

PUBLIC HEALTH REOPENING PROTOCOL EARLY CARE AND EDUCATION

Recent Updates: (Changes are highlighted in yellow)

6/17/2021:

- **Updated to align with state guidance.**

The requirements below are specific to Early Care and Education Programs (ECE programs). These sites are permitted to be open by the Order of the State Public Health Officer. In addition to the conditions imposed on these specific venues by the Governor, these types of businesses must also be in compliance with the conditions laid out in this Protocol. Sites that are licensed as Early Care and Education Programs or are license-exempt, must comply with these mandatory guidelines including the [ECE Exposure Management Plan](#). **Employers are also subject to [Cal/OSHA Emergency Temporary Standards](#).**

PROTECTING CHILDREN AND STAFF FROM COVID-19

In the midst of the COVID-19 pandemic, childcare facilities must take steps to reduce the risk of an outbreak occurring among children and employees. Depending on the situation, public notification of an exposure to COVID-19 may be required. Ensure staff are enrolled in health insurance and have an established relationship with a primary care doctor prior to reopening. Staff can call 211 for information on health insurance and primary care physicians.

- **Childcare facilities are required to make an immediate report to the Pasadena Public Health Department any time a child or staff member with COVID-19 (confirmed by a lab test or physician diagnosis) was at the facility while sick or up to 48 hours before showing symptoms.** Childcare operators must call (626) 744-6089 or email nursing@cityofpasadena.net and provide all information requested by the Health Department. The operator is expected to provide or ensure testing for all staff that have had a possible exposure and must follow the US Centers for Disease Control and Prevention (CDC) [guidance](#) for cleaning and disinfecting the facility. Testing resources can be found through the staff member's physician, and also at <https://www.cityofpasadena.net/covid-19/> and <https://covid19.lacounty.gov/>.
- **Educate employees to contact their supervisor if they are feeling sick.** The supervisor should send the ill employee home immediately, taking care to maintain that person's privacy and observing physical distancing. If the person cannot leave the premises right away, utilize a safe, designated space for isolation (6 feet or more away from others). If the illness is work-related, the employer should facilitate appropriate care for the employee, the worker's compensation process, leave time, and California Occupational Safety and Health Administration (Cal-OSHA) record keeping.
- **Work with the Pasadena Public Health Department to investigate any COVID-19 illness.** Prepare child and personnel records, facility floor plans, and shift/attendance logs to provide

information as quickly as possible to the Health Department, including accurate contact information (phone, address, email) of all children and staff who were in contact with the infectious staff member within 6 feet for 15 minutes or more in a 24-hour period. Implement measures recommended by the Health Department.

Key Practices



Steps to Reopen

- ✓ Complete and implement the Public Health Reopening Protocol Checklist.
- ✓ Provide a copy of the Public Health Reopening Protocol to each staff member and conduct education.
- ✓ Post a copy of Public Health Reopening Protocol in a conspicuous location that is visible to staff and parents and post to your website.

Helpful Contact Information

- If you have questions, or if you observe a violation, you can request information or submit a complaint through the Citizen Service Center. Call 626-744-7311 or visit <https://www.cityofpasadena.net/CSC>.
- Additional resources, including a printable COVID-19 Business Toolkit Signage, is available at <https://www.cityofpasadena.net/covid-19/#info-for-businesses>.

Resources

As COVID-19 response and developments arise, documents may be amended or modified to current situational relevance. In addition to following this Pasadena Public Health Department Protocol, child care programs must follow directives from applicable licensing or regulatory agencies, and can reference other useful resources:

- State of California [Child Care Programs and Providers](#), and guidance from the California Department of Social Services (CDSS) and California Department of Education (CDE)
- California Department of Social [CDSS FAQs on Licensed Childcare Waivers](#)
- Centers for Disease Control and Prevention (CDC) [Guidance for Child Care Programs that Remain Open](#)
- California Division of Occupational Safety and Health (Cal/OSHA) [Emergency Temporary Standards](#)

PUBLIC HEALTH REOPENING PROTOCOL CHECKLIST

PROGRAMS PROVIDING CHILD CARE

REDUCING RISK OF COVID-19 TRANSMISSION

Early care and education facilities must implement all applicable measures listed below. All policies described in this checklist, other than those related to terms of employment, are applicable to staff of delivery and other third party companies who may be on the premises.

