

Denair Unified School District
COVID-19 Prevention Plan (CPP)

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1. Purpose

- 1.1 This policy is designed to set forth standards and protocols for the Denair Unified School District ("District") regarding the current pandemic of COVID-19.
- 1.2 This policy will be utilized for the protection of employees, sub-contractors, students, vendors and any other persons performing essential work for at District sites/locations.
- 1.3 This addendum may be amended as procedures and guidance from State and Federal Regulations are changed.

2. Scope

- 2.1 The District is monitoring all current information from local, State, and Federal agencies such as the CDC, WHO and local Health Departments.
- 2.2 The District will follow all current recommendations and remain continually updated as conditions and/or recommendations change.

3. Responsibilities

- 3.1 The Superintendent has the overall responsibility for the implementation, documentation, maintenance and review of this policy. The Superintendent may delegate specific authority to the District Safety Officer. The School District Safety Officer is responsible for assisting with all aspects of this policy.
- 3.2 All Managers/Supervisors are responsible to implement and enforce all aspects of this policy.
- 3.3 All employees are required to strictly follow all aspects of this policy.

4. Covid-19

- 4.1 Symptoms of COVID-19 typically include the following:
 - Fever (100.4 degrees Fahrenheit or higher).
 - Chills.
 - Cough.
 - Shortness of breath.
 - Respiratory illness.
 - Headache
 - Sore throat
 - New loss of taste or smell

Note: According to the CDC, symptoms may appear in as few as 2 days or as long as 14 days after an exposure.

- 4.2 How COVID-19 Spreads.
 - Between people who are in close contact with another person (6' or less).
 - Through respiratory droplets produced when an infected person coughs or sneezes and then land in the respiratory track of another person.
 - It could also be possible to transmit the virus by touching a surface or object that has the COVID-19 virus on it and then touching your own mouth, nose, or eyes.
 - Some recent studies have suggested that it may spread by people who are not showing symptoms

5. Protection Guidelines

5.1 The following are minimum standards that will be in place for all the School District employees until further notice.

- All the School District employees, sub-contractors, vendors or anybody else making contact at any School District site are required to be checked in daily with the School District representative (manager or designee).
- Face coverings must be worn in accordance with Health Department guidelines. Effective June 18, 2020, face coverings are mandatory statewide.
- **The School District requires a minimum of 6' of physical distancing at all times by all employees.**
- Conduct a daily health assessment (see section 8).
- Any individual that appears to be unwell will NOT be granted access to the site or allowed to start work.
- Require sick workers/employees – and those displaying flu-like symptoms – to stay home. (“Worker/Employee” means worker or employee for the School District, subcontractors, designers, consultants, etc.)
- Send employees home immediately who show signs and symptoms of flu-like or acute respiratory illness symptoms (see section 8, Appendix A and D).
- Hand Sanitizer and appropriate protective gloves shall be made available throughout each site and office, as necessary.
- Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
- Post additional signage though out District buildings and work areas to raise awareness.
- Minimize the number of employees working within a certain area of a (6' of physical distance to be maintained at all times).
- Use of daily task analysis or job hazard analysis forms to communicate the seriousness of this situation and the protection measures necessary.
- If employees must share tools or work areas, ensure the tools/areas are disinfected after use.
- Ensure routine cleaning of frequently touched surfaces including the following: door handles, elevator buttons, all surfaces, equipment, and tool handles.
- Use of shift-work to minimize the number of employees working within certain areas.
- Stagger break and lunch time to avoid employees from gathering in one location.
- As possible, only perform critical/essential activities.
- No gatherings of employee of more than 10 people, including: breaks, lunch, and meetings. If more than ten employees are involved in a meeting, procedures must be followed to minimize contact.
 - o Seats placed at least 6' apart in all directions.
 - o Handwipes be provided
 - o Each employee will be assigned a place to sit.
 - o Handwashing will be encouraged and sanitizer will be provided.
 - o Gloves will be available.
 - o Masks or faces shields be provided and will be required while inside the building.
- Rotating work schedules will be considered when appropriate. Appropriate schedules could include:
 - o Staggered start and ending times
 - o AM/PM schedule
 - o Alternating days
- All meetings are encouraged to be call-in/video conference; this includes both office and field meetings. Any meeting or training session attended by employees must provide for physical distancing of 6'.
- Minimize number of employees at a work location based on the size of the work location. No more than five (5) people per 1000 square feet inside a building.

