

K-12 Schools Guidance 2021-2022 Questions & Answers

10/14/2021

Related Materials

2021-2022 K-12 Schools Reopening Framework and Guidance

CDPH Guidance for the Use of Face Coverings | Safe Schools for All Hub

Updates as of October 14, 2021:

- FAQs 10 and 13 were revised.
- FAQ 20 was added.

Vaccination

1. What are the benefits to being fully vaccinated for students in school?

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

Fully vaccinated students may remain in school and avoid interruptions to in-person education, even if they are exposed to someone with COVID-19, so long as they remain without symptoms. Also, fully vaccinated students are not recommended to participate in screening testing at school.

Masking

2. Why does the K-12 guidance require masks to be worn indoors?

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

Universal masking indoors in K-12 schools is recommended by the American Academy of Pediatrics and by the CDC in its Guidance for COVID-19 Prevention in K-12 Schools (updated July 27, 2021). As the CDC noted: "CDC recommends universal indoor masking for all teachers, staff, students, and visitors to K-12 schools, regardless of vaccination status. Children should return to full-time in-person learning in the fall with layered prevention strategies in place."

Universal masking prevents outbreaks and permits modified quarantine under certain conditions in K-12 settings, supporting more instructional time and minimizing missed school days for students. Additionally, universal masking indoors is critical to enabling all schools to offer and provide full in-person instruction to all students without minimum physical distancing requirements at the outset of the school year.

As noted by the CDC, COVID-19 prevention strategies in K-12 schools are designed to protect people who are not fully vaccinated. Almost all K-6th graders are unvaccinated and will not be eligible for vaccines at the outset of the 2021-22 school year. Additionally, although some 7-12th grade students will be fully vaccinated by the start of the school year, many will not. As of July 22, 2021, less than 40% of Californians 12 to 17 years old were fully vaccinated.

Requiring universal masking indoors in K-12 schools also takes into account a number of other key considerations: operational barriers of tracking vaccination status in order to monitor and enforce mask wearing; the potential for increased transmission due to circulating variants; and potential detrimental effects on students of differential mask policies, which include: potential stigma, bullying, and isolation of vaccinated OR unvaccinated students, depending on the culture and attitudes in the school or surrounding community.

CDPH will continue to assess conditions on an ongoing basis, and will determine no later than November 1, 2021, whether to update mask requirements or recommendations. Indicators, conditions, and science review will include vaccination coverage status, in consideration of whether vaccines are available for children under 12, community case and hospitalization rates, outbreaks, and ongoing vaccine effectiveness against circulating variants of SARS-CoV-2, the virus that causes COVID-19, in alignment with the CDC-recommended indicators to guide K-12 school operations.

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

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

Assessing an exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician (M.D. or D.O.), nurse practitioner (N.P.), or physician assistant (P.A.). In this context, (1) "physician" refers specifically to an individual having a valid certificate or license to practice medicine and surgery issued by the Medical Board of California or the Osteopathic Medical Board of California; (2) "nurse practitioner" refers specifically to registered nurses who have a valid license to practice as a nurse practitioner (N.P) by the California Board of Registered Nursing; and (3) "physician assistant" refers specifically to an individual having a valid license to practice from the California Physician Assistant Board. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations.

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

4. Do masks need to be worn on school buses?

Yes. CDPH Face Coverings Guidance requires that everyone (regardless of vaccination status) use masks on school buses, including on buses operated by public and private school systems. In addition, CDC's Order requiring the wearing of masks by all people on public transportation conveyances also includes school buses. Passengers and

drivers must wear a mask on school buses, including on buses operated by public and private school systems, subject to the exclusions and exemptions. More information regarding the CDC Requirement for Face Masks on Public Transportation is available on the CDC's website.

5. If students take a school trip off-campus to an indoor location, do vaccinated students need to wear a mask indoors if the location they are visiting does not require fully vaccinated people to wear masks?

If students are participating in a school event or being supervised by school staff, face mask guidance for K-12 settings must be followed regardless of location.

6. Why do vaccinated teachers need to wear a mask?

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

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Contact Tracing & Quarantine

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

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

8. Who qualifies for modified quarantine?

Asymptomatic unvaccinated students exposed to COVID-19 may qualify for a modified quarantine, provided they meet criteria listed in the K-12 Guidance.

The infected person to whom the asymptomatic unvaccinated student was exposed may be any individual in the school setting, including fellow students, teachers, or other school-based contacts. The exposure may have occurred in any school setting in which students are supervised by school staff. This includes indoor or outdoor school settings and school buses, including on buses operated by public and private school systems.

Note: Fully vaccinated students exposed to COVID-19 may refrain from quarantine following a known exposure if asymptomatic, per CDPH Fully vaccinated People Recommendations.

9. What are students permitted to do during modified quarantine?

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

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

Based on experiences in California schools so far, CDPH recommends the same testing cadence for those in modified quarantine and those in standard quarantine, as follows: It is recommended to test as soon as a person is informed that they were a close contact of someone with COVID-19. Subsequent testing may occur on or after Day 5 from the date of last exposure. Quarantine can end after Day 7 if a test specimen is collected on or after Day 5 from the date of last exposure and tests negative.

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

If a person is asymptomatic during quarantine, an FDA-approved test is acceptable for evaluation of an individual's COVID-19 status. For schools, this includes antigen diagnostic tests, PCR diagnostic tests, and pooled PCR tests. Diagnostic PCR tests are preferred, but not required. For more information about test types, see the CDPH school testing resources.