Designate one individual to oversee all COVID-19 concerns, including planning and implementation of all items. All staff and families should know who this is and how to contact this person. This individual 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.

Submission of Protocol to a City Department is not required unless explicitly requested.

PERSON RESPONSIBLE FOR IMPLEMENTING PROTOCOLS	
Early Care and Education Facility Name: <input type="text"/>	
Person in Charge: <input type="text"/>	
Title: <input type="text"/>	
Phone Number: <input type="text"/>	Date: <input type="text"/>

MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES

- Services that are critical to the children and families have been prioritized.
- Measures are instituted to assure services for individuals who have mobility limitations and/or are at high risk in public spaces.

EXTERNAL COMMUNICATION

- Post signage reminding children, staff and families to maintain **physical distancing**, where applicable. If helpful, post diagrams or maps of how people should flow through the site.
- Post signage instructing staff/children/families/the public to wear a face covering at all times **while indoors**, and to remain at home if experiencing any symptoms including fever of 100°F or above, cough, shortness of breath or difficulty breathing, sore throat, chills, headache, muscle

ache, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea. Consult the CDC website for the most current list of COVID-19 [symptoms](#).

- Communicate the new protocols by posting information on your website and social media pages regarding new protocols, including physical distancing measures, use of smaller, consistent groups of children, and the use of face coverings.
- Post a copy of this Protocol in a conspicuous location that is easily visible to staff, families, and the public.
- Provide copies of the Protocol to all staff and families.

INTERNAL COMMUNICATION & TRAINING AND RECORDS

- Provide training to staff on all sections of the public health protocols including:
 - Information on [COVID-19](#).
 - How to identify [symptoms](#) of COVID-19 and how to self-screen and conduct symptom checks.
 - The importance of not coming to work if staff is sick and/or experiencing symptoms of COVID-19, or if someone they live with has been diagnosed with COVID-19.
 - Proper use and care of face masks ([CDC guidance on masks](#)).
 - Physical distancing measures, sanitization, and handwashing.
 - Proper safety protocols for use of disinfecting solutions.
 - Information on employer or government sponsored leave benefits the employee may be entitled to receive that would provide financial support to stay at home while ill. Provide additional information on [government programs](#) supporting sick leave and workers' compensation for COVID-19, including employee's sick leave rights under the [Families First Coronavirus Response Act](#), the 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](#).
- Maintain records of each staff member's schedule and work area or assignment.
- Maintain records of all children's activities and group assignments.
- Designate a staff person to be responsible for responding to COVID-19 concerns. All staff and families should know who this person is and how to contact them. This individual 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.
- Consider posting signs for the national distress hotline: 1-800-985-5990, or text TalkWithUs to 66746.

PROTECTION OF STAFF AND CHILD HEALTH

Access to the Vaccine

Individuals ages 12 years and older are currently eligible to obtain a vaccine effective against COVID-19. Provide information and registration assistance to staff. Individuals may sign up at myturn.ca.gov, call the CA COVID-19 Hotline 1-833-422-4255, or may call the Pasadena Citizen Service Center at 626-744-7311 for assistance. Links to vaccine appointments at pharmacies and other federal, state, and county sites are available at the [PPHD website](#).