- Company vehicles are limited to one (1) employee only.
- Encourage employees not to carpool unless they are members of the same household.
- No physical greetings such as a handshake or hug.
- Encourage personnel to use the stairs, not the elevator.

6. Personal Hygiene

- 6.1 The following are measures employees shall follow to help prevent the spread of any virus.
- o Wash your hands frequently with soap and water for a minimum of 20 seconds. If soap and water are not available, use hand sanitizer (70% alcohol content or greater). At a minimum, employees MUST wash hands at the beginning and end of each shift, after using the toilet, before and after each break.
 - o Encourage respiratory etiquette, including covering mouth and or nose when coughing and/or sneezing. Cover the mouth and nose with a tissue. If a tissue is not immediately available cough or sneeze into your sleeve, not your hands.
 - o Avoid touching your eyes, nose, and mouth especially with unwashed hands.
 - o Encourage employees to not share tools or work areas. If sharing of tools does take place, ensure the tools/areas are disinfected with an appropriate disinfectant after use.
 - o Use disinfection/cleaning products for common areas or shared tools.
 - o Ensure you read and follow all instructions and safety precautions when using any disinfectant/cleaning product and have the SDS sheets readily available.
 - o Stay home if you are sick or feel sick (except to get medical care); be fever free for 24 hours without the use of medication (i.e., Motrin, Advil, Aleve, Dayquil, etc.) before returning to work.
 - o Face coverings will be based on local health department/CDC guidelines and/or requirements.
 - o No physical greeting such as a handshake or hug.
 - o Onsite PPE requirements specific to COVID-19 protection will be based on the individual task requirement and current health department/CDC recommendations/guidelines.

7. Monitor/Observe/Enforce

- 7.1 The site manager/supervisor shall conduct frequent site reviews to include when needed taking photos to ensure all protocols are in place and being enforced.
- 7.2 If any employee, subcontractor, or vendor are observed not following these District safety measures, they will be asked to leave the site immediately and proper notifications will be made.

8. Wellness Check-in

- 8.1 Each day each employee must submit a written wellness check. This wellness check will be used as a guide to determine if the employee continues to work or will be sent home based on the scenarios below.
- 8.2 Employees will be required to check their own temperature each and every day prior to coming to work. **Any temperature of 100.4 degrees Fahrenheit or higher is defined as a fever**
- 8.3 Daily Assessment form is located within Appendix A and also available electronically. Alternatively, the Self-Screening Log in Appendix D may be utilized
- 8.4 The employee will provide a completed self-assessment document to the supervisor. A copy of the Daily Assessment or Self-Screening log form will be forward to the Office of Human Resources or the District Safety Officer by the Supervisor. The District will maintain these confidential documents for one (1) year.

Scenario #1: If an Employee Answers No to all Questions on Health Assessment

- Any employee who answers No to all daily health assessment questions will be allowed to stay at work as long as the daily answers are No.
- Employee must maintain all aspects of this policy including maintaining at least **6' of physical distancing**.

Scenario #2: If an Employee is Sick or Shows Signs of Illness

- If an employee calls in sick or indicates they have flu-like symptoms either through the wellness check or orally to their supervisor, they will be required to stay home until they are symptom free and/or see a doctor and to await confirmation of testing or doctor recommendation prior to returning to work.
- Employees who appear to have symptoms (i.e., fever, cough, or shortness of breath) upon arrival at work or who become sick during the day will immediately be separated from other employees, students, and visitors and sent home.
- If an employee states that they have COVID-19 or have been in close contact with someone who has COVID-19, they must stay away from work (preferably home) for at least 14 days and not return to work until they are released by a Health Care Professional.

