiting<br>l. Diarrhea<br>m. New loss of taste or smell |
| ■ | 49. For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on CDC's webpage. |
| ■ | 50. Notify local health officials immediately of any positive case of COVID-19, and exposed staff and families as relevant while maintaining confidentiality as required by state and federal laws. Additional guidance can be found here. |
| ■ | 51. Close off areas used by any individual suspected of being infected with the virus that causes COVID-19 and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you clean and disinfect. If it is not possible to wait 24 hours, wait as long as practicable. Ensure a safe and correct application of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep disinfectant products away from students. |
| ■ | 52. Advise sick staff members and students not to return until they have met CDC criteria to discontinue home isolation, including at least three days with no fever, symptoms have improved and at least 10 days since symptoms first appeared. |
| ■ | 53. Ensure that students, including students with disabilities, have access to instruction when out of class, as required by federal and state law. |
| ■ | 54. Schools should offer distance learning based on the unique circumstances of each student who would be put at-risk by an in-person instructional model. For example, students with a health condition, students with family members with a health condition, students who cohabitate or regularly interact with high-risk individuals, or are otherwise identified as "at-risk" by the parents or guardian, are students whose circumstances merit coffering distances learning. |
| ■ | 55. Implement the necessary processes and protocols when a school has an outbreak, in accordance with CDPH guidelines. |
| ■ | 56. Investigate the COVID-19 illness and exposures and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases. |
| ■ | 57. Update protocols as needed to prevent further cases. See the CDPH guidelines, Responding to COVID-19 in the Workplace, which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicating with workers and other exposed persons, and conducting and assisting with contact tracing. |

## 11. Maintain Healthy Operations

☒ 58. The school has plans that describe how it will:

a. Monitor staff absenteeism and have a roster of trained back-up staff where available.
b. Monitor the types of illnesses and symptoms among your students and staff to help isolate them promptly as needed.
c. Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Workers should know who they are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
d. Maintain communication systems that allow staff and families to self- report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality, as required by FERPA and state law related to privacy of educational records. Additional guidance can be found here.
e. Consult with local health departments if routine testing is being considered by a local educational agency. The role of providing routine systematic testing of staff or students for COVID-19 (e.g., PCR swab testing for acute infection, or presence of antibodies in serum after infection) is currently unclear.
f. Support students who are at higher risk for severe illness or who cannot safely distance from household contacts at higher risk, by providing options such as virtual learning or independent study.

## 12. Considerations for Reopening and Partial or Total Closures

The school's COVID-19 prevention plans address each of the following provisions:

■ 59. Check state and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.

☒ 60. When a student, teacher, or staff member tests positive for COVID-19 and had exposed others at the school, refer to the CDPH Framework for K-12 Schools, and implement the following steps:

a. In consultation with the local public health department, the appropriate school official may decide whether school closure versus cleaning and quarantine of exposed persons or other intervention is warranted, including the length of time necessary, based on the risk level within the specific community as determined by the local public health officer.
b. Close off the classroom or office where the patient was based and do not use these areas until after cleaning and disinfection. Wait at least 24 hours before cleaning and disinfecting. If 24 hours is not feasible, wait as long as possible.
c. Additional areas of the school visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.
d. Implement communication plans for exposure at school and potential school closures to include outreach to students, parents, teachers, staff, and the community.
e. Include information for staff regarding labor laws, information regarding Disability Insurance, Paid Family Leave and Unemployment Insurance, as applicable to schools. See additional information on government programs supporting sick leave and worker's compensation for COVID-19, including worker's sick leave rights under the Families First Coronavirus Response Act and employee's rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's Executive Order N-62-20, while that Order is in effect.
f. Provide guidance to parents, teachers and staff reminding them of the importance of community physical distancing measures while a school is closed, including discouraging students or staff from gathering elsewhere.
g. Develop a plan for continuity of education. Consider in that plan how to also continue nutrition and other services provided in the regular school setting to establish alternate mechanisms for these services to continue.
h. Maintain regular communications with the local public health department.

**The following signatures attest that the information provided above is true and correct.**

Signature: _____ Date: 8/29/20

Name: Christine Kuglen Principal

Schools that are part of a school district, charter school system, or private school system must also include the signature of the superintendent or chief executive.

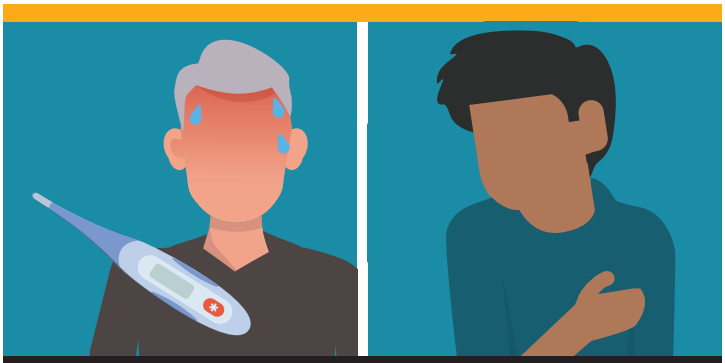
Signature: _____ Date: 8/29/20

Name: Christine Kuglen Title: Director

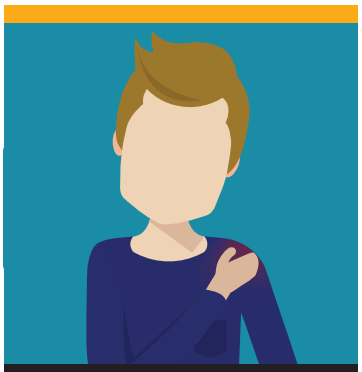
# Symptoms of Coronavirus (COVID-19)

## Know the symptoms of COVID-19, which can include the following:

Cough, shortness of breath or difficulty breathing



Fever or chills



Muscle or body aches

Vomiting or diarrhea

New loss of taste or smell

## Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

**Seek medical care immediately if someone has emergency warning signs of COVID-19.**

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

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

**cdc.gov/coronavirus**

316475-A 07/21/2020

Centers for Disease Control and Prevention

# How to Select, Wear, and Clean Your Mask
# How to Select Masks

Updated Aug. 27, 2020 Print

CDC recommends that you wear masks in public settings around people who don't live in your household and when you can't stay 6 feet away from others. Masks help stop the spread of COVID-19 to others.