Health Screening

- ❑ Conduct daily symptom checks (fever of 100°F or above, cough, shortness of breath or difficulty breathing, fatigue, sore throat, chills, headache, muscle or body aches, a new loss of taste or smell, congestion or runny nose, nausea, vomiting, or diarrhea) before or upon arrival. The screening prior to arrival must include asking if the employee has had contact with a person known to be infected with COVID-19 in the last 10 days, and whether the individual is currently under isolation or quarantine orders. Consult the CDC website for the most current list of COVID-19 [symptoms](#).
- ❑ Send employees home immediately if they arrive sick or become sick during the day. Encourage sick employees to contact their medical provider. Employees who need information on health insurance or providers can call 211.
- ❑ Notify employees that they are not to come to work if sick or if they are exposed to a person who has COVID-19. Employers must comply with Cal-OSHA requirements for quarantine and isolation, if stricter than the Pasadena Public Health Department (PPHD). For the purposes of PPHD, employees who are [fully vaccinated](#) for COVID-19 (2 or more weeks after a 2-dose vaccine series such as Moderna and Pfizer OR 2 or more weeks after a single dose vaccine such as Johnson & Johnson/Janssen) do not need to quarantine after exposure to someone with COVID-19 if asymptomatic, and may come to work if asymptomatic. The local Health Officer Order requires everyone to self-isolate when sick with COVID-19. It also requires individuals to self-quarantine for 10 days from last contact with someone with COVID-19, unless fully vaccinated. Anyone who is a close contact with someone with COVID-19 must check for symptoms for 14 days regardless of vaccination status. The employee must isolate from others immediately if symptoms develop within 14 days of exposure. Quarantine must be maintained for 10 days, even if test results are negative (no virus detected).
- ❑ Require an employee sick with COVID-19 to stay home for at least 10 days after symptom onset, or until 24 hours after fever and symptoms resolve (without use of fever-reducing medications), whichever is longer. Employees who have a positive COVID-19 viral test, but are asymptomatic, must stay at home for 10 days from the date of the positive test.
- ❑ Review and modify workplace leave policies to ensure employees are not penalized when they stay home due to illness.
- ❑ Institute a plan in the event that one or more employees is diagnosed (by a physician or lab test) with COVID-19. The plan should include immediate isolation of the employee at home and self-quarantine of everyone that came into contact (within 6 feet for a cumulative total of 15 minutes or more over a 24-hour period, regardless of whether a mask was worn) with the ill employee, except fully vaccinated individuals who are asymptomatic. The plan should also include options for all employees identified as contacts to be tested for COVID-19 with an FDA-approved PCR test (not a blood test) if they are not fully vaccinated. However, contacts must still maintain quarantine for 10 days, even with a negative test, if they are not fully vaccinated.
- ❑ Screen children for symptoms upon arrival, ask parents if for a child, whether they are currently under isolation or quarantine orders, and ask them to use hand sanitizer and to wear a face mask as applicable in the Face Mask section below.
 - Screening includes visual wellness checks of all children upon arrival; this could include taking children's' temperatures at the beginning of each day with a no-touch thermometer. If no-touch thermometers are not available, parent report on whether the child has felt or appeared feverish is acceptable.

- Staff, children, and families are educated about when they should stay home and when they can return to the childcare. Staff and children who are sick or who have recently had close contact with a person with COVID-19 are actively encouraged to stay home.
- Staff and families are educated about the risk of outbreaks and the importance of maintaining safe practices. Children receive age appropriate education about risks and best practices to avoid risk as well.

PHYSICAL DISTANCING AND OTHER MEASURES

Creating and maintaining stable groups is **highly recommended**. The size of these stable groups is not limited to a specific maximum number but is dependent on utilization of the available space to allow physical distancing. For children who are not able to wear a mask, **maintain at least** 6 feet of distancing between children and other children, **where possible**. For children who are able to wear a mask and have high mask compliance, **maintain at least** 3 feet between students, **to the extent possible**. **Maintain physical distancing between children and staff as required by [Cal/OSHA Emergency Temporary Standards](#)**.

Additional considerations for early care and education centers implementing a less than 6 feet physical distancing policy between children include:

- Focus on high mask adherence—if there are doubts about mask adherence, consider more robust physical distancing practices;
- Consider enhancing other mitigation layers, such as stable groups or ventilation;
- Maintain 6 feet of distancing as much as possible during times when students or staff are not masked (e.g., due to eating or drinking, or napping);
- Use physical barriers between students to minimize contact.

