

Phase 5- (School Full In-Person Learning)

Implementation Period: (2022-2023) Academic Year.

Phase 5 will introduce the start of the 2022-2023 academic year and the return to campus operations full time in person with appropriate and ongoing mitigation strategies to reduce the spread of COVID-19. **All guidelines and requirements established in Phase 1-Phase 4 are updated along with the Prevention and Mitigation Strategies as listed below.** GUSD will closely supervise all aspects of campus operations to ensure the maximum participation of employees and students in socially responsible behavior throughout the school district, the use of personal protective equipment and compliance with measures consistent with local, state, federal and Navajo Nation guidelines, and the commitment to the highest level of excellence in education, and extracurricular activities. **All schools will return to business as usual unless changes are determined by the gating criteria and indicators and stages of the Navajo Nation Reopening Plans. Should and when the Navajo Nation or other governmental or health agencies recommend reverting back to prior phases or Full reopening removing the Navajo Nation requirements of Mask mandates, the GUSD District and Schools will continue to highly recommend wearing of the Mask in schools and may return to any prior phase and make additional adjustments** General hospital capacities.

A. Gating Criteria and Other Considerations in Determining Status Schedule

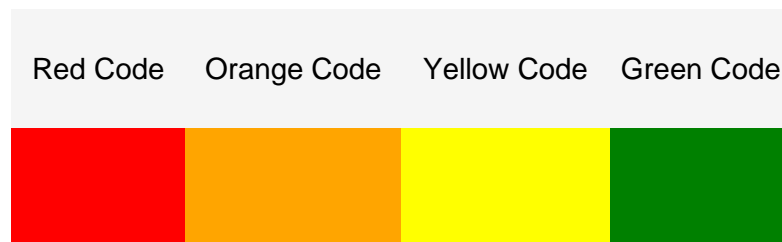
The decision to move between the phases will be dependent upon the rate of new COVID-19 cases, availability of testing, and hospital capacity. Before advancing to a less-restrictive status, NHCOC will determine whether or not certain “gating criteria” have been satisfied. The gating criteria are based on the “Guidelines for Opening up America Again”, issued by the White House and CDC. They appear in the table below:

In addition to the gating criteria, NHCOC will also consider the following:

1. Rate of new cases by service unit.
2. Testing availability at all health facilities.
3. Available contact tracing and case management resources

B. Status Schedule

The reopening status is indicated by a color-coded status schedule. Restrictions are eased gradually as status advances in the schedule, in the following order: red, orange, yellow, and green. The Nation may move from a less restrictive to a more restrictive status if it becomes apparent to NHCOC that the Nation’s COVID-19 cases are rising or becoming less manageable in any way.



High	Moderate-High	Moderate-Low	Low
Restrictions	Restrictions	Restrictions	Restrictions

In reference to the Mitigation Plan: Procedures for Students Return.

Monitoring and Reopening Status Schedule The Navajo Nation shall be monitoring COVID-19 and will reopen in accordance with a colored-coded status schedule throughout the COVID-19 decision about reopening status based on specific “gating criteria” as well as general public health considerations. This reopening schedule will be binding on the public and private sectors.

Industrial Hygiene

Policy GBGCB grants the Superintendent the authority “to take reasonable and lawful measures to protect students and staff members from the transmission of communicable diseases.” This includes requiring appropriate industrial hygiene practices before and following possible COVID-19 exposure. OSHA developed specific guidance, which includes:

1. Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment;
2. Promote frequent and thorough hand washing;
3. Provide soap and/or alcohol-based (at least 60%) hand sanitizer, tissues, disposable towels for workers to clean their work surfaces, and trash receptacles;
4. Require social distancing at worksites;
5. Assess whether personal protective equipment (“PPE”) is appropriate for individuals working onsite;
6. Encourage “respiratory etiquette” which includes covering coughs and sneezes;
7. Post mandatory reminders for workers to follow hygiene protocols;
8. Restrict the number of people entering a previously contaminated area;
9. Where appropriate, limit access to the worksite, or restrict access to only certain workplace areas;
10. Consider strategies to minimize face-to-face contact (e.g., drive through windows, staggered work shifts);
11. Discourage workers from using other workers’ phones, desks, offices, or other work tools and equipment;
12. Isolate individuals who have had close contact with an individual who has been diagnosed, exposed to, or has symptoms of COVID-19;
13. Temporarily close and sanitize a previously contaminated area; cleaning chemicals should include Environmental Protection Agency (EPA)-approved disinfectant labels with claims against emerging viral pathogens which are expected to be effective against COVID-19.

Face Coverings and Personal Protective Equipment (PPE)

Wearing a well-fitting mask, face covering or respirator consistently and correctly reduces the risk of spreading the virus that causes SARS-CoV-2 to others and when the wearer is unaware that they are a

carrier. Face coverings may offer some level of protection for the and to protect students with immunocompromising conditions or other conditions that increase their risk for getting very sick with SARS-CoV-2. Evidence continues to mount on the importance of universal face coverings in interrupting the spread of SARS-CoV-2.vii,viii,ix Universal face covering use in schools for children older than 2 years is recommended. **It is important to note many children, even those with medical conditions, are able to safely and effectively wear face coverings with adequate practice and support as well as modeling from adults.** Facial coverings should be used in conjunction with prevention strategies such as improving ventilation and avoiding crowding in classroom settings while indoors.

1. Students and families should be taught how to properly wear (cover nose and mouth) a cloth face covering, to maintain hand hygiene when removing for meals and physical activity, and to replace and maintain (wash daily) a face covering.
2. School staff and older students (those who attend middle or high school) should be able to wear face coverings safely and consistently and should be encouraged to do so.
3. Mask use is not recommended for Children younger than 2 years and anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove a face covering without assistance should not wear face coverings.
4. For certain populations, the use of face coverings by teachers may impede the education process. These include students who are deaf or hard of hearing, students receiving speech/language services, young students in early education programs, and English language learners. Although there are products (eg, face coverings with clear panels in the front) to facilitate their use among these populations, these products may not be available in all settings.