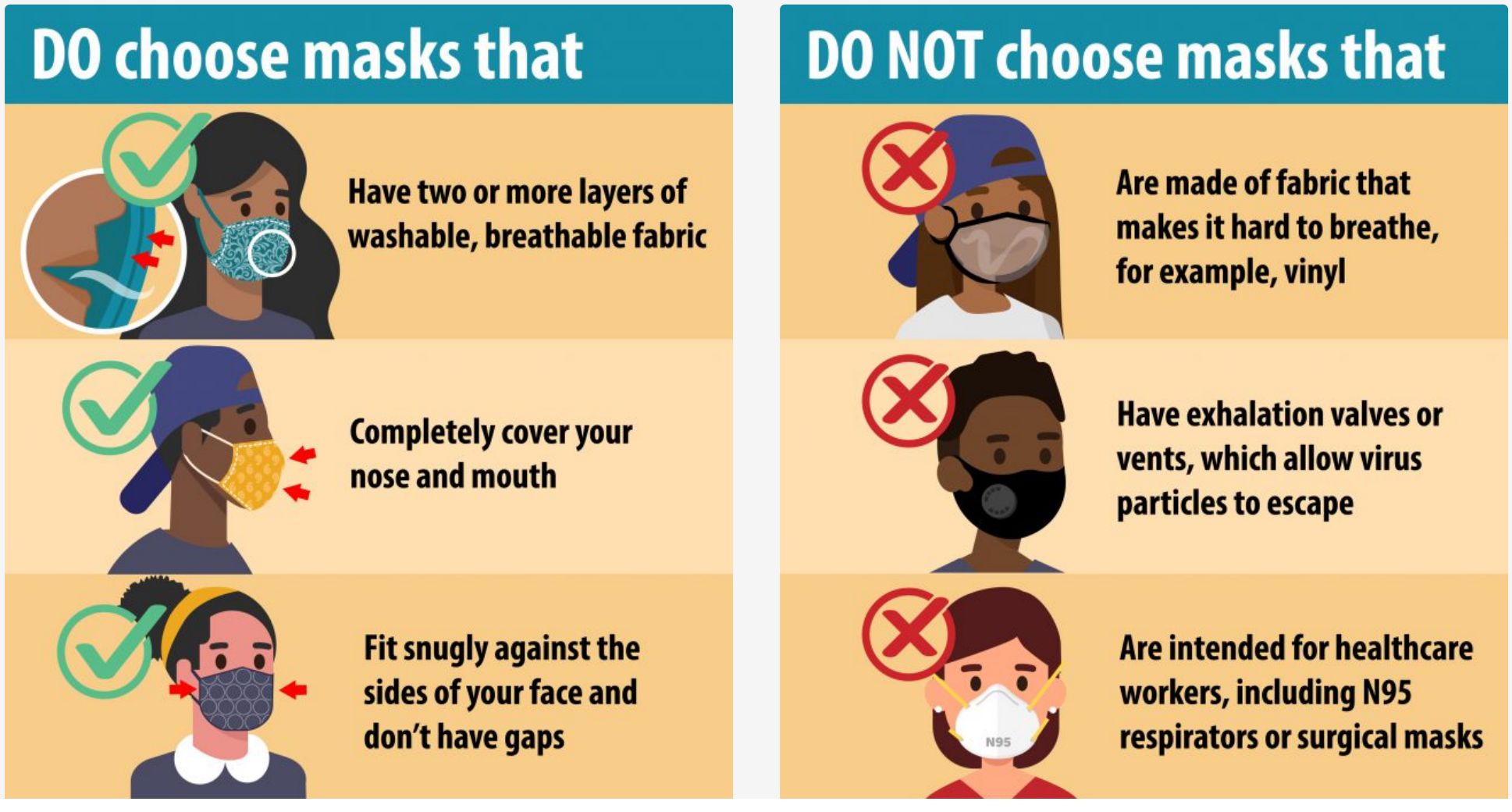
## Overview

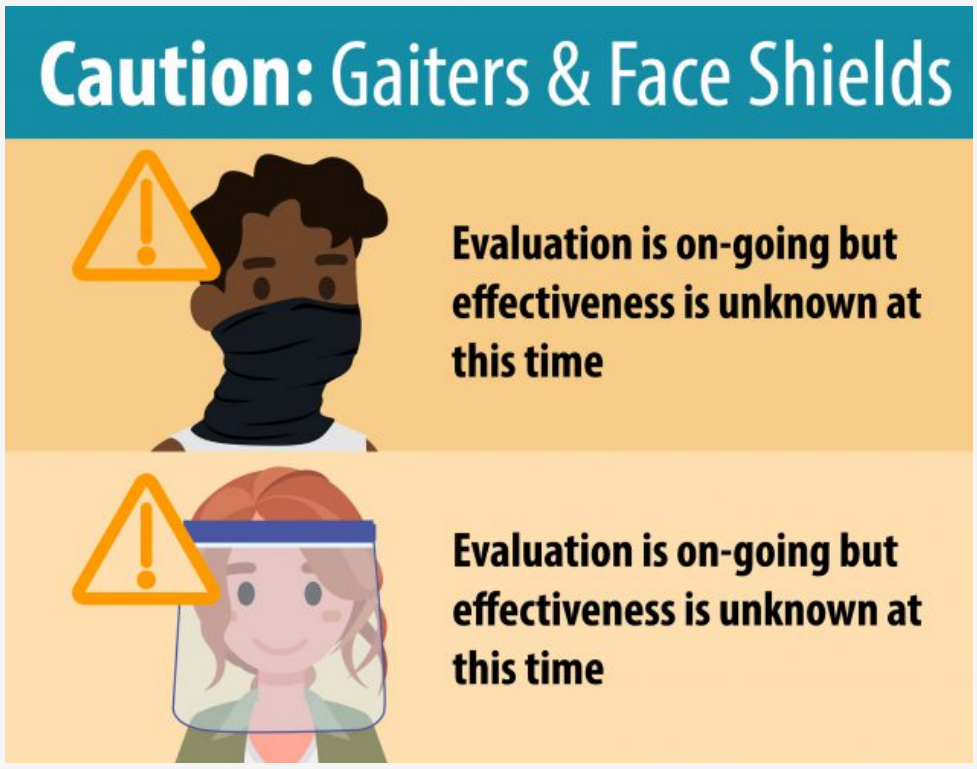
- Wear masks with two or more layers to stop the spread of COVID-19
- Wear the mask over your nose and mouth and secure it under your chin
- Masks should be worn by people two years and older
- Masks should NOT be worn by children younger than two, people who have trouble breathing, or people who cannot

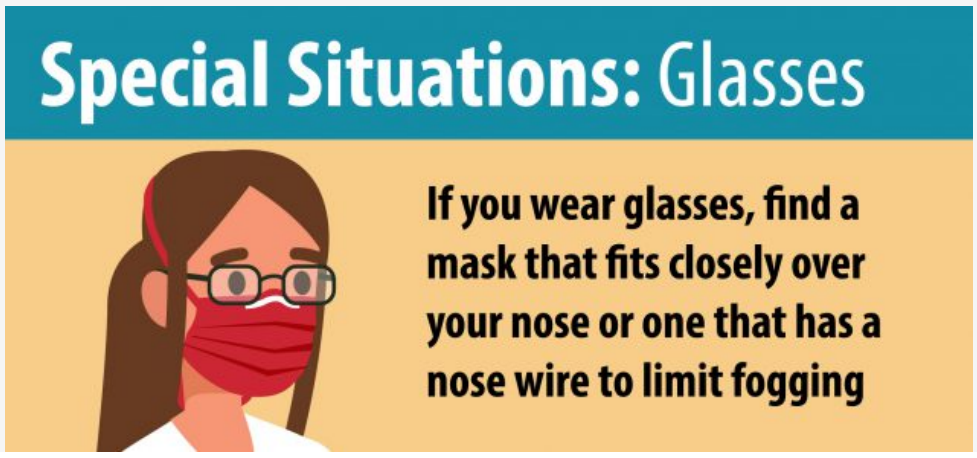
Coronavirus Disease 2019 (COVID-19) MENU >

## How to Select

When selecting a mask, there are many choices. Here are some do's and don'ts.








# How to Wear

Wear a mask **correctly** and **consistently** for the best protection.

- Be sure to wash your hands before putting on a mask
- Do **NOT** touch the mask when wearing it

## Do wear a mask that

- Covers your nose and mouth and secure it under your chin
- Fits snugly against the sides of your face

For more information, visit our How to Wear Masks web page.

## Do NOT wear a mask

How to take off a mask

# How to Clean

Masks should be washed regularly. Always remove masks correctly and wash your hands after handling or touching a used mask.

- Include your mask with your regular laundry
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the mask
- Use the highest heat setting and leave in the dryer until completely dry

For more information, visit our How to Wash Masks web page.

For more information, see our Masks web site. For information on the sources for our mask guidance, see Recent Studies.

Last Updated Aug. 27, 2020

# Handwashing: Keeping Your Family Healthy

**Handwashing is an easy, cheap, and effective way to prevent the spread of germs and keep kids and adults healthy. When your family is healthy, you don't have to worry about missing school, work, or other activities.**

## Help your child develop handwashing skills

Parents and caretakers play an important role in teaching children to wash their hands. Handwashing can become a lifelong healthy habit if you start teaching it at an early age. Teach kids the five easy steps for handwashing—wet, lather, scrub, rinse, and dry—and the key times to wash hands, such as after using the bathroom or before eating. You can find ways to make it fun, like making up your own handwashing song or turning it into a game.

## Lead by example

Young children learn by imitating the behaviors of adults in their lives. When you make handwashing part of your routine, you're setting an example for your children to follow.

LIFE IS BETTER WITH CLEAN HANDS

**www.cdc.gov/handwashing**

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

CS310275-A

## Handwashing can prevent

**1 in 3**
**cases of diarrhea**

**1 in 5**
**respiratory infections, such as a cold or the flu**

## Give frequent reminders

Building handwashing skills takes time. At first, your child will need regular reminders of how and when to wash hands. It is especially important to remind children to wash their hands after using the bathroom, before eating, after touching pets, after playing outside, and after coughing, sneezing, or blowing their nose. But once handwashing becomes a habit and a regular part of your child's day, they will practice it throughout their lives.

## What if soap and water aren't available?

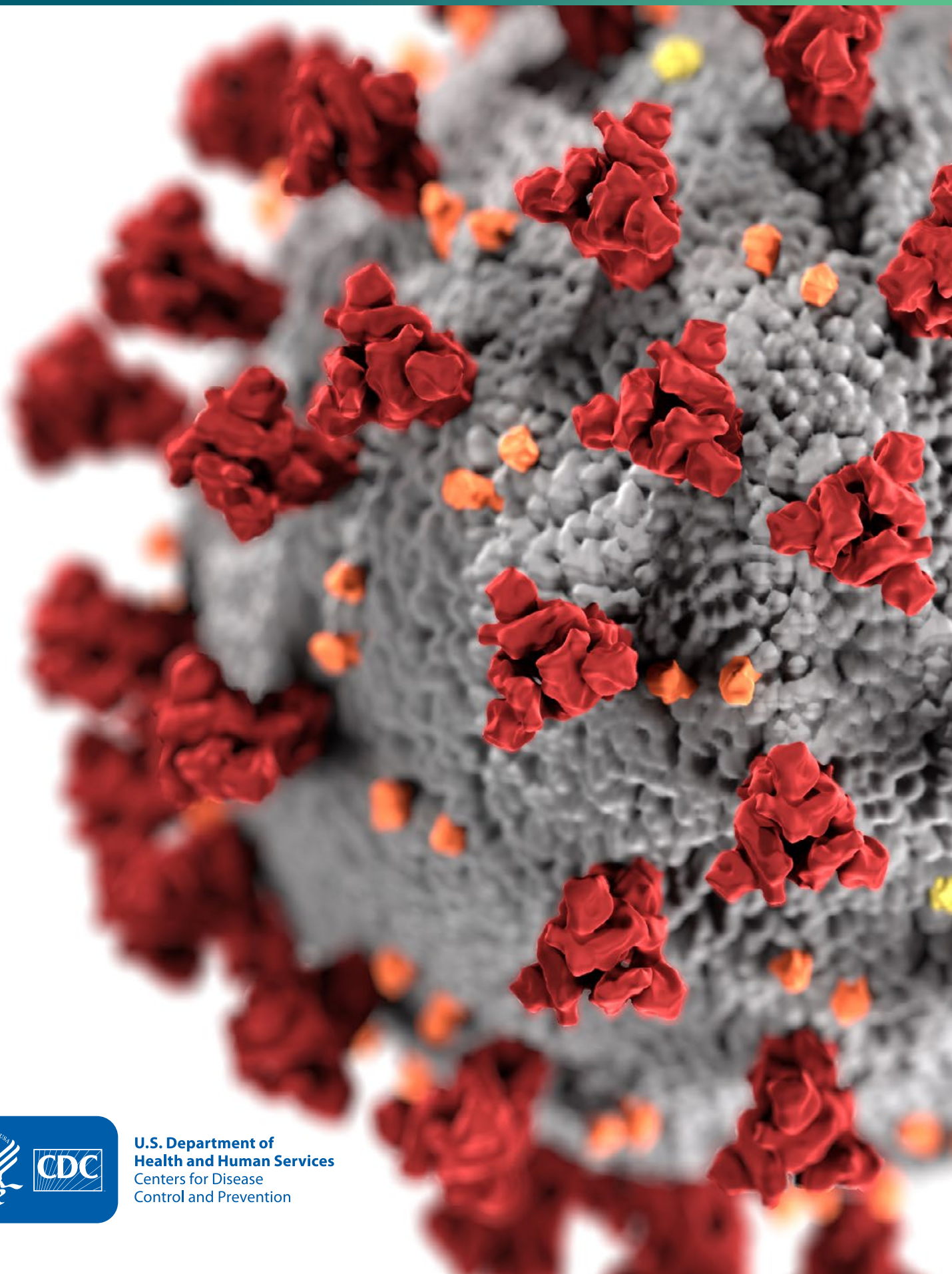
Washing hands with soap and water is the best way to get rid of germs. If soap and water are not readily available, use an alcohol-based hand sanitizer that has at least 60% alcohol.