9. Disinfection and Recovery

- 9.1 In the event the District has a confirmed case of COVID 19, procedures will be addressed towards identifying any area(s) that have potential contamination. The District may work with industrial cleaning companies and/or District Maintenance and Operations, to disinfect the area following CDC guidance.
- 9.2 Depending on the area(s) that may require disinfection, the specific work may need to be temporarily shut down to allow for the proper cleaning and to disinfect the area(s) of potential contamination.

10. Procedures/Tasks that May Violate the 6' Rule for Physical Distancing

- 10.1 Due to the nature of some of the work performed by District staff, there can be times based on the safety of the School employees and the work task, workers may need to be closer than 6'.
- 10.2 Any work that makes it necessary for employees to be within the 6' of separation, a COVID-19 protection the District (job hazard analysis) shall be conducted and used for this work task.
- 10.3 Task specific work shall follow the District COVID-19 protection.
- 10.4 Any task requiring the District employees needing to be within 6' or closer of each other shall be limited in duration as much as possible (preferably no greater than 30 minutes).
- 10.5 COVID-19 protection shall be reviewed with all the District employees involved with the specific task and signed off by the employees and Supervisor. The Supervisor will forward copies to Human Resources. The Supervisor will retain the documentation for one year.
- 10.6. COVID-19 Job Hazard Analysis is available in Appendix C.

11. Contractors Performing Work at School District Sites/Facilities

- 11.1 All contractors who may perform onsite work on District grounds/buildings shall submit their written COVID-19 protection program to the District Safety Officer.
- 11.2 Contractor programs must meet at the minimum all State, Federal, Local and CDC requirements.
- 11.3 Contractor employees shall conduct daily health assessments for all of their employees who will be performing work at any District location.

12. Training

- 12.1 Ongoing discussion regarding COVID-19 shall be part of our daily task analysis with the discussion including, but not limited to:
 - What is COVID-19.
 - How does COVID-19 spread.
 - Signs/symptoms of COVID-19.
 - **Maintaining 6' minimum of physical distancing per the School District policy.**
 - Stay self-aware of your area; do not move into another person's safe zone.
 - Washing of hands regularly and thoroughly; use of hand sanitizer as needed.
 - Where proper PPE as needed.
 - Use of proper hygiene etiquette such as covering our mouth with your arm or tissue; avoid touching your face/eyes/nose/mouth with unwashed hands.
 - Do not share tools or other work spaces.
 - Cleaning of surfaces as the day progresses.
 - Proper use and the hazards of the cleaning/disinfection products to be used.
 - Use of proper PPE when using cleaning/disinfection products.
 - Have employees refer to the www.cdc.gov website for up to date information.
 - Have employees refer to this website for OSHA information: www.osha.gov/SLTC/covid-19/
- 12.2 Training to include updates from the CDC, local health department, OSHA and any other State or Federal agencies.
- 12.3 All training shall be documented.

13. Forms

- 13.1 The following Appendices are a part of this IIPP Addendum:
 - 13.1.1. Appendix A – Assessment Form – Employee Completed
 - 13.1.2. Appendix B - Assessment Form – Supervisor Filled
 - 13.1.3. Appendix C – Job Hazard Analysis
 - 13.1.1. Appendix D –Self-Assessment Log Form - Employee Filled

Appendix A: COVID-19 Daily Illness/Health Assessment (also available as an online form)

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company.

1. Are you experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness.

Yes: ☐ No: ☐ Comments: _____

2. **Have you been in close contact with anyone who has been diagnosed with COVID-19?**

****CLOSE CONTACT** is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).

Yes: ☐ No: ☐ Comments: _____

3. **Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?**

Yes: ☐ No: ☐ Comments: _____

4. **Are you currently in living with – or, in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**

Yes: ☐ No: ☐ Comments: _____

5. **Have you traveled outside of the continental United States within the past 14 days?**

Yes: ☐ No: ☐ Comments: _____

By signing below, I certify all information is true and correct to the best of my knowledge.