School health staff should be provided with appropriate medical PPE to use in health suites. This PPE should include disposable masks, surgical masks, gloves, disposable gowns, and face shields or other eye protection. School health staff should be aware of the [CDC guidance on infection control measures](#).

School staff working with students who are unable to wear a face covering or who are unable to manage secretions and who must be in close proximity to these students should wear a surgical mask in combination with a face shield.

Pre-Kindergarten (Pre-K)

In Pre-K, the relative impact of physical distancing among children is likely small based on current evidence, and it is certainly difficult to implement. Therefore, Pre-K program planning should focus on more effective risk mitigation strategies for this population. These strategies include hand and cough hygiene, infection prevention education for staff and families, adult physical distance from one another, adults and children wearing face coverings, cohorting, and spending time outdoors.

Strategies:

1. Utilize outdoor spaces when possible.
2. Limit unnecessary visitors into the building.
3. Face coverings for children in the Pre-K setting.

“Encourage families to practice wearing face coverings with children while at home. Support modeling by teachers and parents.”

Elementary Schools

Strategies:

1. Children should wear face coverings
 1. Practice by children and good modeling by adults will help children be more successful at wearing face coverings at younger ages.
2. Desks should be placed at least 3 feet apart
 1. If this reduces the amount of time children are present in school, harm may outweigh potential benefits.
3. Cohort classes to minimize crossover among children and adults within the school.
4. Utilize outdoor spaces when possible.

The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so. Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harm.

Secondary Schools

There is likely a greater impact of physical distancing on risk reduction of COVID-19 in secondary schools than early childhood or elementary education. There are also different barriers to successful implementation in classrooms. Suggestions for physical distancing risk mitigation strategies when feasible:

1. Universal face coverings in middle and high schools, particularly when not able to maintain a 3-foot distance (students and adults).
2. Planned avoidance of close physical proximity in cases of increased exhalation (singing, exercise, band); these activities are safest outdoors and spread out.
3. Desks should be placed at least 3 feet apart, when feasible.

Special Education

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis. Additional safety measures for teachers and staff working with students with disabilities may need to be in place to ensure optimal safety for all. If a student qualified for a 501 plan within normal District procedures exceptions may be made regarding in-person attendance.

Adult Staff and Educators

1. Universal face coverings are recommended at all times.
2. Particular avoidance of close physical proximity to other adults and children, when feasible.
3. Desks should be placed 3 feet away from students if feasible.
4. Recognizing certain teachers must cross-over to multiple classes, such as special teachers, special educators, and secondary school teachers.
5. Use of sneeze guards will be in front and around desks, when able.

Controlling Asthma in school during pandemic

[Asthma treatments using inhalers with spacers](#) should be used rather than nebulizer treatments whenever possible, because nebulizer treatments are aerosol-generating procedures, which increase risks to others. The [CDC recommends](#) that nebulizer treatments at school should be reserved for children who cannot use or do not have access to an inhaler (with spacer or spacer with mask) for a respiratory emergency. Schools should work with families and health care providers to assist with obtaining an inhaler and spacer for students with limited access. In addition, with exception Per AZ Asthma control it has its own guidelines and policies when asthma control is initiated in schools. In those rare cases in which a student can only use a nebulizer, school health staff should [wear gloves, an N95 facemask \(when available\), gown, and eye protection](#). Staff should be trained on proper donning and doffing procedures and follow the [CDC guidance](#) regarding precautions when performing this aerosol-generating procedure. Nebulizer treatments should be performed in a space that limits exposure to others and with minimal staff present. Rooms should be well-ventilated, or treatments should be performed outside. After the use of the nebulizer, the room should undergo routine [cleaning and disinfection](#).

Physical Distancing: Specific Enclosed and Shared Spaces

Buses

1. Encourage alternative modes of transportation for students who have other safe options, including walking or biking.
2. Ideally, for students riding the bus, symptom screening would be performed by their family prior to them being dropped off at the bus stop.
 - a. Having bus drivers or monitors perform symptom screenings is problematic, as they may face a situation in which a student screens positive yet the parent has left, and the driver would be faced with leaving the student alone or allowing the student on the bus.
 - b. Assigned seating; if possible, assign seats by cohort or same household families (same students sit together each day).
3. Face coverings should be recommended to be worn at all times, particularly if 3 feet distance cannot be maintained.
4. Drivers should be a minimum of 3 from students; drivers must wear face covering; .
5. Minimize the number of people on the bus at one time *within reason*.
 - a. Consider altering start and end times at different grades to allow fewer students on the bus at a time.
6. Adults who do not need to be on the bus should not be on the bus.
7. Have windows open if weather allows.

Hallways

Hallways are not limited to student and staff movement between classrooms or offices.

Playgrounds

Enforcing physical distancing in an outside playground is difficult and may not be the most effective method of risk mitigation. Emphasis should be placed on maintaining classroom cohorts of students and limiting the size of groups participating in playground time (eg, mixing of cohorts) if feasible. Outdoor transmission of virus is known to be much lower than indoor transmission. If playground equipment is being used, it should be part of cleaning plans implemented by schools.

Meals/Cafeteria

School meals play an important part in addressing food security for children and adolescents and, as was observed in the early stages of the pandemic, were crucial sources of food and nutrition to children, adolescents, and their families. Regardless of whether children are participating in in-person or distance learning, school districts must continue to provide food security to all students. This may require enacting strong policies and procedures to ensure access to all students. Decisions about how to serve meals must take into account the fact that in many communities there may be more students eligible for free and reduced meals than prior to the pandemic.