### Did you know?

Baby wipes may make your hands look clean, but they're not designed to remove germs from your hands. CDC recommends washing hands with soap and water when possible.

**Remember to make handwashing a healthy habit at home, school, and at play!**

# COVID-19 CONTACT TRACING TRAINING:
## Guidance, Resources, And Sample Training Plan



**U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention

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**Background:** This document contains a sample training plan including training topics that may be helpful for state and local public health jurisdictions to consider when designing their own training plan for COVID-19 contact tracers. Each heading represents the learning objective for that section. Suggested training modalities/formats are provided, as well as information about sample existing trainings and resources. This document may be updated as new resources become available. For the purposes of this document, contact tracers are those who notify close contacts of COVID-19 patients of their exposures.

**Overall Training Goal:** After completing all training below, learners should be able to conduct contact tracing according to the established protocol. If seeking a sample training plan, trainings, and resources for case investigators, please refer to the case investigator training plan here.

**Target Audience:** Community health workers or volunteers with little or no experience conducting contact tracing.

Content describing non-CDC tools on this site is provided for informational purposes only and is not intended to indicate endorsement, actual or implied, of the tools. Additionally, information on this site is provided "as is," for users to evaluate and make their own determination as to their effectiveness.

## Identify Strategies To Reduce Spread of COVID-19

For this section, self-paced online training (e.g., curated reading list, videos, or eLearning course) is suggested. **Inclusion of a post-test is strongly recommended.**

### Background

- General
- Epidemiology and surveillance principles
- Update on current emergency response

### COVID-19 disease specific information

- Signs/symptoms, and routes of transmission
- Incubation period and infectious period
- Testing
- Diagnosis and current management
- Prevention and control (including self-isolation for patients and self-quarantine for contacts)

### Ways to prevent spread of COVID-19

- General precautions (e.g., social distancing)
- Role of public health, case investigation, and contact tracing in reducing spread
- Other ways to reduce spread

## Identify The Primary Components of COVID-19 Contact Tracing

A variety of modalities would be appropriate, including live webinar/teleconference, recorded webinar, or a self-paced eLearning course. Inclusion of a post-test is strongly recommended.

### Introduction to US public health system and how contact tracing fits in

- General

### Relevant terminology

- Public health jurisdiction's contact tracing terminology
- Terms that may be used in other jurisdictions (e.g., other states, federal)

### Introduction to contract tracing

- General
- Define contact tracing
- Describe basic steps of contract tracing
  - » Test
  - » Investigation and elicitation
  - » Trace
  - » Quarantine or isolate
  - » Follow-up
- Describe skills and qualities necessary for contact tracers
  - » Motivational interviewing skills
  - » Risk communication skills
  - » Cultural sensitivity
  - » Adaptations for contacts with communication impairments and non-English speakers

## List Requirements For Protecting Health Information

Self-paced online training (e.g., curated reading list, videos, or eLearning course) is suggested. **Inclusion of a post-test is strongly recommended.**

### Overview of health information privacy/security

- Why it is important to protect health information
- Potential consequences if data are not protected

### Health information privacy and confidentiality

- Oath of confidentiality, if applicable in the jurisdiction

### Health information data security

### Ethics of data collection during an outbreak

## Describe COVID-19 Contact Tracing Protocol

Live training (whether through videoconference or a live course on a learning management system) or an eLearning course with knowledge checks is suggested so that learners can receive immediate feedback. **Inclusion of a post-test – as well as an electronic guide describing jurisdiction-specific protocols – is strongly recommended.**

### Describe in detail the actions and requirements associated with each step of the contact tracing process

- Test
- Investigation and elicitation
- Trace
- Quarantine or isolate
- Follow-up

### Learn what "a day in the life" of a contact tracer looks like by hearing from an experienced contact tracer

### Question-and-answer session

## Apply COVID-19 Online Knowledge and Contact Tracing Protocol to Realistic Scenarios

Live training (whether through videoconference or a live course on a learning management system) is suggested so that learners can receive real-time feedback and ask questions. Breakout sessions with smaller groups could be effective if multiple trainers or facilitators are available.

### Review contact tracing protocol

### Apply contact tracing protocol to the following scenarios:

- Recent contact with someone diagnosed with COVID-19 but no signs/symptoms
- Recent contact with someone diagnosed with COVID-19 with signs/symptoms
- Someone with signs and symptoms of COVID-19 with no history of ill contacts
- Feedback from trainer(s)/facilitator(s)

### Practice handling difficult calls

- Role play with trainer/facilitator feedback

## Identify Jurisdiction-Specific Contact Tracing Tools and Protocols

**An electronic guide, self-paced asynchronous eLearning, or live training** (whether through videoconference or a live course on a learning management system) describing jurisdiction-specific protocols and resources is suggested, along with opportunities to answer contact tracers' questions via teleconference and an online frequently asked questions (FAQ) document that is regularly updated based on teleconference discussions and other feedback from the field.

### Receiving assignments

### Documenting calls

- Specifics of local processes and data collection

### Working with non-English-speaking contacts

### Working with contacts who have communication-impairments

### Follow-up resources for contacts

### Discussion of how contact tracers should share insights from the field – points of contact, regular check-in calls or webinars, online FAQ, etc.

## Analyze Contact Tracing Encounters for Continuous Quality Improvement

Virtual coaching and mentoring are suggested to provide opportunities for continuous quality improvement of contact tracing encounters.

### Listening in on calls for quality

### Using a rubric to documents contact tracers' competencies and areas for improvement

### Follow up discussion between supervisors and contact tracers on methods to improve the quality of the contact tracing experience

# Training Catalog By Learning Objective

## IDENTIFY STRATEGIES TO REDUCE SPREAD OF COVID-19

### Making Contact: A Training for COVID-19 Contact Tracers: The Basics of Coronavirus Disease 2019 (COVID-19) – Lesson 1

**Topic areas:** Background, signs/symptoms, general precautions, testing, prevention and control, other ways to reduce spread

- Register: https://www.train.org/main/course/1091302/compilation
- Target audience: Contact tracers and new case investigators
- Description: Contact tracers must understand the basics of coronavirus disease transmission in order to perform contact tracing and disease intervention activities effectively. Lesson one (The Basics of Coronavirus Disease 2019 (COVID-19)) will provide an overview of coronavirus disease 2019 (COVID-19), including its incubation and infectious period, symptoms, and how to prevent it. Please note, lessons must be completed in order from one to four.

#### Lesson 1 learning objectives:

1. Describe what COVID-19 is
2. Describe how to prevent COVID-19 transmission
3. List symptoms of COVID-19
4. Define social distancing, quarantine, and isolation
5. Describe the incubation and infectious period

### Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control

**Topic area:** Background

- Register: https://www.train.org/main/course/1090092/
- Target audience: Public health professionals
- Description: This course provides a general introduction to COVID-19.

#### Learning objectives:

1. Describe the nature of emerging respiratory viruses, how to detect and assess an outbreak, strategies for preventing and controlling outbreaks due to novel respiratory viruses
2. Describe strategies that should be used to communicate risk and engage communities to detect, prevent and respond to the emergence of a novel respiratory virus

### COVID-19 Public Health Strategy Basic Concepts – NDPHTN

**Topic areas:** Epidemiology and surveillance principles, signs/symptoms, testing, prevention and control, general precautions

- Register: https://www.train.org/main/course/1090675/
- Target audience: Public health professionals
- Description: Provides a basic background to the COVID-19 pandemic and describe the important steps to flatten the curve of COVID-19. Also provides an overview of crisis communication strategies and coordinating crisis response.

#### Learning objectives:

1. Review coronavirus history
2. Review COVID-19 characteristics
3. Discuss 6 concepts to flatten the curve
4. Review the 10 social distancing recommendations
5. Review COVID-19 testing concepts
6. Discuss how cocooning protects high-risk individuals
7. Discuss key concepts of crisis communications in pandemics

## Boots on the Ground Part 1: Foundational Epidemiology

**Topic area:** Epidemiology and surveillance principles

- Register: https://www.train.org/main/course/1076135/
- Target audience: Public health professionals and others without a background in epidemiology
- Description: Provides basic principles of epidemiology and public health practice. Includes key terms used in epidemiologic and explains types of epidemiology research.