Classroom Space

- Childcare activities, indoor and out, are carried out in stable groups that maintain physical distancing among children and between children and staff (“stable” means the same children and staff are in the same group each day)
 - When possible, children in the same household (i.e. siblings) are grouped together.
 - If a child must leave the facility to quarantine and/or be tested due to possible exposure, siblings/other children from the same household who share the same exposure also leave the facility to quarantine and/or be tested.
- Stable groups should be as small as feasible. The maximum size of stable groups is limited by the number of children that allows all members of the group to maintain physical distancing from all other members within the available licensed space. At no time may group size exceed the maximum number of children permitted by Community Care Licensing (CCL) per classroom or other licensed space, and facility shall comply at all times with minimum staff to child ratios set by CCL.
- If more than one group of children is cared for at a facility, each group stays in a separate room.
 - Groups do not mix with each other in classrooms, outdoor spaces, or any common space within the facility.

- Early care educators may supervise different groups of children.
- Classrooms **should be** rearranged as needed to put 6 feet between activity stations, tables, and chairs for children who cannot wear masks. For children who are able to wear a mask and have high mask compliance, **maintain at least 3** feet between students, **where possible**.
- Sharing of toys and materials is **minimized, where possible**.
 - Each child has use of a backpack or a large Ziplock bag for individual materials.
 - Each child is assigned a specific bin or other container for their individual materials, clothing, and other possessions.
- At naptime, cribs/cots **should be** placed at least 6 feet apart and alternated from head to foot.
 - If 6 feet is not feasible, cribs/cots are placed as far apart as possible and arranged from head to foot.
- Classroom activities that model and reinforce physical distancing practices are developed.
 - Materials are used to help children visualize the required distance between people; playacting games are used to remind children and encourage them to remind each other to distance, wear their mask, etc.
- Breaks and outdoor activities are staggered, so no 2 groups are in the same place at the same time.
- Outdoor space is used to the extent feasible without intermingling of groups to extend the classroom and make more room for activities

Physical Distancing

- Childcare activities **should be** carried out in stable groups that **promote** physical distancing among children and between children and staff (“stable” means the same children and staff are in the same group each day).
- Steps have been taken to maximize space in areas between individual in areas with seating, desks, and bedding.
 - Space is maximized between adults in any space used by staff for meals or breaks as described below.
- Activities have been designed and furniture arranged to maintain separation between individuals and cohorts
- Staff have developed instructions that are easy for children to understand and are developmentally appropriate through the use of aids such as floor markings and signs, songs and games for maximizing spacing and minimizing risk of close contact among children in both indoor and outdoor spaces
- Limit nonessential visitors, volunteers, and activities involving multiple groups at the same time
- Restrictions have been placed on communal activities where practicable. Where not practicable, use of space has been staggered, occupants have been physically distanced to the extent possible, and groups are kept as small and consistent as possible. Spaces used in common are disinfected in between uses.
- Congregate movement is minimized as much as practicable. For example, arrivals and departures are arranged so that congregation of parents and children is avoided.
- As many activities involving children as possible are conducted outdoors (all fitness activities, singing and chanting **should** only occur outdoors).

- Employees have been instructed to maintain physical distancing in compliance with [Cal/OSHA Emergency Temporary Standards](#). Employees may momentarily come closer as necessary to assist children, or as otherwise necessary.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Conduct as many activities with the children outdoors as can be done safely.

Meals and Snacks

- Lunch and snacks brought from home by children **should** be in a container with the child's name listed on it and stored with their personal items.
- Schedule time for handwashing before and after mealtimes.
- Mealtimes are arranged so that each cohort of children eats apart from other cohorts. Shared use of a single, communal dining room or cafeteria is avoided.
- Physical distancing is practiced when children are eating.
- If a meal or snack is offered as part of the programming, it must be pre-packaged instead of buffet or family-style. Ensure proper hand hygiene before and after serving food and use of gloves and PPE when handling food and food related items.
- Ensure the safety of children with food allergies.
- Lunch and snack areas **should** be set up to provide at least 6 feet of separation between each child and be disinfected and sanitized by staff after each use.
- Food and utensils may not be shared among children.
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.
- Staff meals and breaks are arranged to permit maximum distancing while individuals have removed masks to eat, and outdoors if possible.
 - Occupancy is reduced and space between individuals is maximized in any room or area used by staff for meals or breaks. This has been achieved by:
 - Posting a maximum occupancy that is consistent with a distance of at least six feet between individuals in rooms or areas used for meals or breaks
 - Staggering break or meal times to reduce occupancy in rooms or areas use for meals and breaks
 - Placing tables six feet apart and assuring six feet between seats, removing or taping seats to reduce occupancy, placing markings on floors to assure distancing, and arranging seating in a way that minimizes face-to face contact. Use of partitions is encouraged to further prevent spread but should not be considered a substitute for reducing occupancy and maintaining physical (social) distancing.