1. Use unused or underutilized spaces for lunch/break times.
2. Use outdoor spaces when possible.
3. Create an environment that is as safe as possible from exposure to food allergens.
4. Encourage children and adults to wash their hands or use hand sanitizer before and after eating.
5. Schools will follow CDC Guidelines.

Cleaning and Disinfection

The main mode of COVID-19 spread is from person to person, primarily via droplet transmission. For this reason, strategies for infection prevention should center around this form of spread, including physical distancing, face coverings, and hand hygiene. Given the challenges that may exist in children and adolescents effectively adhering to recommendations, it is critical that staff consistently set a good example for students by modeling behaviors around physical distancing, face coverings, and hand hygiene. Infection via fomites is less likely. However, because the virus may survive on certain surfaces for some time, it is possible to get infected after touching a virus contaminated surface and then touching the mouth, eyes, or nose. Frequent handwashing as a modality of containment is vital.

The additional cleaning requirements because of the COVID-19 pandemic will require additional resources for schools both in supplies and potential in staffing. Cleaning should be performed per established protocols followed by disinfection when appropriate. Normal cleaning with soap and water decreases the viral load and optimizes the efficacy of disinfectants. When using disinfectants, the manufacturers' instructions must be followed, including duration of dwell time, use of PPE if indicated, and proper ventilation. The use of the Environmental Protection Agency (EPA)-approved disinfectants against COVID-19 is recommended ([EPA List N](#)). When possible, only products labeled as [safe for humans and the environment](#) (eg, Safer or Designed for the Environment), containing active ingredients such as hydrogen peroxide, ethanol, citric acid, should be selected from this list, because they are less toxic, are not strong respiratory irritants or asthma triggers, and have no known carcinogenic, reproductive, or developmental effects.

When EPA-approved disinfectants are not available, alternative disinfectants such as diluted bleach or 70% alcohol solutions can be used. Children should not be present when disinfectants are in use and should not participate in disinfecting activities. Most of these products are not safe for use by children, whose "hand-to-mouth" behaviors and frequent touching of their face and eyes put them at higher risk for toxic exposures. If disinfection is needed while children are in the classroom, adequate ventilation should be in place and non-irritating products should be used. Disinfectants such as bleach and those containing quaternary ammonium compounds or "Quats" should not be used when children and adolescents are present, because these are known respiratory irritants.

In general, elimination of high-touch surfaces is preferable to frequent cleaning. For example, classroom doors can be left open rather than having students open the door when entering and

leaving the classroom, or the door can be closed once all students have entered followed by hand sanitizing. As part of increasing social distance between students and surfaces requiring regular cleaning, schools should also consider eliminating the use of lockers, particularly if they are located in shared spaces or hallways, making physical distancing more challenging. If schools decide to use this strategy, it should be done within the context of ensuring that students are not forced to transport unreasonable numbers of books back and forth from school on a regular basis.

When elimination of use of high-touch surfaces is not possible, surfaces that are used frequently, such as drinking fountains, door handles, sinks and faucet handles, etc., should be cleaned and disinfected at least daily and as often as possible. Bathrooms, in particular, should receive frequent cleaning and disinfection. Shared equipment including computer equipment, keyboards, art supplies, and play or gym equipment should also be disinfected frequently. Hand washing should be promoted before and after touching shared equipment. Computer keyboard covers can be used to facilitate cleaning between users. [Routine cleaning practices](#) should be used for indoor areas that have not been used for 7 or more days or outdoor equipment. Surfaces that are not high-touch, such as bookcases, cabinets, wall boards, or drapes should be cleaned following standard protocol. The same applies to floors or carpeted areas.

Outdoor playgrounds/natural play areas only need routine maintenance, and hand hygiene should be emphasized before and after use of these spaces. Outdoor play equipment with high-touch surfaces, such as railings, handles, etc, should be cleaned and disinfected regularly if used continuously.

Alternative Disinfection Methods

The efficacy of [alternative disinfection methods](#), such as ultrasonic waves, high-intensity UV radiation, and LED blue light against COVID-19 virus is not known. The EPA does not routinely review the safety or efficacy of pesticidal devices, such as UV lights, LED lights, or ultrasonic devices. Therefore, the EPA cannot confirm whether, or under what circumstances, such products might be effective against the spread of SARS-CoV-2.x

Cleaning Protocols

The safety of our students and staff are our first priority. The cleaning steps outlined below are to be taken to disinfect workplace surfaces, chairs, tables, etc. to protect employees and reduce the risk of spread of infection. We will require employees to maintain this safety standard by continuously cleaning and disinfecting based on the frequency stated below.

Category	Area	Frequency	Depth	Accuracy
Appliances	Classrooms Offices Refrigerators Microwaves Coffee Machines	Daily	Desktops, Chairs, Empty Trash, Wipe all touch points, Clean All Surfaces and Touch Points	Accuracy through a tracking system to track all actions performed

Electronic Equipment	Copier Machines, Shared Computer Monitors, TVs, Telephones Keyboards	Daily	Touch Points Surfaces	Accuracy through a tracking system to track all actions performed
General Used Object	Handles, light switches, sinks and restrooms	Daily	Touch Points, Sinks, counter tops, toilets, urinals, floors	Accuracy through a tracking system to track all actions performed
Buses	Bus Seats, Handles/Railings, Belts Window Controls	Daily	Sanitize seats, handrails and sweep and mop floors, empty trash	Accuracy through a tracking system to track all actions performed
Common Areas	Cafeteria, Library, Conference Rooms, Gyms, Common Areas	Daily	Sanitize countertops, sinks, desks, restroom	Accuracy through a tracking system to track all actions performed

***District will have deep cleaning conducted as needed depending on the incidence of cases.

Custodial & Janitorial and Supporting Operations Information

There will be designated contacts/communication processes and procedures to obtain the supplies and or items that you will need associated with return to work. This information will continue to be directed to appropriate contacts.