### Learning objectives:

1. Define epidemiology
2. Describe the key factors impacting the incidence and spread of disease, injury, or health outcome (i.e. agent, host, environment)
3. Describe basic key terms in epidemiology
4. Describe distribution of disease, injury, or health outcomes and understand bias, validity, and reliability in assessing public health problems
5. Identify bias, validity, and reliability
6. Identify research methods

## COVID-19 Contact Investigation Training

**Topic area:** Signs/symptoms

- View: https://www.ncsddc.org/wp-content/uploads/2020/03/FINAL-COVID19-Contact-Training-03112020.pdf
- Target audience: Case and contact investigators
- Description: This course covers background information on COVID-19, tools that Washington State is using for case investigation, interviewing techniques, and resources for case and contact investigations.

### Learning objectives:

1. Discuss COVID-19 background
2. Discuss case investigation tools
3. Identify investigation interview techniques
4. Discuss types of contact follow-up
5. Identify COVID case and contact investigation resources

## COVID-19 Real-Time Legal Response: Focus on Quarantine, Isolation, and Other Social Distancing Powers

**Topic area:** General precautions, prevention and control

- Register: https://www.train.org/cdctrain/course/1090658/
- Target audience: Public health professionals
- Description: Following a brief series of COVID-19 legal updates, this real-time session will focus on an array of social distancing legal responses among federal, state, and local authorities, notably quarantine, isolation, school and other closures, and proposed "lockdowns." After an initial presentation, your questions and comments will be addressed.

### Learning objectives:

1. Assess the legal bases for social distancing in response to COVID-19
2. Understand the core legal steps to engage quarantine and isolation
3. Consider varied powers of federal, state and local governments to institute school or other closures
4. Explore the constitutional limits of proposed lockdowns and other aggressive social distancing measures

## COVID-19 Infection Prevention and Control in the Household (Microlearning)

**Topic area:** General precautions

- Register: https://www.train.org/main/course/1090934/
- Target audience: General public health staff
- Description: This microlearning is designed to take 15 minutes. You will learn about instructions to give your patients who are taking care of a probable or confirmed case of COVID-19 in the household.

### Learning objectives:

1. Identify COVID-19 infection prevention and control measures for the household

### CDC Coronavirus Disease 2019 (COVID-19) webpages

Topic area: Epidemiology

- Cases, Data, and Surveillance

Topic area: Signs/symptoms

- Symptoms of Coronavirus

Topic area: Update on current emergency response

- CDC in Action

Topic area: Prevention and control

- Social Distancing, Quarantine, and Isolation

Topic areas: General precautions

- Prevent Getting Sick

Topic area: Testing

- Testing for COVID-19

# IDENTIFY THE PRIMARY COMPONENTS OF COVID-19 CONTACT TRACING

## Making Contact: A Training for COVID-19 Contact Tracers: The Basics of Contact Tracing – Lesson 2

**Topic areas:** Relevant terminology, define contact tracing, investigation and elicitation, trace, quarantine or isolate

- Register: https://www.train.org/main/course/1091302/compilation
- Target audience: Contact tracers
- Description: The goal of lesson 2 (The Basics of Contact Tracing) is to provide an overview of the principles that will guide your work as a contact tracer. You will have the opportunity to learn basic definitions of contact tracing, gain an understanding of the steps involved, and become aware of the importance of confidentiality. Please note, lessons must be completed in order from one to four.

### Learning objectives:

1. Define person under investigation (PUI), contact, and contact tracing
2. Describe the objectives of contact tracing
3. List four fundamentals of contact tracing
4. Describe the importance of privacy protections
5. Identify the four main steps involved in the contact tracing process

## Making Contact: A Training for COVID-19 Contact Tracers: Effective Communication and Interviews – Lesson 3

Topic areas: Motivational interviewing skills, risk communication skills, cultural sensitivity, adaptations for contacts with communication impairments

- Register: https://www.train.org/main/course/1091302/compilation
- Target audience: Contact tracers and case investigators
- Description: As a contact tracer, you will conduct interviews with people who may have been exposed to COVID-19. Depending on how your team is organized, you may also conduct interviews with persons under investigation (PUIs). Lesson 3 (Effective Communication and Interviews) will provide information on how to use effective communication techniques, prepare for and conduct an interview, and approach your interactions with cultural humility. Some of these terms may be new to you, and we'll cover them as we move through the lesson. Please note, lessons must be completed in order from one to four.

### Learning objectives:

1. Name at least three communication techniques for effective interviewing
2. Explain the importance of showing cultural humility during case interviews
3. Describe how to prepare for an interview
4. Explain the four parts of an interview

## Making Contact: A Training for COVID-19 Contact Tracers: Case Monitoring and Resources – Lesson 4

**Topic areas:** Relevant terminology, follow-up

- Register: https://www.train.org/main/course/1091302/compilation
- Target audience: Contact tracers and case investigators
- Description: Case investigators and contact tracers will follow-up and monitor cases (PUIs or their contacts) to ensure they are following appropriate isolation or quarantine instructions and to track the development of any potential COVID-19 symptoms. Lesson 4 (Case Monitoring and Resources) will provide information on the different types of case monitoring and the activities you might be involved in. Please note, lessons must be completed in order from one to four.

### Learning objectives:

1. Explain the difference between the two types of case monitoring
2. Describe potential follow-up activities that may be required during monitoring
3. Identify the types of resources and services that may be provided during the monitoring period.
4. Explain what it means to escalate or "refer up" a case that needs more help than you're able to provide

## Public Health 101 Series – Introduction to Public Health

**Topic area:** Introduction to U.S. public health

- Register: https://www.train.org/main/course/1059661/
- Target audience: Public health professionals and others without formal training in public health
- Description: This course introduces learners to the mission of public health and key terms in the field. The course covers historical developments in public health, the roles of different stakeholders, public health's core functions and essential services, determinants of health, and the Health Impact Pyramid.

### Learning objectives:

1. Describe the purpose of public health
2. Define key terms used in public health
3. Identify prominent events in the history of public health
4. Recognize the core public health functions and essential services
5. Describe the role of different stakeholders in the field of public health
6. List determinants of health
7. Recognize how individual determinants of health affect population health

## Emerging respiratory viruses, including COVID-19: methods for detection, prevention, response and control

**Topic area:** Introduction to contact tracing

- Register: https://www.train.org/main/course/1090092/
- Target audience: Public health professionals
- Description: This course provides a general introduction to COVID-19.

### Learning objectives:

1. Describe the nature of emerging respiratory viruses, how to detect and assess an outbreak, strategies for preventing and controlling outbreaks due to novel respiratory viruses
2. Describe strategies that should be used to communicate risk and engage communities to detect, prevent and respond to the emergence of a novel respiratory virus

## Covid-19 Epidemiology Grand Rounds

**Topic area:** Introduction to contact tracing

- Watch: https://www.facebook.com/ucsfepibiostat/videos/275226896828213/
- Target audience: Public health professionals
- Description: Provides epidemiology updates on COVID-19, including impact of social distancing, health disparities, and comprehensive section on contact tracing (begins around 48:00).

### Learning objectives:

Not available

## An Introduction to Follow-up for Positive COVID-19 Cases and their close Contacts

Topic area: Introduction to contact tracing

- View: http://www.maventrainingsite.com/maven-help/pdf/LBOH%20Presentation%20COVID-19%20Case%20Investigation%20Introductory%20Training%20Webinar_April8.pdf
- Target audience: Public health professionals
- Description: Provides an overview of COVID-19 transmission, testing, and common vocabulary. Describes contact tracing and interview tools.

### Learning objectives:

Not available

## General Contact Tracing Phone Calls

**Topic area:** Define contact tracing

- Register: https://www.train.org/main/course/1091008/
- Target audience: Volunteer callers for Michigan
- Description: This training is a generalized contact tracing training to prepare volunteers for assisting and completing contact calls for persons who have been exposed to COVID19. The training briefly describes why contact training is important and what the process of contact training calls entails.

### Learning objectives:

1. Discuss what is contact tracing and why it is important
2. Discuss how to de-escalate difficult conversations
3. Discuss the script when calling someone exposed
4. Describe resources available to you to answer questions
5. Review how you will be receiving contacts, how you should be documenting and sharing the information you have gathered, to whom you should be reporting, and how often

## Interviewing Unit 5: Cluster Interviews and Re-Interviews

**Topic area:** Motivational interviewing skills

- Register: https://www.train.org/main/course/1089364/
- Target audience: STD partner services providers
- Description: Provides elements of cluster interviews for STD partner services providers. Includes the format of the interview and tips for providing risk reduction messages.

### Learning objectives:

1. Identify the reasons and conditions for conducting a Cluster Interview, including planning
2. Identify the elements of the Cluster Interview format and the difference in formats between a Cluster Interview and an Original Interview
3. Explain the process for choosing a Cluster candidate

## COVID-19 Contact Investigation Training

**Topic area:** Motivational interviewing skills

- View: https://www.ncsddc.org/wp-content/uploads/2020/03/FINAL-COVID19-Contact-Training-03112020.pdf
- Target audience: Case and contact investigators
- Description: This course covers background information on COVID-19, tools that Washington State is using for case investigation, interviewing techniques, and resources for case and contact investigations.

