



TULARE COUNTY  
HEALTH & HUMAN SERVICES AGENCY

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3/3/2022

**Advisory: Changes to State Masking Mandate in Schools**

Starting March 12, 2022, schools and districts will no longer be required by [California Department of Public Health \(CDPH\) Guidance for the Use of Face Masks](#) to maintain universal masking. While improving, rates of COVID-19 in the San Joaquin Valley are still among the highest in the state and area hospitals remain heavily impacted. Masks are a critical component in preventing transmission and their use indoors continues to be strongly advised for all persons regardless of vaccination status as our risk locally remains high. The following guidance aims to help schools and districts assess practices and policies regarding masking on campus.

Schools and districts are strongly advised to continue universal indoor masking as per current CDC and CDPH guidance. CDPH continues to strongly recommend masking for all persons in K-12 settings. CDC advises universal indoor masking—including for schools—when the [community transmission level](#) is high. At this time, Tulare County remains “high.”

Any school or district policy changes should weigh the risk-benefit of discontinuing universal masking. Aside from individual risk of infection this includes collective risk of in-school transmission, outbreaks, and ultimately disruptions to in-person learning. An assessment of COVID-19 safety layers and preventive measures that are in place should be transparent to the school community so that students, families, and staff can make informed decisions. Important factors to consider:

Environmental and epidemiologic

- Assessment for adequate indoor ventilation in school buildings including during periods of poor air quality
- Student and staff vaccination rates
- [CDC community level](#); generally, advise waiting until levels have improved (to medium or low) for at least two consecutive weeks before considering adjustments

Exposure response

- Access to timely testing and ability to scale-up testing as needed
- Whether plan to continue prompt notification of all exposures
- Whether plan to continue individual quarantines vs. group tracing

School community

- Willingness of school community to continue indoor masking and/or periodically return to indoor masking when risk is higher to reduce disruptions to in-person learning (e.g. when case identified in class per K-12 guidance on group tracing, when community level returns to high, etc.)
- Willingness and ability to maintain CalOSHA mask requirements and masking as indicated for students who return early with shortened isolation/quarantine
- Willingness and ability to offer targeted outreach or interventions for high-risk staff and students including availability of high-quality masks such as KN95 and N95
- Willingness and ability to offer resources that support COVID-19 vaccination access for interested persons
- Staff and student comfort with discontinuing indoor masking

Schools and districts are advised to consider the impact of policy changes on student populations who may be higher risk for severe illness and/or particularly affected by potential disruptions to in-person learning. This may include students with medical or behavioral conditions, those in special services, those with high-risk conditions whom are unable to mask due to medical exemptions, those too young to receive COVID-19 vaccine, as well as equity considerations for those whose families may be high risk and/or have difficulty accessing care. Considerations for targeted outreach and/or policy interventions for these populations is advised.

Situational masking requirements as per [CalOSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#) may still continue to apply for employees. Examples include during workplace [outbreaks](#) (masks for all employees indoors when 3 or more cases at worksite within 14-day period) and with regard to [workplace exclusions](#) (i.e. masking for 10 days after exposure if exclusion not indicated and masking to complete 10 days for those who return with shortened isolation and quarantine criteria). Masks otherwise remain indicated for students who return with shortened isolation and quarantine per [CDPH Community Isolation and Quarantine guidance](#) as well.

All persons—staff or student—may continue to wear a mask at any time for their individual protection. Data continues to show that masks are protective to those who wear them as well as an effective way to limit virus spread to others. Certain types of masks may provide more individual protection than others. KN95 and N95 masks provide the best protection (83% per a [recent study](#))—these must be provided to unvaccinated employees upon request per CalOSHA. N95 fit-testing and medical clearance are not required per CalOSHA under [voluntary use](#), but education on proper use and seal checks should be provided. There are some KN95 and KF94 designed to fit youth and adolescents, otherwise well-fitted surgical masks are preferred for children over cloth face coverings.

See video: [CalOSHA video on self-seal check for voluntary use of N95](#)

### **No Changes to Contact Tracing, Testing, and Reporting**

*As previously, see [CDPH K-12 guidance](#) for specifics on student contact tracing, isolation, quarantine, testing, and other prevention measures. See [CalOSHA ETS](#) for all workplace regulations including employer obligations for employee testing (e.g. [post-exposure](#) and during [outbreaks](#) regardless of vaccination status). Vaccine verification and weekly screening testing of unvaccinated employees per [state health officer order from 8/11/2021](#) continues to apply as well. COVID-19 individual case reporting per [AB 86](#) remains through June 30, 2022. Workplace outbreak reporting per [AB 685](#) and CalOSHA ETS also still apply—at this time, outbreaks are still defined as 3 or more cases at a worksite within a 14-day period and reporting is still done via SPOT.*