Limit Sharing

- Keep each child's belongings separated and in individually labeled storage containers, cubbies or areas.

- 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.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable.

Arrival and Departure

- Limit the number of persons in the facility to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the program, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face masks, and physical distancing).
 - Physical distancing on transport vehicles should also be instituted through measures such as having one child per bus/vehicle seat or using alternating rows.
 - Open windows and maximize space between children and the driver on transport vehicles where possible.
 - All passengers above 24 months of age **must** wear masks at all times **in group transport vehicles.**
- It is recommended that unvaccinated adults and children wear masks at arrival and departure.**
- Minimize contact between staff, children and families at the beginning and end of the day.
- Arrange for drop of and pick-up of children at the door of the facility, if possible, to limit the number of parents or visitors that need to enter the building
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families
- 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.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, **to promote physical distancing for** staff and children in lines and at other times (e.g., guides for creating “one-way routes” in hallways, and lines during pick-up and drop off of children).

Reduced Contact

- Offer any transactions or services that can be handled remotely online
- Assign each staff member individually-assigned tools, equipment, and defined workspace, and minimize or eliminate shared, held items, **if possible.**
- Install hands-free devices as possible, such as trash cans, soap and paper towel dispensers, door openers, and light switches.
- Prop doors and gates open where possible and lower risk to reduce touching of handles. Adhere to fire and accessibility codes.
- Limit sharing of objects and equipment, such as toys, games and art supplies, and clean and disinfect between uses, **as possible.**

Scheduling

- Limit the number of staff who are on-site to the minimum number necessary, and institute alternate or staggered shift schedules to maximize physical distancing.

- Early care educators may work with multiple stable groups without maximum limits.
- Vulnerable staff (those above age 65, those with chronic health conditions) who are unvaccinated should be assigned work that can be done from home whenever possible.
- Keep group assignments consistent for the full duration of the time, to the extent possible, for both staff and children.
- Group staff into teams and schedule them consistently, by team, on the same shifts to reduce potential exposures, if possible.
- Provide time for staff to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the staff job duties. Procure options for third-party cleaning companies to assist with the increased cleaning demand, as needed.

Face Masks*

- All visitors and children are required to wear a mask while indoors at the facility or on its premises, except while napping, eating/drinking, or engaging in solo physical exertion (such as jogging by one's self) where there is no chance of contact with others. It is recommended that unvaccinated adults and children who are outdoors wear a mask when unable to maintain 6 feet from others at all times.
- Children under 2 years of age and individuals who have been instructed not to wear a mask by their medical provider due to a medical condition, mental health condition, or disability that prevents wearing a face mask are exempt from wearing one. Anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face mask without assistance are also exempt from wearing a face mask, as are individuals with documented medical or behavioral contraindications to face masks. They should be seated at least 6 feet away from other children, when possible to do so without stigmatizing the individual.
- Reference CDC guidance for better masks: <https://www.cdc.gov/coronavirus/2019-ncov/your-health/effective-masks.html>
- Provide, at no cost, a face mask for all staff. To support the safety of your employees and visitors, a mask should be made available to visitors who arrive without them.
- Masks with one-way valves and single layer cloth face masks must not be used.
- Double masking, as described by the CDC, can increase protection if it improves the seal and filtration, so one option is wearing a multi-layer disposable mask under a multi-layer, well-fitting cloth mask that pulls the edges of a disposable mask against the face
- Parents of younger children are encouraged to provide a second face mask for school each day in case the one a child is wearing gets soiled. This would allow for a change of the face mask during the day