1. General ordering and procurement of general support pandemic supplies will be ongoing **2022-2023 SY**.
2. Custodial and janitorial operations will continue. Their current focus is regular service with a focus on the high traffic areas classrooms.
3. GUSD will continue to work with all agencies to address issues related to the pandemic and any new guidance and or actions necessary to ensure a safe environment.

Clean and disinfect in classrooms is by schedule, once a week.

Throughout the School:

- Light Switches and Switch Plates.
- HVAC return grill/supply air registers.

In the halls:

- Door handles
- Handrails
- Water fountains
- Carpets/floors
- Elevator buttons

In the classroom and offices:

- Desktops
- Seats
- Class equipment
- Storage spaces
- Floors/carpets
- Door, cupboard handles.
- Telephones.
- Touchscreens, Keyboards.
- Waste and recycling bins.
- Public address systems.
- Shared binders (late sign in, etc.)

Restrooms:

- Doorknobs and handles.
- Faucet handles.
- Paper towel dispenser.
- Hand dryer buttons.
- Soap dispenser buttons.
- Toilet paper dispensers.
- Sanitary napkin dispensers.
- Toilet flush handles, bowls.
- Toilet doors, door handles,
- Walls and vents
- Urinals

Athletic facilities:

- Locker rooms.
- Locker handles.
- Benches.
- Door handles.
- Wrestling mats.
- Sports equipment (etc.).

Daily - DISINFECTING
Monthly - CLEANING

Daily - DISINFECTING
Daily - DISINFECTING
Daily - DISINFECTING/CLEANING
Once a week - CLEANING
Daily - DISINFECTING

Daily - DISINFECTING/ CLEANING
Once a week - CLEANING
Once a week - DISINFECTING
Once a week - DISINFECTING
Once a week - DISINFECTING

Daily - DISINFECTING
Daily - DISINFECTING
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Daily - DISINFECTING
Daily - DISINFECTING
Daily - DISINFECTING
Daily - DISINFECTING/ CLEANING
Daily - DISINFECTING/ CLEANING
Daily - DISINFECTING/ CLEANING
Once a week - CLEANING/DISINFECTING
Daily - DISINFECTING/ CLEANING

Before/After Practice - DISINFECTING
Before/After Practice - DISINFECTING
Daily - CLEANING
Before/After Event - DISINFECTING
Before/After Practice - CLEANING
Daily - CLEANING

Ventilation

The primary mode of transmission of SARS-CoV-2 appears to be by droplet transmission by people in close proximity. There are emerging studies on the possible role of airborne transmission. Although it is possible that there may be this type of transmission in some settings, the preponderance of evidence at this time suggests that this is not a primary mode of transmission. Further, simple face masks appear to be quite effective for decreasing the likelihood of transmission of SARS-CoV-2, in contrast with known airborne pathogens such as measles. With this in mind, mitigation efforts should focus on prevention of droplet transmission. Proper ventilation, however, does have a role in preventing the spread of any respiratory pathogen. Heating, air conditioning, and ventilation (HVAC) systems should be inspected for

optimal functioning, filters should be within their service life, and MERV-13 (minimum efficiency reporting value) efficiency filtration should be used, if the equipment allows.xi,xii Demand-controlled ventilation (DVC) should be disabled when possible, and the system should run continuously to improve air exchanges in the school building.

Filters must be changed quarterly for optimal air transmission prevention. Air purifiers are in use within all buildings and classrooms.

Immunizations

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. school immunization requirements should be maintained and not deferred because of the current pandemic. In addition, **although influenza and SARS-CoV-2 vaccination is generally not required for school attendance, in the 2022-2023 academic year, it should be highly encouraged for all students.**

CDC recommends COVID-19 vaccines, including boosters, for everyone ages 5 years and older. All individuals ages 5 through 17 years should get a COVID-19 booster five months after the final dose in the primary series. A safe and effective vaccine is a critical component of the U.S. strategy to stop the spread of COVID-19 and reduce COVID-19 related hospitalizations and deaths. It is vital that all children receive recommended vaccinations on time and get caught up if they are behind as a result of the pandemic.

What You Need to Know

1. Updated (bivalent) boosters became available on:
 1. September 2, 2022, for people aged 12 years and older
 2. October 12, 2022, for people aged 5–11 years
 3. December 9, 2022, for children aged 6 months–4 years who completed the Moderna COVID-19 vaccine primary series
2. Updated (bivalent) Pfizer-BioNTech COVID-19 vaccine also became available on December 9, 2022 for children aged 6 months–4 years to complete the primary series.
3. CDC recommends everyone stay up to date with COVID-19 vaccines for their age group:
 - a. Children and teens aged 6 months–17 years
 - b. Adults aged 18 years and older
4. Getting a COVID-19 vaccine after you have recovered from COVID-19 infection provides added protection against COVID-19.
5. People who are moderately or severely immunocompromised have different recommendations for COVID-19 vaccines.
6. COVID-19 vaccine and booster recommendations may be updated as CDC continues to monitor the latest COVID-19 data.

Updated (Bivalent) Boosters

1. The updated (bivalent) boosters are called “bivalent” because they protect against both the original virus that causes COVID-19 and the Omicron variant BA.4 and BA.5.
2. Previous boosters are called “monovalent” because they were designed to protect against the original virus that causes COVID-19. They also provide some protection against Omicron, but not as much as the updated (bivalent) boosters.