Collection of test specimens for asymptomatic persons during quarantine may occur in schools, healthcare settings, or other locations supervised by school or healthcare personnel. Specimens may be processed at the point-of-care (POC) or in a laboratory.

At this time, at-home testing is not recommended for evaluation of an individual's status during quarantine. CDPH is currently conducting pilot studies to further understand the utility of at-home testing.

For persons in quarantine who experience symptoms, a negative result from an antigen test, POC molecular test, or pooled PCR test should be confirmed with a laboratory-based diagnostic PCR test.

12. Do students who were previously infected with COVID-19 need to quarantine if they were exposed to someone with COVID-19?

Recommendations regarding those who were previously infected in the CDPH Guidance on Isolation and Quarantine also apply to students: “if an exposed person tested positive for COVID-19 before their new, recent exposure and it has been less than 3 months since they started having symptoms from that previous infection (or since their first positive COVID-19 test if asymptomatic), they do not need to quarantine, as long as they have not had any new symptoms since their recent exposure to someone with COVID-19.”

13. Which K-12 settings should be the focus for school-based contact tracing efforts?

The initial months of the 2021-2022 school year have demonstrated that in-school transmission of COVID-19 is uncommon when multiple safety layers are implemented effectively. When transmission does occur in schools, it predominantly takes place during prolonged indoor exposures.

Accordingly, CDPH recommends a targeted approach to school-based contact tracing, specifically focusing on indoor environments where individuals spend significant amounts of time (e.g., classrooms, cafeterias, and school buses). Contact tracing should also be pursued among participants in sport programs (indoors and outdoors), particularly those with any component of potential close contact indoors (e.g., weight training, locker room use, team gatherings, and shared transportation).

Using seating charts and team rosters may expedite and be an acceptable determination of close contacts in many of these settings.

This guidance provides a framework to focus on high-value strategies to protect students and staff given the infrequency of in-school transmission of COVID-19 and the experiences of California schools thus far. Stricter guidance may be issued by local public health officials or other authorities.

School-Based Extracurricular Activities

14. Are there additional recommendations to protect against transmission of COVID-19 during sports in K-12 settings?

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

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

15. What if I must temporarily lower my mask for any reason?

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

16. What should I do if my mask feels wet or gets saturated with sweat?

Any face mask that feels wet or becomes saturated with sweat should be changed immediately.

17. Does the K-12 Guidance on School-Based Extracurricular Activities apply to non-school activities?

For sports and recreation activities that are **not** operated or supervised by schools, or **do not** occur on a school site, the following continue to apply:

- CDPH Guidance if you have COVID-19 symptoms
- CDPH Self-Isolation Instructions
- CDPH Face Mask Guidance
- CDPH Guidance on Vaccine Records
- CDPH Guidance on Ventilation

Additional Questions

18. What should be done to protect our school community from COVID-19 when outdoor air quality is poor, such as during wildfires?

During periods of inclement weather, it may be challenging to implement certain ventilation strategies to protect against COVID-19. In these situations, schools are encouraged to work closely with their local health jurisdictions to determine best practices. Factors involved in decision-making may include access to alternate ventilation strategies such as portable air cleaners and HVAC systems, face coverings with higher filtration (i.e., N95 or KN95 respirators), and alternative educational spaces. Local epidemiologic factors (i.e., vaccination coverage status, community case rates) should also be considered. More CDPH information about ventilation in schools is available [here](#); more information about wildfire smoke considerations in schools is available [here](#) (Page 43). Additional state resources are available through the California Air Resources Board (CARB), Airnow, and the California Department of Education.

19. Under what circumstances should temporary school closure be considered due to excessive COVID-19 cases?

California is unequivocally committed to preserving the safety and success of in-person instruction at K-12 schools. A temporary school closure due to COVID-19 should be a last resort and considered only after all available resources have been exhausted in an attempt to preserve in-person education. In such a circumstance, continuity of

instruction for students will be critical. For information regarding provision of independent study, visit the CDE website.

Temporary school closures should be considered only after conferring with local health officials. There is no specific case threshold at which the State recommends an immediate temporary closure of a classroom or school. Instead, the process should be guided by local epidemiology, with particular attention paid to concern for in-school transmission. Operational factors may also be considered, including the ability to maintain sufficient teaching staff to provide in-person instruction.

Note that infections diagnosed in students and school staff are not necessarily the result of exposure at school, and COVID-19 transmission remains much more likely to occur among people living in the same household or participating in other non-school activities. Testing is strongly encouraged to assess the extent of cases among students and school staff. Local health officers are encouraged to contact the State should the need for testing resources exceed local supply, and for additional consultation to support decision-making processes.

20. Can K-12 schools host dances and large assemblies?

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

- Host such events outdoors whenever possible.
- Separate the event into smaller cohorts (by grade, for example) whenever possible.
- Ensure all eligible attendees (students and adults) are fully vaccinated. Conduct pre-entry testing for all unvaccinated attendees at or just prior to the event.
- Plan in advance how to identify close contacts if it is later discovered that someone with COVID-19 attended the event. Consider requiring pre-registration with CA Notify and maintaining a log of all attendees (even those arriving pre-event) at the door/entrance to the event.
- Consider requiring the use of masks at the event, even if hosting outdoors.
- If food or drinks are to be served, serve them outdoors whenever possible and/or place them away from other areas to clearly designate spaces where masks must be worn.

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