Employee Name: _____

Employee Signature: _____

Date: _____

Appendix B – Supervisor Completed Assessment Log

COVID-19 Daily Illness/Health Assessment

Employees are required to complete this illness/health assessment each and every day prior to beginning work. This assessment is vital to ensure the health and well-being of each employee and our company. Supervisor will complete this form by asking each of their staff the following questions: **An employee who answers YES to any question will not be allowed to stay at work and must immediately return home.**

1. Are you experiencing any symptoms such as fever (100.4° or higher), cough, shortness of breath or respiratory illness?
2. Have you been in close contact** with anyone who has been diagnosed with COVID-19?
3. Have you been in close contact with anyone who may have COVID-19, but is yet to be confirmed?
4. Are you currently in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?
5. Have you traveled outside of the continental United States within the past 14 days?

Date	Employee Name	Any Yes Answer/Please List The # Question & Explain	Supervisor Initial

**CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).

Appendix C: COVID-19 Job Hazard Analysis

Job/Task	Potential Hazard	Recommended Actions/Procedures
Normal Job Tasks/Duties Tasks requiring workers to be closer than 6'	Exposure to COVID-19	<ul style="list-style-type: none"> • All workers should be trained in COVID-19 safety measures and precautions. • Workers must review and acknowledge receipt of this JHA. • Specific tasks to be outlined and limited to scope and duration as much as possible. • Associated workers will have to successfully complete a daily health assessment. • Required Personal Protective Equipment (PPE); including, face covering/mask, face shield or mask, protective gloves, and site/task specific PPE, as necessary. • Task and site-specific PPE shall also be utilized in conjunction with the any COVID-19 specific PPE. • Workers to be trained for required PPE usage, selection, donning/doffing procedures. • Disinfect tools, materials and area prior to starting work. Disinfecting solution, access to soap & water, and hand sanitizer will be provided • Perform tasks safely using task specific procedures. • Complete tasks and disinfect all tools, materials and area prior to removing PPE. • Remove PPE, Wash hands, face and other body parts with soap and water for at least 20 seconds. Don clean PPE to disinfect reusable equipment such as face shields. etc. • Remove and dispose of single use PPE. Reusable gloves, face shields and other PPE should be cleaned, dried and stored for future use. • Wash hands, face and other body parts with soap and water for at least 20 seconds. • Use hand sanitizer as necessary.

Employee will acknowledge receipt of this JHA.

Supervisor/trainer will log names of trainees to avoid everybody touching this form and the possibility of cross contamination.

Date: _____ **Employee:** _____
Please Print

Job Title: _____ **Employee Name:** _____
Signature

Site/Department: _____ **Supervisor Name:** _____
Print Name

Appendix D: Self Screening Log

All employees must conduct a self-screening prior to coming to work each day
Each employee must log/sign that they have conducted the self-screening and are free of symptoms outlined below.

1. **I am not experiencing any symptoms such as current or recent fever (100.4° or higher), new or worsening cough, new or worsening shortness of breath or respiratory illness, Sudden lack of taste or smell, Sudden onset of unexplained gastrointestinal illness**
2. **I have not been in close contact with anyone who has been diagnosed with COVID-19?**

**CLOSE CONTACT is defined as: Being within approximately 6 feet of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or having direct contact with infectious secretions of a COVID-19 case (being coughed on).
3. **I have not been in close contact with anyone who is experiencing symptoms of COVID-19, but is yet to be confirmed?**
4. **I am not living with – or, in close contact with anyone such as a family member who is experiencing symptoms or has been confirmed as positive for COVID-19?**
5. **I have not traveled outside of the continental United States within the past 14 days?**

I certify that I have self-screened prior to coming to work:

Date	Printed Name	Signature

Date: _____

2021 COVID-19 School Guidance Checklist

Name of Local Educational Agency or Equivalent: Denair Unified School District

Number of schools: 4

Enrollment: 1300

Superintendent (or equivalent) Name: Terry Metzger, Ed.D.

Address: 3460 Lester Road

Phone Number: 209-632-7514

Denair CA 95316

Email: tmetzger@dusd.k12.ca.us

Date of proposed reopening:
02/01/2021

County: Stanislaus

Current Tier: Purple

(please indicate Purple, Red, Orange or Yellow)

Type of LEA: Unified District

Grade Level (check all that apply)

☒ TK ☒ 2nd ☒ 5th ☒ 8th ☒ 11th

☒ K ☒ 3rd ☒ 6th ☒ 9th ☒ 12th

☒ 1st ☒ 4th ☒ 7th ☒ 10th

This form and any applicable attachments should be posted publicly on the website of the local educational agency (or equivalent) prior to reopening or if an LEA or equivalent has already opened for in-person instruction. For those in the Purple Tier and not yet open, materials must additionally be submitted to your local health officer (LHO) and the State School Safety Team prior to reopening, per the [Guidance on Schools](#).