3. The virus that causes COVID-19 has changed over time. The different versions of the virus that have developed over time are called variants. Learn more about [variants of the COVID-19 virus](#).
4. Two COVID-19 vaccine manufacturers, Pfizer and Moderna, have developed updated (bivalent) COVID-19 boosters.

It is highly recommended to work closely with the local health department to stay updated on the latest COVID-19 vaccines and where vaccination clinics are provided.

Testing and Screening

Testing is a recommended mitigation measure to prevent spread and outbreaks of COVID-19 in school settings and within communities at large. The Arizona Department of Health Services offers testing resources for schools to support both diagnostic and screening testing at no cost to schools. These resources include both CLIA-waived rapid antigen tests and Over-the-Counter (OTC) tests.

A student or school staff member who has had a known exposure to COVID-19 (eg, close contact –within 3 feet for at least 15 minutes – with an individual with laboratory-confirmed SARS-CoV-2 infection or illness consistent with COVID-19), according to [CDC guidelines](#), should self-isolation for 5 days from the last exposure. In every case, local health officials should make the determination on isolation and contact tracing. However, depending on current community viral case rates, local health authorities may make differing recommendations regarding contact tracing and/ or school exclusion or school closure.

Schools should have a policy regarding daily self screening for symptoms for teachers and staff and what to do if a student or school staff member becomes sick with symptoms. Parents, teachers, and staff are encouraged to do a self daily screening for symptoms as part of the process of full in person learning to identify symptomatic persons to exclude them from entering buildings and business establishments. The list of symptoms of COVID-19 infection has grown since the start of the pandemic and the manifestations of COVID-19 infection in children, although similar, is often not the same as that for adults. **First and foremost, parents should be instructed to keep their child at home if they are ill, and staff members should stay home if they are ill.** Any student or staff member with a fever of 100.4 degrees or greater or symptoms of possible COVID-19 virus infection should not be present in school. At this time, the [CDC currently does not recommend universally screening students](#) at school, because screening may fail to identify a student who has a SARS-CoV-2 infection and may over-identify students with different common childhood illnesses. Schools should develop plans for rapid response to a student or staff member with symptoms who is in the school regardless of the implementation of symptom screening prior to entering the school building.

In lieu of self daily symptom screening being performed before/after arrival to school, **methods to allow parent performing and reporting of symptoms performed at home may be considered.** Resources and time may necessitate this strategy at most schools. Health Techs should be equipped to measure temperatures for any student or staff member who may become ill during the school day and should have an identified area to separate or [isolate students](#) who may have COVID-19 symptoms.

COVID-19 manifests similarly to other respiratory illnesses in children. Although children manifest many of the same symptoms of COVID-19 infection as adults, some differences are noteworthy. [According to the CDC](#), children may be less likely to have fever, may be less likely to present with fever as an initial symptom, and may have only gastrointestinal tract symptoms. In the absence of testing, students or staff should follow local health department guidance for exclusion. **Diagnostic or Symptomatic Testing**

Diagnostic Testing

Schools and ECE programs can offer diagnostic testing for students and staff with symptoms of COVID-19 or who were exposed to someone with COVID-19 in the K-12 or ECE setting, or refer them to a community testing site, healthcare provider, or to use an at-home test. Schools and ECE programs should only use tests that are appropriate for the person being tested.

Diagnostic tests can be used to identify current infection in individuals when they are presenting symptoms of COVID-19. Rapid antigen tests are often used for this method of testing as they can be conducted on school sites and return results in under 30 minutes depending on the brand of test. Symptomatic testing can be an effective way to prevent spread of COVID-19 in schools when additional mitigation strategies are used when an individual is identified as positive. Diagnostic testing can also be used to determine if someone has an active infection when they are not presenting symptoms but have come into close contact with an infected individual.

Screening Testing

Screening testing identifies people with COVID-19 who do not have symptoms or known or suspected exposures, so that steps can be taken to prevent further spread of COVID-19.

CDC no longer recommends routine screening testing in K-12 schools.

Sickness Transmission Protocols

Suspected COVID-19 Infection- Employee

Policy GBGCB grants the Superintendent the authority “to take reasonable and lawful measures to protect students and staff members from the transmission of communicable diseases.” A district may exclude an employee from working onsite if they have a communicable disease “if the staff member presents a direct threat to the health or safety of others in the school workplace.” Therefore, if a district is notified that an employee, volunteer, contractors, subcontractor or other onsite individual has been diagnosed, exposed to, or has symptoms of COVID-19, the District may:

1. Send the individual home immediately to self-isolate.

Suspected COVID-19 Symptoms - Student, Parent or Staff

1. GUSD highly encourages the students and its staff members to be up-to-date with their COVID-19 vaccination.
2. GUSD will continue to adapt and adhere to the Navajo Nation guidelines in social distancing and masking. GUSD should be able to implement stricter guidelines if deemed necessary. These guidelines will apply not only within GUSD premises, but also on school buses and other grounds where GUSD chooses to conduct their programs and affairs.
3. Staff and students will be recommended to wear a face mask and social distance.
4. Staff and Health Technicians will receive education on the assessment of COVID-19 signs and symptoms, and how to address them.
5. Health Technicians will also receive training on contact tracing.
6. Any student or staff member should not be allowed to attend school or come to work if they have a fever of 100.4°F or greater (or report feelings of feverishness), or if screening or testing results indicate that they are suspected of having or known to have COVID-19. In such an event:

- a. The student/parent, or staff member, must be encouraged to self-isolate and recommended to contact the school health tech and the healthcare provider.
 - b. GUSD will make an effort to acquire a home test kit and/or provide them with instructions on how to obtain one from the nearest medical facilities.
7. Any student or staff member who starts to develop symptoms while inside GUSD premises must be immediately isolated until they are sent home to isolate.
8. In the event of a staff member/student testing positive for COVID-19, all potential exposures must be notified and advised to self-isolate and seek medical consultation if experiencing symptoms.
9. A medical provider's note is not necessary for the student or staff member to come back to class or to work. However, the respiratory symptoms as well as fever should have resolved 24 hours prior, without taking any anti-fever drugs like Tylenol. The Medical or Health Technician must be able to determine whether the student or staff member is cleared or not.