### Learning objectives:

1. Discuss COVID-19 background
2. Discuss case investigation tools
3. Identify investigation interview techniques
4. Discuss types of contact follow-up
5. Identify COVID case and contact investigation resources

## Effective Interviewing for Contact Investigation: Self-Study Modules

**Topic area:** Motivational interviewing skills

- View: https://www.cdc.gov/tb/publications/guidestoolkits/interviewing/tbinterviewing_ssmodules.pdf
- Target audience: TB interviewers
- Description: This resource will offer guidance to both new and experienced TB interviewers about how to communicate clearly with patients under various circumstances. Consists of 4 modules, including an overview of the TB interview for contact investigations, basics of communication and patient education, cultural competency, and special interview circumstances.

### Learning objectives:

1. Define a TB interview
2. Formulate a TB interview strategy
3. Identify who requires a TB interview and for what reasons
4. Prioritize TB interviews based on various factors
5. Determine an infectious period for contact identification
6. Conduct a TB interview in a logical and productive manner
7. Conduct a re-interview asking the appropriate follow-up questions
8. Explain why patient education is important in the TB interview process
9. Define communication
10. Identify verbal and nonverbal patient cues and their meanings
11. Use closed, open-ended, and focused questions to gather descriptive, yet targeted information
12. Utilize the techniques of reflection, paraphrasing, and summarizing to affect the course of the interview
13. Address and overcome communication barriers Select, and communicate through, an appropriate interpreter
14. Apply effective communication concepts to patient education
15. Describe the concepts of culture and cultural competency
16. Identify various factors that contribute to an individual's culture
17. Understand why cultural competency is essential in TB interviewing
18. Assess the communication process based on a patient's verbal and nonverbal cues
19. Limit the barriers of language, dialect, lifestyle, and belief differences during an interview
20. Describe how TB interviews may vary depending on the patient's life circumstances
21. Decide when to use, how to choose, and how to interview a proxy
22. Conduct a source case interview by selecting an appropriate interviewee and eliciting appropriate contact and exposure setting information
23. Conduct interviews in outbreak circumstances
24. Understand social network analysis and the role the interviewer plays

## Introduction to Telephone Interviewing for DIS

**Topic area:** Motivational interviewing skills

- Watch: https://www.train.org/main/course/1090632
- Target audience: STD partner services providers
- Description: This module will introduce partner services providers (i.e., DIS) to the basic principles and best practices for conducting telephone interviews. It covers professionalism, confidentiality and cultural competency. Learners also learn how to prepare for and conduct a telephone interview.

### Learning objectives:

1. Demonstrate confidence when planning and conducting telephone interviews
2. Understand principles and best practices for conducting telephone interviews
3. Improve communication skills and maximize interviewing effectiveness

## COVID-19 Public Health Strategy Basic Concepts – NDPHTN

**Topic area:** Risk communication skills

- Register: https://www.train.org/main/course/1090675/external icon
- Target audience: Public health professionals
- Description: Provides a basic background to the COVID-19 pandemic and describe the important steps to flatten the curve of COVID-19. Also provides an overview of crisis communication strategies and coordinating crisis response.

### Learning objectives:

1. Review coronavirus history
2. Review COVID-19 characteristics
3. Discuss 6 concepts to flatten the curve
4. Review the 10 social distancing recommendations
5. Review COVID-19 testing concepts
6. Discuss how cocooning protects high risk individuals
7. Discuss key concepts of crisis communications in pandemics

## CERC Overview for COVID-19

**Topic area:** Risk communication skills

- Watch: https://emergency.cdc.gov/cerc/training/webinar_20200406.asp
- Target audience: Public health professionals
- Description: Provides an overview of crisis and emergency risk communication (CERC) principles and their application to COVID-19 messages.

### Learning objectives:

1. Define the six crisis and emergency risk communication (CERC) principles
2. Describe the lifecycle of CERC and how communication works at each phase of a crisis
3. Describe how emergency risk communication is different from regular communication
4. Describe the psychology of a crisis
5. Describe the process for gathering audience feedback
6. Describe how to tailor messages to target audiences
7. Develop a crisis communication plan
8. List best practices of a spokesperson
9. Explain best practices for engaging stakeholders through communication during an emergency

## Communication Skills

**Topic area:** Risk communication skills

- Register: https://www.train.org/main/course/1089357/
- Target audience: STD partner services providers
- Description: Provides learners with an understanding of the basic communication skills necessary for partner services providers, and to give them opportunities to practice those communication skills. This module also focuses on various problem solving techniques, and the importance of maintaining an assertive stance.

### Learning objectives:

1. Describe factors associated with good communication
2. Identify barriers to communication
3. Define assertive, non-assertive, and aggressive communication and explain the distinctions between them

## Disaster Health Core Curriculum: Competency 4: Communication

**Topic area:** Risk communication skills

- Watch: https://emergency.cdc.gov/cerc/training/webinar_20200406.asp
- Target audience: Public health professionals
- Description: Provides relevant, actionable guidance on applied principles and practices of crisis risk communication in public health emergencies and disasters.

### Learning objectives:

1. Explain the operational relevance of the following concepts in the context of public health crisis risk communication: risk perception, mental noise, trust determination, and negative dominance
2. Explain the relevance of cultural competency in the context of public health emergency risk communication
3. Identify strategies to communicate in a culturally competent fashion in public health emergencies and disaster events
4. Identify authoritative sources for information gathering in a public health crisis and disasters that can inform effective emergency risk communication during and after these events
5. Demonstrate the features and utility of a message map as a tool for public health emergency risk communication

## Health Literacy for Public Health Professionals

**Topic area:** Cultural sensitivity

- Register: https://www.train.org/main/course/1078759/
- Target audience: Public health professionals
- Description: The purpose of this web-based training program is to educate health professionals about public health literacy and their role in providing health information and services and promoting public health literacy. The course uses a 508-compliant template, knowledge checks, scenario-based interactions, video clips, and a post-test to engage learners. The course includes an evaluation, glossary, and resource list.

### Learning objectives:

1. Define public health literacy
2. List factors that influence public health literacy
3. Identify who is affected by public health literacy
4. Identify consequences of limited public health literacy
5. Determine who the stakeholders in public health literacy are
6. Recognize the role of public health literacy in meeting core public health services
7. Apply lessons learned to improve public health literacy

## COVID-19 Case and Contact Investigations Training for Tribes

**Topic area:** Cultural sensitivity

- Watch: https://register.gotowebinar.com/recording/9127662154523742734
- View slides: https://secureservercdn.net/50.62.172.232/tvl.3bf.myftpupload.com/wp-content/uploads/2020/03/Slides-Case-and-Contact-Investigations-Training-for-Tribes-03-27-2020.pdf
- Target audience: Native American tribes
- Description: This course provides information for tribes to help them determine whether they will conduct case and contact investigations for COVID-19 or defer to Washington State. Additionally, the course provides training for tribal staff to conduct case and contact investigations.

### Learning objectives:

1. Describe why case and contact investigation is important for Tribes
2. Discuss COVID-19 background
3. Identify investigation interview techniques
4. Discuss case investigation tools
5. Discuss public health recommendations for contacts
6. Discuss types of contact follow-up
7. Identify COVID case and contact investigation resources

## The Guide to Providing Effective Communication and Language Assistance Services

**Topic area:** Cultural sensitivity, adaptations for contacts with hearing impairments

- Register: https://thinkculturalhealth.hhs.gov/education/communication-guide
- Target audience: Health care providers
- Description: The Guide will help your organization communicate in a way that considers the cultural, health literacy, and language needs of your patients.

### Learning objectives:

1. Cross-cultural communication skills
2. Verbal communication strategies
3. Written communication strategies
4. Notice of communication and language assistance services

## Cultural Competency Program for Disaster Preparedness and Crisis Response

**Topic area:** Cultural sensitivity

- Register: https://thinkculturalhealth.hhs.gov/education/disaster-personnel
- Target audience: Any disaster or emergency response personnel interested in learning more about culturally and linguistically appropriate services
- Description: Research shows that cultural minority groups suffer disproportionately during every phase of a disaster. This e-learning program will equip you with the knowledge, skills, and awareness to best serve all individuals, regardless of cultural or linguistic background.

### Learning objectives:

1. Course 1 provides an introduction to CLAS and its relevance to disaster preparedness and crisis response.
2. Course 2 covers how to provide CLAS during the preparation phase of a disaster, including conducting a community needs assessment
3. Course 3 covers how to provide CLAS during the response phase of a disaster, including meeting physical and mental health needs
4. Course 4 covers how to provide CLAS during the recovery phase of a disaster, including rebuilding neighborhoods

## Implicit Bias in Public Health Practice

**Topic area:** Cultural sensitivity

- Register: https://www.mitrainingcenter.org/courses/ibpha1219
- Target audience: Public health professionals
- Description: The field of public health increasingly focuses on health equity and population health outcomes. While systemic factors are major drivers of inequities, what is the role of the individual? This recorded webinar will introduce the idea of implicit bias and how it is relevant to all public health professionals, regardless of discipline or role in an

agency. Participants will learn key definitions, examine data showing the implications of implicit bias in public health, and discuss some strategies to prevent it. Ultimately, no matter how well-intended, we all have some biases we can address to improve our positive impact on population health and on each other.