** Individuals with chronic respiratory conditions, or other medical conditions that make use of a face mask hazardous are exempted from this requirement. Children under age 2 years should not wear a face mask. Refer to the [CDC guidance on masks](#) document for additional information on use and care of the face mask.*

Hand Hygiene

- Provide access to handwashing sinks stocked with soap, paper towels, and hands-free trash receptacles. Install additional handwashing stations if needed.
- Instruct staff and children to wash hands upon arrival and at departure, before and after eating, and as otherwise necessary. Teach children and staff proper cough etiquette and hand washing techniques.
- Designate a staff person to check handwashing stations frequently and restock as needed.
- Children and staff must wash or use hand sanitizer to clean their hands frequently and between programs and activities.
- Children under age 6 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222. Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
- Provide hand sanitizer effective against COVID-19 (at least 60% alcohol) in high traffic areas, and also in areas where a hand sink is not available.

Gloves and Protective Equipment

- Provide disposable gloves for staff handling items used by children, for workers using cleaners and disinfectants, for staff who handle commonly touched items, and for staff who provide temperature screenings.
- Provide other personal protective equipment (PPE), such as eye and face protection, as necessary.

Restrooms

- Place trash can near the door if the door cannot be opened without touching the handle, so restroom users may use a paper towel to cover the doorknob. Maintain compliance with accessibility standards and fire code.
- Restrooms and other common areas are disinfected frequently, but no less than once per day.
- Ensure that restrooms stay operational and stocked at all times.

SANITIZATION AND CLEANING

- Develop a sanitization plan that identifies the surfaces to be disinfected, the frequency, and the person assigned to the task. Use an [Environmental Protection Agency \(EPA\)](#) registered product that is effective against COVID-19, and follow label instructions for required contact time and ventilation.
- Use an [Environmental Protection Agency \(EPA\)](#) registered product that is effective against COVID-19, and follow label instructions for required contact time and ventilation.
- Provide disinfectant and related supplies in multiple locations readily available to staff.
- Provide personal protective equipment (PPE) for staff who clean and disinfect surfaces appropriate to the chemicals that they are using.
- Provide disinfectant and related supplies in multiple locations readily available to staff.
- Disinfect items touched by children.

- ❑ When cleaning, air out the space before children arrive; plan to do thorough cleanings when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- ❑ Refrigerators and other storage areas must be cleaned daily.
- ❑ Disinfect commonly touched surfaces such as doorknobs, railings, light switches, handles, faucets, trashcans, fixtures, dispensers, vending machines, credit card machines, pens, printers, phones, keyboards, staplers, fax machines, time clocks, counters, and protective barriers daily.
- ❑ Disinfect items touched by participants including equipment and art supplies daily.
- ❑ Increase cleaning and disinfection frequency to more than one time per day for surfaces that are in high traffic areas, items that are shared among participants, or for surfaces that are exposed to unmasked individuals such as dining tables.

BUILDING SAFETY

- ❑ To minimize the risk of Legionnaire’s disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. This includes proper flushing and may require additional cleaning steps (including disinfection). Refer to CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation: <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>
- ❑ Stagnant water in pipes increases the risk for growth and spread of legionella bacteria. When reopening a building it is important to flush both hot and cold water lines through all pipes and points of use including faucets and showers. Appropriate PPE including an N95 respirator must be worn. Information regarding this process can be found at the [CDC website](#).
- ❑ Consider HVAC upgrades to improve air filtration and increase fresh air ventilation. Clean HVAC intakes and returns daily and maintain systems to increase ventilation.
- ❑ If opening windows poses a safety or health risk, consider alternate strategies for improving air flow such as maximizing central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- ❑ Where possible, install portable high-efficiency air cleaners, upgrade the building’s air filters, and make other modifications to increase the quantity of outside air and ventilation in all working areas.
- ❑ Consider opening windows, if feasible, safe, and compliant with the California Retail Food Code, the Fire Code and ADA requirements.
- ❑ If fans such as pedestal fans or hard mounted fans are used in the facility, take steps to minimize air from fans blowing from one person directly at another individual.
- ❑ Review and follow the California Department of Public Health’s [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#).