PARENTS

1. Parents of GUSD students must be able to self monitor for signs and symptoms of COVID-19. Parents will be advised not to send their children to school if they are sick or unwell to limit the spread.
2. Parents must have a home test kit available at their homes so they can test their children once the need arises.
3. Parents must inform the school once their child/children test positive for COVID-19 so necessary steps can be taken by GUSD.
4. If members of the same household tested positive for COVID-19, students and staff members will be asked to remain at home until respiratory symptoms as well as fever resolves 24 hours prior, without taking any anti-fever drugs like Tylenol.
5. GUSD is encouraging parents to plan ahead in case a member of the household tested positive. Developing a support system in case the need arises is highly encouraged. For example, the children can stay with other family members so a household member can quarantine.

Sickness Transmission Notification

Reporting and Notification

Arizona no longer requires the reporting of cases or outbreaks of COVID-19, though other communicable diseases must be reported as regulated by R9-6-203. Please check with your local health department to confirm the need for reporting any positive cases of COVID-19.

If an outbreak occurs at your site, ADHS strongly recommends implementing additional mitigation strategies to reduce the risk of further spread.

Please contact your local health department directly.

Notifying Coworkers and the Public

The Centers for Disease Control and Prevention (“CDC”) recommends that the employer “inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain the confidentiality of the affected individual as required by the Americans with Disabilities Act(ADA).

The fellow employees should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).”.

Notification Basics

Public notices must not contain personally identifiable information, publicly released information must include redaction of name, position, age, gender, personal address, etc. It is permissible to provide the public with a general location of the possible contact. If the contact population is more than 20, it is permissible to state the general population.

1. The notice must not contain personally identifiable information;
2. The notice should only include non-identifying information that is relevant to allow those with potential exposure to self-monitor and self-quarantine;
3. Only provide the notice to “appropriate parties;”
4. District may inform appropriate health officials as long as it complies with applicable privacy laws;
5. The notification should include information about the district sites frequented by the individual during the incubation period and while exhibiting symptoms;
6. The notification should include information on what the district is doing in regard to industrial hygiene, including whether the site will be closed and for how long; and
7. The notification should encourage those individuals that may have been exposed to COVID-19 to self-monitor for symptoms and to self-quarantine if appropriate.

See examples below.

1. If you were located at the Administration building between ‘date’ and ‘date’, it is recommended that you obtain a Covid test due to possible exposure.
2. If you were at the assembly with the 6th grade group, it is recommended that you obtain a Covid test due to possible exposure.

Mental and Behavioral Health

Education

Schools and early care and education (ECE) programs are an important part of the infrastructure of communities as they provide safe, supportive learning environments for students and children and enable parents and caregivers to be at work. Schools and ECE provide critical services that help to mitigate health disparities, such as school lunch programs, and social, physical, behavioral, and mental health services. This guidance can help K-12 schools and ECE programs remain open and help their administrators support safe, in-person learning while reducing the spread of COVID-19. Based on the COVID-19 Community Levels, this guidance provides flexibility so schools and ECE programs can adapt to changing local situations, including periods of increased community health impacts from COVID-19.

Students with Disabilities

Students with disabilities: Federal and state disability laws require an individualized approach for working with children and youth with disabilities consistent with the child’s individual educational plan

(IEP), Section 504 plan, or Individualized Family Service Plan (IFSP). Reasonable modifications or accommodations, when necessary, must be provided to ensure equal access to in-person learning for students with disabilities. Administrators should consider additional prevention strategies to accommodate the health and safety of students with disabilities and protect their civil rights and equal access to safe in-person learning. The U.S. Department of Education provides [guidance and resources](#) for schools and ECE programs to ensure students with disabilities continue to receive the services and supports they are entitled to so that they have successful in-person educational experiences.

Behavioral Health/Emotional Support for Children and Adolescents

Schools should anticipate and be prepared to address a wide range of mental health needs of children and staff when schools reopen. Preparation for [infection control](#) is vital and admittedly complex during an evolving pandemic. But the emotional impact of the pandemic, grief because of loss, financial/employment concerns, social isolation, and growing concerns about systemic racial inequity — coupled with prolonged limited access to critical school-based mental health services and the support and assistance of school professionals — demands careful attention and planning as well. Schools should be prepared to adopt an approach for mental health support, and just like other areas, supporting mental health will require additional funding to ensure adequate staffing and the training of those staff to address the needs of the students and staff in the schools.

Schools should consider providing training to classroom teachers and other educators on how to talk to and support children during and after the COVID-19 pandemic. Students requiring mental health support should be referred to school mental health professionals.

Suicide is the second leading cause of death among adolescents or youth 10 to 24 years of age in the United States. In the event distance learning is needed, schools should develop mechanisms to evaluate youth remotely if concerns are voiced by educators or family members and should be establishing policies, including referral mechanisms for students believed to be in need of in-person evaluation, even before schools reopen.

School mental health professionals should be involved in shaping messages to students and families about the response to the pandemic. Fear-based messages widely used to encourage strict physical distancing may cause problems when schools reopen, because the risk of exposure to COVID-19 may be mitigated but not eliminated. Communicating effectively is especially critical, given potential adaptations in plans for in-person or distance learning that need to occur during the school year because of changes in community transmission of SARS-CoV-2.