### Learning objectives:

1. Define implicit bias and its relation to public health practice
2. Reflect on personal and professional biases
3. Introduce bias busting techniques

## Cross-Cultural Communications Cognition and Linguistics-NDPHTN

**Topic area:** Cultural sensitivity

- Register: https://www.train.org/main/course/1087168/
- Target audience: Public health professionals
- Description: This training is facilitated through the North Dakota Public Health Training network to explain cross-cultural communications, cognition and linguistics

### Learning objectives:

1. Describe the process of developing meaning in message respondents
2. Explain how meaning transfer relates to the communications model
3. Recognize the importance of the seven dimensions of cultural distance in cross-cultural communications
4. Describe the tri-systemic model of cognition and how that model applies to public health communications
5. Demonstrate the importance of stories for transmitting meaning in relationship cultures
6. Describe the breadth of worldwide languages and dialects
7. Describe the role of languages
8. Describe three basic steps to overcome language barriers
9. Explain the importance of horizontal communicators in effective community messaging
10. Briefly explain the importance of the semantic differential and language impact on culture

## Cultural Humility: People, Principles, and Practice

**Topic area:** Cultural sensitivity

- Watch: https://www.youtube.com/watch?v=SaSHLbS1V4w
- Target audience: Public health professionals
- Description: "Cultural Humility: People, Principles and Practices," is a 30-minute documentary by San Francisco State professor Vivian Chávez, that mixes poetry with music, interviews, archival footage, and images of community, nature and dance to explain what Cultural Humility is and why we need it. The film describes a set of principles that guide the thinking, behavior and actions of individuals and institutions to positively affect interpersonal relationships as well as systems change.

### Learning objectives:

1. Lifelong learning and critical self-reflection
2. Recognizing and changing power imbalances
3. Developing institutional accountability

## Culturally Competent Public Health Practice for Deaf and Hard of Hearing Populations

**Topic area:** Adaptations for contacts with hearing impairments

- Register: https://www.train.org/cdctrain/main/1087468/
- Target audience: Public health and healthcare professionals
- Description: This training will present tools and knowledge for working with the deaf and hard of hearing community, as well as common misconceptions about deaf culture and sub-cultures within the community.

### Learning objectives:

1. Create awareness of deaf culture and sub-cultures within the deaf community
2. Discuss the benefits and importance of working with a sign interpreter
3. Identify gaps in health literacy among the deaf community
4. Formulate best methods for working with deaf and hard-of-hearing community

## Other files and webpages

**Topic area:** Introduction to U.S. public health

- The Public Health System & the 10 Essential Public Health Services
  - Agency name: CDC

**Topic area:** Trace

- Coronavirus – Known Contact to a Confirmed Case of Coronavirus Messaging Guide
  - Agency name: Public Health Madison and Dade County
- COVID-19 Contact Investigation Interim Script
  - Agency name: Washington Department of Health Resource
- Form for Interviewing Community Contacts Suspected and Confirmed Coronavirus Disease (COVID-2019) Cases
  - Agency name: Virginia Department of Health

# LIST REQUIREMENTS FOR PROTECTING HEALTH

## Making Contact: A Training for COVID-19 Contact Tracers: The Basics of Contact Tracing – Lesson 2

**Topic areas:** Health information privacy and confidentiality

Register: https://www.train.org/main/course/1091302/compilation

**Target audience:** Contact tracers

Description: The goal of lesson 2 (The Basics of Contact Tracing) is to provide an overview of the principles that will guide your work as a contact tracer. You will have the opportunity to learn basic definitions of contact tracing, gain an understanding of the steps involved, and become aware of the importance of confidentiality. Please note, lessons must be completed in order from one to four.

### Learning objectives:

1. Define PUI, contact, and contact tracing
2. Describe the objectives of contact tracing
3. List four fundamentals of contact tracing
4. Describe the importance of privacy protections
5. Identify the four main steps involved in the contact tracing process

## IDPH Office of Health Protection Data Security & Confidentiality Guideline Training

**Topic areas:** Health information privacy/security, health information data security

- Register: https://www.train.org/main/course/1058826/
- Target audience: Local public health staff who have access to confidential information
- Description: The purpose of this training is to provide an overview of the Data Security and Confidentiality Guidelines developed by the Illinois Department of Public Health Office of Health Protection and review the federal and state statutes, rules, and regulations that address the legal protection of confidential health information. This course also outlines the standards and requirements for state and local health department staff as well as community based organizations in the collection, transmission, storage, and maintenance of confidential information.

### Learning objectives:

1. Provide an overview of the Data Security and Confidentiality Guidelines
2. Review federal and state statutes, rules, and regulations regarding health information
3. Outline the standards and requirements for state and local health department staff as well as community-based organizations in the collection, transmission, storage, and maintenance of confidential information
4. Understand your role in keeping data secure in terms of: data collection, data sharing and release, and physical security

## HIPAA Awareness – Module 1

**Topic areas:** Health information privacy and confidentiality

- Register: https://www.train.org/main/course/1047429/
- Target audience: Public health and healthcare professionals
- Description: This 20-minute HIPAA Awareness Training was developed by the Kansas Department of Health and Environment and is provided for the convenience of Kansas public health and healthcare agencies. We recommend this course for new employees, employees who have not had HIPAA training in the past or as a refresher course.

### Learning objectives:

1. Explain the source of HIPAA
2. Identify two HIPAA rules
3. Indicate two on-site HIPAA information sources
4. Identify two violation consequences

## ADH HIPAA Privacy and Security Training

**Topic areas:** Health information privacy and confidentiality

- Register: https://www.train.org/main/course/1009552/
- Target audience: General Public Health Staff
- Description: This training is designed to help educate Arkansas Department of Health (ADH) staff concerning HIPAA legislation, the proper use and disclosure of protected health information (PHI), the proper safeguards for confidential information including electronic protected health information (ePHI) or other confidential information), and highlights from ADH HIPAA Policies and Procedures. It is not intended to replace ADH Policies.

### Learning objectives:

1. Describe HIPAA
2. Discuss the proper use and disclosure of protected health information
3. Identify safeguards for confidential information including electronic protected health information
4. Explain ADH HIPAA Policies and Procedures

## Health Information Privacy and Confidentiality

**Topic areas:** Health information privacy and confidentiality

- Register: https://www.train.org/main/course/1065718/
- Target audience: Allied health professionals, nurses, general public health staff, information systems professionals
- Description: Medical records are subject to privacy and confidentiality. This webinar will explore existing regulations and Health Insurance Portability and Accountability Act (HIPAA) as it relates to patient information. As we embark on the age of highly efficient technological capabilities, the ability to protect medical records has many challenges. Building public trust brings awareness to how privacy and confidentiality are properly handled through the course of research or student projects. We will discuss general aspects centered on the sensitive subject of cyberspace and medical record security. Recommendations based on the laws that govern privacy, along with research findings, will be shared.

### Learning objectives:

1. Explain patient privacy and confidentiality as it relates to HIPAA
2. Discuss who has rights to patient records
3. Assess advantages and disadvantages of electronic records
4. Discuss American Public University System (APUS) and HIPAA

## COVID-19: Data Sharing for Public Health Surveillance, Investigation and Intervention

**Topic areas:** Health information privacy and confidentiality, ethics of data collection during an outbreak

- Register: https://www.train.org/main/course/1090857/
- Target audience: Public health professionals
- Description: Public health's COVID-19 surveillance, investigation and intervention balances an individual's right to privacy against the public's and other's right to know. Amid the COVID-19 outbreak, questions about data sharing under a national emergency have surfaced. Is HIPAA still fully in effect during this public health emergency? How does HIPAA apply to public health departments? What COVID-19 information may public health share with the media, emergency responders, law enforcement and others? This webinar will identify various federal and state laws, including HIPAA, that impact public health's ability to share COVID-19 information.

### Learning objectives:

1. Review current data sharing questions facing your peers
2. Understand HIPAA's data sharing limitations and opportunities
3. Provide an awareness of other federal and state law considerations

## Information Privacy & Security (IPS)

**Topic area:** Health information data security

- Register: https://about.citiprogram.org/en/series/information-privacy-and-security-ips/
- Target audience: Teachers, educators, IRB administrators, administrators, IRB members, individuals working with identifiable health data (HIPAA-defined "PHI"), researchers, instructors, students
- Description: IPS covers the principles of data protection, focusing on the healthcare-related privacy and information security requirements of the Health Insurance Portability and Accountability Act (HIPAA) and the educational records and data-related requirements of the Family Educational Rights and Privacy Act (FERPA).

## Data Management in Disasters & Public Health Emergencies Recording

**Topic area:** Ethics of data collection during an outbreak

- Register: https://www.train.org/main/course/1080061/
- Target audience: Researchers, analysts, public health professionals, information systems professionals
- Description: Nicole Strayhorn, National Library of Medicine Associate Fellow, discussed the results of her project to identify open data sources and data sharing policies used during disasters and public health emergencies. For the purposes of this short-term project, she narrowed her research to the data needs of stakeholders, and the challenges of sharing and accessing data around the ongoing Zika virus outbreak.

**cdc.gov/coronavirus**

**U.S. Department of Health and Human Services**
Centers for Disease Control and Prevention

CS 317081-B May 15, 2020 5:33 PM

# STUDENT PRIVACY POLICY OFFICE
## FERPA & Coronavirus Disease 2019 (COVID-19)
## Frequently Asked Questions (FAQs)
## March 2020

**Introduction**

The United States (U.S.) Department of Education (Department) is issuing these Frequently Asked Questions (FAQs) regarding the Family Educational Rights and Privacy Act (FERPA) and the coronavirus disease 2019, abbreviated as "COVID-19" and more commonly referred to as "coronavirus."[1] We are working with our Federal partners including the Centers for Disease Control and Prevention (CDC), which is leading the Federal effort to address coronavirus or COVID-19. The U.S. Department of Health and Human Services (HHS) issued on January 31, 2020, a declaration of a Public Health Emergency regarding coronavirus or COVID-19.[2]

The Department's Student Privacy Policy Office (SPPO) prepared this document to assist school officials working with public health officials in managing public health issues related to COVID-19, while protecting the privacy of students' education records. Understanding FERPA helps enable school officials to act quickly and with certainty when confronting challenges that affect the health or safety of students or other individuals.