The email address for submission to the State School Safety for All Team for LEAs in Purple Tier is:

K12csp@cdph.ca.gov

LEAs or equivalent in Counties with a case rate $\geq 25/100,000$ individuals can submit materials but cannot re-open a school until the county is below 25 cases per 100,000 (adjusted rate) for 5 consecutive days.

For Local Educational Agencies (LEAs or equivalent) in ALL TIERS:

☐ I, Terry Metzger, post to the website of the local educational agency (or equivalent) the COVID Safety Plan, which consists of two elements: the **COVID-19 Prevention Program (CPP)**, pursuant to CalOSHA requirements, and this **CDPH COVID-19 Guidance Checklist** and accompanying documents,

which satisfies requirements for the safe reopening of schools per CDPH [Guidance on Schools](#). For those seeking to open while in the Purple Tier, these plans have also been submitted to the local health officer (LHO) and the State School Safety Team.

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

☒ **Stable group structures (where applicable):** How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the stable group.

Please provide specific information regarding:

How many students and staff will be in each planned stable, group structure? (If planning more than one type of group, what is the minimum and maximum number of students and staff in the groups?)

As permitted within CDPH's small stable group guidance

If you have departmentalized classes, how will you organize staff and students in stable groups?

As permitted within CDPH's small stable group guidance

If you have electives, how will you prevent or minimize in-person contact for members of different stable groups?

As permitted within CDPH's small stable group guidance

☒ **Entrance, Egress, and Movement Within the School:** How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

☒ **Face Coverings and Other Essential Protective Gear:** How CDPH's face covering requirements will be satisfied and enforced for staff and students.

☒ **Health Screenings for Students and Staff:** How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

☒ **Healthy Hygiene Practices:** The availability of handwashing stations and hand sanitizer, and how their safe and appropriate use will be promoted and incorporated into routines for staff and students.

☒ **Identification and Tracing of Contacts:** Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.

☒ **Physical Distancing:** How space and routines will be arranged to allow for physical distancing of students and staff.

Please provide the planned maximum and minimum distance between students in classrooms.

Maximum: 6 feet

Minimum: 6 feet. If this is less than 6 feet, please explain why it is not possible to maintain a minimum of at least 6 feet.

As practicable to provide specialized programs and services

☒ **Staff Training and Family Education:** How staff will be trained and families will be educated on the application and enforcement of the plan.

☒ **Testing of Staff:** How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic staff testing cadence.

Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier:

As guided by the Stanislaus County Health Services Agency (SCHSA)

☒ **Testing of Students:** How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence.

Planned student testing cadence. Please note if testing cadence will differ by tier:

As guided by the Stanislaus County Health Services Agency (SCHSA)

☒ **Identification and Reporting of Cases:** At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with [Reporting Requirements](#).

☒ **Communication Plans:** How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

☐ **Consultation: (For schools not previously open)** Please confirm consultation with the following groups

☐ Labor Organization

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

☐ Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

Name: _____

Date: _____

If no labor organization represents staff at the school, please describe the process for consultation with school staff:

For Local Educational Agencies (LEAs or equivalent) in PURPLE:

☐ **Local Health Officer Approval:** The Local Health Officer, for (state County) SCHSA consulted on plan in Red Tier _____. County has certified and approved the CSP on this date: 11/05/2020 _____. If more than 7 business days have passed since the submission without input from the LHO, the CSP shall be deemed approved.

Additional Resources:

[Guidance on Schools](#)

[Safe Schools for All Hub](#)

Note: This checklist was amended on January 29th to delete language regarding the need to submit this checklist to a County Office of Education. The CSP does not need to be submitted to the County Office of Education as part of the public health guidance, though the County Office of Education may request the CSP as part of other processes.