When schools do reopen, plans should already be in place for outreach to families whose students do not return for various reasons. This outreach is especially critical, given the high likelihood of separation anxiety and agoraphobia in students. Students may have difficulty with the social and emotional aspects of transitioning back into the school setting, especially given the unfamiliarity with the changed school environment and experience. Special considerations are warranted for students with pre-existing anxiety, depression, and other mental health conditions; children with a prior history of trauma or loss; and students in early education who may be particularly sensitive to disruptions in routine and caregivers. Students facing other challenges, such as poverty, food insecurity, and homelessness, and those subjected to ongoing racial inequities may benefit from additional support and assistance.

Schools need to incorporate academic accommodations and supports for all students who may still be having difficulty concentrating or learning new information because of stress or family situations that are compounded by the pandemic. It is important that school personnel do not anticipate or attempt to catch up for lost academic time through accelerating curriculum delivery at a time when students and educators may find it difficult to even return to baseline rates. These expectations should be communicated to educators, students, and family members so that school does not become a source of further distress.

Mental Health of Staff

Staff and Mental Health services are provided by Jorgensen Brooks.

Food Insecurity

Students are back in full in-person learning, students are under the National School lunch program. Also, as long as they are enrolled with the GUSD students receive free lunch at no cost.

GUSD Parent Information

School COVID-19 Coordinator

1. Each School will designate a school-level COVID-19 coordinator (Health Tech.)

Staff Training

1. All staff will be trained on COVID-19 awareness and the proper use of cleaning materials and safety.

Health & Safety Protocols

Health and safety of students and staff is at the forefront of our work, and GUSD continues to utilize the most up-to-date guidance from the Centers for Disease Control and Prevention (CDC) and the Arizona Department of Health (AzDHS).

Recommendations for safety protocols are expected to be continuously evolving and the protocols below will be reviewed and modified as needed based on current guidance, research and best practices.

Prevention Practices

- 1) Staying Home When feeling Sick and experiencing symptoms
- 2) Staff and students must stay home if:
 - a) They have tested positive for COVID-19 or they are experiencing symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting or diarrhea, should stay home.
 - b) They have recently had close contact with a person with COVID-19, until they meet criteria for return COVID-19 Isolation Process

Healthy Hygiene Reminders

1. Hand sanitizer stations will be placed at school entry points and high-traffic locations (e.g., lunch lines)
2. Teachers will encourage students to frequently wash their hands during the school day
3. Signs will be placed around the school to remind students to practice healthy habits that prevent the spread of germs

Facility Cleaning

- 1) Routine Environmental Cleaning
 - a) Custodians will perform routine environmental cleaning and disinfection of high-touch surfaces and shared equipment throughout the day
- 2) Deep Cleaning
 - a) Custodians will routinely use electrostatic sprayer to disinfect floors and hallways in accordance with safety guidelines.
 - b) Custodians will perform deep cleaning in reaction to a COVID-19 case in the building.
- 3) Staff Cleaning Responsibilities
 - a) Teaching staff will be trained on the proper use of cleaning materials in their classrooms
 - b) Health Tech. will implement cleaning and disinfecting procedures for equipment and school isolation rooms.
- 4) Supplies Checks
 - a) Schools will ensure the availability of appropriate supplies to support healthy hygiene behaviors. Custodians will frequently check and refill supplies (e.g., hand sanitizer, soap, disinfectant)
- 5) Ventilation
 - a) Monthly check on the ventilation systems to ensure they operate properly

Daily Self-Screening

All students and staff who will be learning/working in person will conduct a daily required self-screen at home. CDC no longer recommends routine screening testing in K-12 schools. However, at a high COVID-19 Community Level, K-12 schools and ECE programs can consider implementing screening testing for students and staff for high-risk activities. The health check consists of checking for temperature or cough before attending school, as well as asking routine questions as suggested by the Arizona Department of Health and CDC.

COVID-19 Daily Self-Screening Questionnaire

Before you leave the house, or send your student to school, make sure you have assessed these questions:

1. Do you have **any ONE of the following symptoms?**
 - a. Fever or chills
 - b. Difficulty breathing or shortness of breath
 - c. New cough or a cough that gets worse
 - d. New loss of taste or smell
 - e. Sore throat
 - f. Nausea or vomiting

- g. Diarrhea
- h. Muscle or body aches
- i. Fatigue
- j. New or severe headache
- k. New nasal congestion or runny nose

Have You, or anyone you have in close contact with in the 5 days, been diagnosed with COVID-19?

1. Have you been in asked to self-isolate or quarantine by medical professional or a local public health official?
2. Are you, or is any member of your household who is symptomatic (has symptoms consistent with COVID-19), currently waiting for COVID -19 test results?
3. If you have reply **YES** to any of the questions in the checklist, stay home and do not come to school.
4. Contact your health care provider to determine if further action should be taken.
5. Report student absences via the school attendance, specifying that the absence is COVID-19 related. Our Health Tech. will follow up with any COVID-19 and flu related cases.

COVID-19 Isolation Process

GUSD will follow the updated guidelines from **CDC, Arizona Department of Health (AzDHS), Navajo Nation guidelines on COVID-19, regarding isolation and precaution for people with COVID-19.** The process outlined below applies to all District-Schools and sponsored activities.