Educational agencies and institutions, such as school districts, schools, colleges and universities, can play an important role in slowing the spread of COVID-19 in U.S. communities. Through information sharing and coordination with public health departments, educational agencies and institutions can help protect their schools and communities.

The purpose of this document is to assist school officials in protecting student privacy in the context of COVID-19 as they consider the disclosure of personally identifiable information (PII) from student education records to individuals and entities who may not already have access to that information. School officials should work with their State and local public health officials to determine the information needed to address this public health concern. Understanding how, what, and when information can be shared is a critical part of preparedness.

**Background**

FERPA is a Federal law that protects the privacy of student education records. (20 U.S.C. § 1232g; 34 C.F.R. Part 99) The law applies to all educational agencies and institutions that receive funds under any program administered by the Secretary of Education. The term "educational agencies and institutions" under FERPA generally includes school districts and public schools at the elementary and secondary levels, as well as private and public institutions of postsecondary

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[1] Please note that this FERPA & Coronavirus Disease 2019 (COVID-19) FAQ document updates the Department's 2009 FERPA & H1N1 document. Other than statutory and regulatory requirements included in the document, the contents of the guidance do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies. This document will be posted at https://studentprivacy.ed.gov and https://www.ed.gov/coronavirus.

[2] HHS declaration posted at https://www.hhs.gov/about/news/2020/01/31/secretary-azar-declares-public-health-emergency-us-2019-novel-coronavirus.html.

education. Private schools at the elementary and secondary levels generally do not receive funds from the Department and are, therefore, not subject to FERPA.

FERPA gives parents certain rights with respect to their children's education records at educational agencies and institutions to which FERPA applies. These rights transfer to the student when he or she reaches the age of 18 or attends an institution of postsecondary education at any age (thereby becoming an "eligible student"). 20 U.S.C. § 1232g(d); 34 C.F.R. § 99.5(a)(1). Under FERPA, a parent or eligible student must provide a signed and dated written consent before an educational agency or institution discloses PII from education records, unless an exception to this general consent requirement applies. 34 C.F.R. § 99.30(a). Exceptions to the general consent requirement are set forth in 20 U.S.C. §§ 1232g(b)(1), (b)(2), (b)(3), (b)(5), (b)(6), (h), (i), and (j) and 34 C.F.R. § 99.31. The term "education records" is defined, with certain exceptions, as those records that are: (1) directly related to a student; and (2) maintained by an educational agency or institution, or by a party acting for the agency or institution. 20 U.S.C. § 1232g(a)(4); 34 C.F.R. § 99.3, "Education records." Accordingly, immunization and other health records, as well as records on services provided to students under the Individuals with Disabilities Education Act (IDEA), which are directly related to a student and maintained by an educational agency or institution are "education records" under FERPA.[3] The term "PII" refers to a student's name or identification number, as well as other information that can be used to distinguish or trace an individual's identity either directly or indirectly through linkages with other information. 34 C.F.R. § 99.3, "Personally identifiable information."

FERPA prohibits educational agencies (e.g., school districts) and institutions (i.e., schools) from disclosing PII from students' education record without the prior written consent of a parent or "eligible student," unless an exception to FERPA's general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. For instance, pursuant to one such exception, the "health or safety emergency" exception, educational agencies and institutions may disclose to a public health agency PII from student education records, without prior written consent in connection with an emergency if the public health agency's knowledge of the information is necessary to protect the health or safety of students or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36.

For all other situations where an exception to FERPA's general consent requirement does not apply, educational agencies and institutions must obtain prior written consent of a parent or eligible student to disclose PII from student education records. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. We have attached a model consent form at the end of this document. We have also listed the email and contact information for SPPO, the Department office responsible for implementing and enforcing FERPA, if school officials have questions that are not covered in this document.

[3] Parts B and C of the IDEA contain separate privacy regulations that incorporate FERPA provisions and exceptions, including the health or safety emergency exception that is the primary subject of these FAQs. Where a student is placed in a private school for the provision of Individualized Education Program (IEP) services on behalf of a school or school district subject to FERPA, the education records of the privately placed student that are maintained by the private school are subject both to FERPA and to the confidentiality requirements under Part B of the IDEA.

**Questions and Answers on the Applicability of FERPA to Disclosures Related to COVID-19 ("Coronavirus")**

1. Do parents and eligible students have to provide consent before an educational agency or institution discloses PII from education records?

Generally, yes. A parent or eligible student must provide written consent before an educational agency or institution discloses PII from a student's education records, unless one of the exceptions to FERPA's general consent rule applies. 20 U.S.C. §§ 1232g(b)(1) and (b)(2); 34 C.F.R. §§ 99.30 and 99.31. FERPA requires that a consent form be signed and dated by a parent or eligible student and (1) specify the records that may be disclosed; (2) state the purpose of the disclosure; and (3) identify the party or class of parties to whom the disclosure may be made. 34 C.F.R. § 99.30(a) and (b). At the conclusion of this document, we have included a sample FERPA consent form.

2. How does the health or safety emergency exception to FERPA's consent requirement permit an educational agency or institution to disclose PII from the education records of affected students?

Although educational agencies and institutions can often address threats to the health or safety of students or other individuals in a manner that does not identify a particular student, FERPA permits educational agencies and institutions to disclose, without prior written consent, PII from student education records to appropriate parties in connection with an emergency, if knowledge of that information is necessary to protect the health or safety of a student or other individuals. 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36. This "health or safety emergency" exception to FERPA's general consent requirement is limited in time to the period of the emergency and generally does not allow for a blanket release of PII from student education records. Typically, law enforcement officials, public health officials, trained medical personnel, and parents (including parents of an eligible student) are the types of appropriate parties to whom PII from education records may be disclosed under this FERPA exception.

For purposes of FERPA's health or safety emergency exception, the determination by an educational agency or institution that there is a specific emergency is not based on a generalized or distant threat of a possible or eventual emergency for which the likelihood of occurrence is unknown, such as would be addressed in general emergency preparedness activities. If local public health authorities determine that a public health emergency, such as COVID-19, is a significant threat to students or other individuals in the community, an educational agency or institution in that community may determine that an emergency exists as well.

Under the FERPA health or safety emergency exception, an educational agency or institution is responsible for making a determination, on a case-by-case basis, whether to disclose PII from education records, and it may take into account the totality of the circumstances pertaining to the threat. *See* 34 C.F.R. § 99.36(c). If the educational agency or institution determines that there is an articulable and significant threat to the health or safety of the student or another individual and that certain parties need the PII from education records, to protect the health or safety of the

student or another individual, it may disclose that information to such parties without consent. This is a flexible standard under which the Department will not substitute its judgment for that of the educational agency or institution so that the educational agency or institution may bring appropriate resources to bear on the situation, provided that, based on the information available at the time of the educational agency's or institution's determination, there is a rational basis for such determination. We note also that, within a reasonable period of time after a disclosure is made under this exception, an educational agency or institution must record in the student's education records the articulable and significant threat that formed the basis for the disclosure and the parties to whom information was disclosed. 34 C.F.R. § 99.32(a)(5).

3. May student education records, such as health records, maintained by an educational agency or institution be disclosed, without consent, to public health departments if the educational agency or institution believes that the virus that causes COVID-19 poses a serious risk to the health or safety of an individual student in attendance at the educational agency or institution?

Yes. If an educational agency or institution, taking into account the totality of the circumstances, determines that an articulable and significant threat exists to the health or safety of a student in attendance at the agency or institution (or another individual at the agency or institution) as a result of the virus that causes COVID-19, it may disclose, without prior written consent, PII from student education records to appropriate officials at a public health department who need the information to protect the health or safety of the student (or another individual). Public health department officials may be considered "appropriate parties" by an educational agency or institution under FERPA's health or safety emergency exception, even in the absence of a formally declared health emergency. Typically, public health officials and trained medical personnel are among the types of appropriate parties to whom PII from education records, may be non-consensually disclosed under FERPA's health or safety emergency exception.

4. If an educational agency or institution learns that student(s) in attendance at the school are out sick due to COVID-19, may it disclose information about the student's illness under FERPA to other students and their parents in the school community without prior written parental or eligible student consent?

It depends, but generally yes, but only if that information is in a non-personally identifiable form. Specifically, the the educational agency or institution must make a reasonable determination that a student's identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. *See* 34 C.F.R. § 99.31(b)(1). If an educational agency or institution discloses information about students in non-personally identifiable form, then consent by the parents or eligible students is not needed under FERPA. For example, if an educational agency or institution releases the fact that individuals are absent due to COVID-19 (but does not disclose their identities), this would generally not be considered personally identifiable to the absent students under FERPA as long as there are other individuals at the educational agency or institution who are absent for other reasons. However, we caution educational agencies or institutions to ensure that in releasing such facts, they do so in a manner that does not disclose other information that, alone or in combination, would allow a reasonable

person in the school community to identify the students who are absent due to COVID-19 with reasonable certainty.

5. May educational agencies and institutions disclose without consent the names, addresses, and phone numbers of absent students to the public health department so that the health department may contact their parents in order to assess the students' illnesses?

FERPA permits educational agencies and institutions to non-consensually disclose PII from education records in the form of contact information of absent students to the public health department in specific circumstances, such as in connection with a health or safety emergency (20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 99.36) or pursuant to other applicable exceptions.

While FERPA generally permits the nonconsensual disclosure of properly designated "directory information" (e.g., name, address, phone number, grade level) when parents or eligible students have not opted out of such a disclosure, it does not permit an educational agency or institution to disclose "directory information" on students that is linked to non-directory information (such as information regarding a student's illness). For instance, an educational agency or institution may not disclose directory information on all students who are receiving special education services or those who have been absent from school.

Therefore, unless a specific FERPA exception applies, educational agencies and institutions should prepare consent forms for parents and eligible students to sign to allow the potential sharing of this type of information if they create, or intend to create, a tracking or monitoring system to identify an outbreak before an emergency is recognized.

6. If an educational agency or institution determines that a health or safety emergency exists, may it disclose, without consent, PII from student education records to the media?

No. As explained previously, FERPA only permits nonconsensual disclosures of PII from students' education records under the health or safety emergency exception to "appropriate parties" (such as public health officials) whose knowledge of the information is necessary to protect the health or safety of students or other individuals. While the media may have a role in alerting the community of an outbreak, they are not "appropriate parties" under FERPA's health or safety emergency exception because they generally do not have a role in protecting individual students or other individuals at the educational agency or institution. "Appropriate parties" in this context are normally parties who provide specific medical or safety attention, such as public health and law enforcement officials.

7. May the school identify a particular student, a teacher, or other school official as having COVID-19 to parents of other students in the school?

In most cases, it is sufficient to report the fact that an individual in the school has been determined to have COVID-19, rather than specifically identifying the student who is infected. School notification is an effective method of informing parents and eligible students of an illness

in the school. For settings in which parents are primarily doing drop-offs and pick-ups, posting signs on the doors may be effective. In other settings, sending home or e-mailing a notification may also be effective. These methods serve to notify parents and eligible students of a potential risk, which may be particularly important for students who may be more susceptible to infection or to developing severe complications from an infection, and to alert parents to look for symptoms in their own children and eligible students to more closely monitor themselves for symptoms.

Nothing in FERPA prevents schools from telling parents and students that a specific teacher or other school official has COVID-19 because FERPA applies to students' education records, not records on school officials. However, there may be State laws that apply in these situations.

There may be a rare situation during a health or safety emergency, however, in which schools may determine (in conjunction with health, law enforcement, or other such officials) that parents of students or eligible students are appropriate parties to whom to disclose identifiable information about a student with COVID-19. For example, school officials may determine that it is appropriate to disclose identifiable information about of a student with COVID-19 to parents of other students if parents need to know this information to take appropriate action to protect the health or safety of their children. For example if a student with COVID-19 is a wrestler and has been in direct and close contact with other students who are on the team or who are in the school and have higher health risks, school officials may determine it necessary to disclose the identity of the diagnosed student to the parents of the other students. In these limited situations, parents and eligible students may need to be aware of this information in order to take appropriate precautions or other actions to ensure the health or safety of their child or themselves, especially if their child or they may have a higher risk of susceptibility to COVID-19 or of developing severe complications from COVID-19.[4] School officials should make the determination on a case-by-case basis whether a disclosure of the student's name is absolutely necessary to protect the health or safety of students or other individuals or whether a general notice is sufficient, taking into account the totality of the circumstances, including the needs of such students or other individuals to have such information in order to take appropriate protective action(s) and the risks presented to the health or safety of such students or other individuals.

8. May an educational agency or institution disclose PII from an eligible student's education records to the student's parents if the eligible student has been determined to have COVID-19?

Yes, for dependent students and generally yes, but see below. Under FERPA, an educational agency or institution, including an institution of postsecondary education, may disclose, without the eligible student's written consent, PII from an eligible student's education records to his or her parents under certain conditions. For example, a university physician treating an eligible student for COVID-19 might determine that the student's treatment records should be disclosed to the student's parents. This disclosure may be made, without consent of the eligible student, if the parents claim the eligible student as a dependent under section 152 of the Internal Revenue Code of

[4] For helpful information on risk, please see the Centers for Disease Control and Prevention's current risk assessment, which is available at: https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/children-faq.html.

1986. 20 U.S.C. § 1232g(b)(1)(H); 34 C.F.R. § 99.31(a)(8). If the parents do not claim the eligible student as a dependent, then the disclosure may be made to the parents, without the eligible student's written consent, if the disclosure is in connection with a health or safety emergency provided certain conditions are satisfied (as discussed in the response to question two above). 20 U.S.C. § 1232g(b)(1)(I); 34 C.F.R. §§ 99.31(a)(10) and 36.

9. What if a parent of a student who is not an eligible student refuses to provide written consent to permit the release of PII contained in student education records to the public health department?

FERPA permits educational agencies and institutions to release information from education records without consent after the removal of all PII, provided that the agency or institution has made a reasonable determination that a student's identity is not personally identifiable, whether through single or multiple releases, and taking into account other reasonably available information. 34 C.F.R. § 99.31(b)(1). Thus, it would be problematic to disclose that every student in a particular class or grade level is absent if there is, for instance, a directory with the names of every student in that class or grade. Therefore, it is prudent that educational agencies or institutions obtain written consent to permit the disclosure of PII from students' education records to the public health department. If the parent or eligible student will not provide written consent for the disclosure of the PII, then the educational agency or institution may not make the disclosure unless it has determined that there is an applicable exception to the general requirement of consent that permits the disclosure, such as if a health or safety emergency exists and the PII is disclosed to an appropriate party whose knowledge of the information is necessary to protect the health or safety of the student or other individuals.

10. Is an educational agency or institution required to record disclosures of PII from student education records submitted to the public health department or other outside parties, even in connection with a health or safety emergency?

Yes. FERPA generally requires educational agencies and institutions to maintain a record of each request for access to and each disclosure of PII from the education records of each student. 34 C.F.R. § 99.32(a)(1). Moreover, when making a disclosure under the health or safety emergency provision in FERPA, educational agencies and institutions are specifically required to record the articulable and significant threat to the health or safety of a student or other individual that formed the basis for the disclosure and the parties to whom the agency or institution disclosed the information. 34 C.F.R. § 99.32(a)(5). The record of each request for access to and each disclosure of PII from student education records must be maintained with the education records of each student as long as the records are maintained. 34 C.F.R. § 99.32(a)(2). This requirement enables parents and eligible students who do not provide written consent for disclosure of education records to see the circumstances under which and the parties to whom their information was disclosed. However, educational agencies and institutions are not required to record disclosures for which the parent or eligible student has provided written consent. 34 C.F.R. § 99.32(d)(3).

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The Department's Student Privacy Policy Office or SPPO is the office that administers FERPA. SPPO is available to respond to questions school officials may have about FERPA. School officials may e-mail questions to SPPO at FERPA@ed.gov. You may also call us at (202) 260-3887. Additional information and guidance on FERPA is available on SPPO's website at: https://studentprivacy.ed.gov/.

The Department has a list of resources regarding COVID-19 (coronavirus) on our website at https://www.ed.gov/coronavirus. Questions related to the coronavirus may be emailed to the Department at COVID-19@ed.gov.

In December 2019, the U.S. Department of Education, along with HHS, issued guidance on the applicability of FERPA and the HIPAA to student health records, the "Joint Guidance on the Application of the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) To Student Health Records." *See* https://studentprivacy.ed.gov/sites/default/files/resource_document/file/2019%20HIPAA%20FERPA%20Joint%20Guidance%20508.pdf. This 2019 document updated the Department's 2008 guidance and explained that the HIPAA Privacy Rule does not apply to education records that are protected by FERPA. Student health records that are maintained by a public elementary and secondary educational agency or institution or by a party acting for the agency or institution are "education records" subject to FERPA, and school officials must follow the requirements of FERPA in making any disclosures of the PII from these records. At the postsecondary level, FERPA applies to most public and private institutions of postsecondary education and to the student health records that they maintain. Such student health records may either constitute "education records" or "treatment records," if certain conditions are met, but in either case they are subject to FERPA and not the HIPAA Privacy Rule.

For more information on the HIPAA Privacy Rule, please visit HHS' HIPAA Privacy Rule website at: http://www.hhs.gov/ocr/privacy/. The website offers a wide range of helpful information about the HIPAA Privacy Rule, including frequently asked questions.

**[Sample FERPA Consent Form]**

**Disclosure of Information Protected by the Family Educational Rights and Privacy Act by _____ [Name of School/School District] to [Name of Appropriate Authority]**

Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 C.F.R. part 99), the written consent of a parent or eligible student is required before the education records of a student, or personally identifiable information contained therein, may be disclosed to a third party, unless an exception to this general requirement of written consent applies. If a student is age 18 years or older, or is enrolled in an institution of postsecondary education, he or she is an "eligible student" and must provide written consent for the disclosure of his or her education records or personally identifiable information contained therein.

I,_____, hereby agree to allow _____
[SCHOOL OR DISTRICT NAME] to disclose the following personally identifiable information or education records:
_____ [Specify education records or personally identifiable information that may be disclosed] on _____
[Name of Student] to _____[Name of Appropriate Authority] for the purpose of [State purpose of disclosure] _____.

You may withdraw your consent to share this information at any time. A request to withdraw your consent should be submitted in writing and signed.

_____
Signature of Parent, Guardian, or Eligible Student

Date:_____