1. A 5 day-isolation period is recommended
2. **If you are exposed to COVID-19, the safest option is to stay home and away from others for 5 days.** However, in certain situations, you may end your isolation after 5 days, or after 5 days with a negative COVID-19 test result.
3. **IMPORTANT:**
 1. **If you are isolating because someone in your household has tested positive for COVID-19, the full 5-day quarantine is still recommended. (The COVID-19 virus can develop up to 3-5 days after the last contact with a positive person.)**
 2. **For students attending a school/program operating in a full learning model (early learning and grades K-4), the full 5-day isolation is still recommended. 3 feet social distance cannot be effectively maintained between students in a fully in-person learning environment.**
 3. **GUSD student-athletes should refer to [GUSD Sports Quarantine guidance](#). Students requesting a shortened isolation for return to sports must complete the [Shortened Quarantine Request Form](#) and return to District Athletic Director.**
4. For those who are isolated due to exposure to someone who DOES NOT live in the same household as you (e.g., classroom, athletic team, school bus, social gathering), a shortened isolation period may be possible.
5. **A isolation can end after 5 days if ALL of the following apply:**

If you are not experiencing ANY symptoms associated with COVID-19 or flu (Fever or Chill; new cough or a cough that gets worse; difficulty breathing or Shortness of breath; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; muscle or body aches; extreme fatigue/ feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose)

 - a. If you have not tested positive for COVID-19 in the last 5 days
 - b. If no one in your household has tested positive for COVID-19 in the last 5 days
 - c. If you continue to monitor your symptoms through day 5

6. **A isolation can end after 5 days if ALL of the following apply:**
 1. If you test negative for COVID-19 AFTER 5 FULL DAYS of isolation
 2. QuickVue At Home COVID-19 Test Kit
 1. Documentation of a COVID-19 negative test is required before a student/staff member is able to return to school
- c. If you are not experiencing ANY symptoms associated with COVID-19 or flu (Fever or Chill; new cough or a cough that gets worse; difficulty breathing or Shortness of breath; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; muscle or body aches; extreme. fatigue/feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose).
- d. Regarding testing, please remember the amount of time to receive results can vary by testing site and provider.
7. Students and staff members requesting a shortened isolation period must fill out the Shorten Isolation Request Form and return it to Athletic Director if the student is in sports or to the school health tech.

Who Does Not Need to Isolate?

1. **If someone has recovered from COVID-19 in the past 90 days** and is exposed again, they do not need to quarantine if ALL of the following are true:
 1. Their illness was laboratory confirmed in the past 90 days.
 2. They have fully recovered.
 3. They do not currently have any symptoms of COVID-19.
2. **If someone has completed COVID-19 vaccination** (two doses in a two-dose series or one dose in a one-dose series) and is exposed, they do not need to quarantine if ALL of the following are true:
 1. The COVID-19 exposure was at least 5 days after their vaccination series was fully completed.
 2. The COVID-19 exposure was within 90 days of their final dose of the vaccination series.
 3. They do not currently have any symptoms of COVID-19.
3. Even after a person has recovered from COVID-19 or is fully vaccinated they should still continue to stay distanced, wear a mask that fits well, wash their hands often, and follow other precautions.

Student returning to school Protocol

If you have symptoms of COVID-19 or flu, **stay home until all three of these things are true:**

1. You feel better. Your cough, shortness of breath, or other symptoms are better AND
2. It has been 5 days since you first felt sick OR you have received a negative COVID-19 test result or alternative diagnosis AND
3. You have had no fever for at least 24 hours without using medicine that lowers fevers.

Working Together to Limit the Spread

Family Responsibilities	School Responsibilities
--------------------------------	--------------------------------

Screen <u>all students</u> at home for symptoms of COVID-19	Provide <u>daily self-screening questions</u>
Stay home if you are feeling sick, have symptoms of COVID-19 or flu, have been in close contact or have tested positive for COVID-19	Work with public health officials to appropriately respond to positive cases of COVID-19 impacting the school community
Encourage your Student to wear face covering	Maintain healthy ventilation systems
Practice courtesy in cleaning your personal space	Follow an enhanced cleaning schedule
Bring your own water bottle	Use touchless water fountains where they are bottle fill stations available
Wash your hands often	Build routines of hand washing into the school day and have hand sanitizer readily available
Follow the signs and verbal reminders	Provide frequent verbal and printed reminders to distance, mask and wash your hands

Masks and Face Coverings

Per the GUSD policy KI-RB, all K-12 students, staff, and other people present in school buildings and district offices or riding on school transportation vehicles are required to wear a face mask or face covering, unless they have a disability, medical or mental health condition, following public health guidance. Wearing a well fitted mask or respirator consistently and correctly reduces the risk of spreading the virus that causes COVID-19. At a high COVID-19 Community Level, universal indoor masking in schools and ECE programs is recommended, as it is in the community at-large.

Types of allowable face coverings include: face mask, paper or disposable mask.

1. K-12 student will receive one face mask if needed
2. Schools and buses will have extra masks for students who forget them
3. Being mindful of social distancing, face coverings or face shields may be removed when eating or drinking and in other situations, as outlined by GUSD safety guidelines.
4. Consistent with Navajo Nation Health order, face coverings must be worn at all times when in public.

Handwashing & Hygiene

Students and staff will be educated on and reminded of proper preventative techniques, including:

1. Hand washing can prevent the spread of infectious diseases.
2. Handwashing with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol can be used.
3. Covering coughs and sneezes with a tissue, throwing used tissues in the trash and washing hands immediately with soap and water for at least 20 seconds.

Social Distancing

Any time students and staff are in school buildings, they are expected to abide by all social distancing requirements, as outlined by CDC, Navajo Nation COVID Guidelines.

1. For early learning and elementary schools for in-person model: Students and staff will maintain as much space as is feasible during the day. Students and staff will remain in small cohort groups that stay together as much as possible throughout the day and from day to day. Schools will limit mixing between cohort groups as much as possible (e.g., during lunch, bathroom breaks, arrival and dismissal, free periods, recess).
2. For Middle and High Schools: Students must maintain 3 feet of physical distance from one another throughout the school day.
3. Students are expected to go directly to their classrooms upon arriving at school and avoid congregating in hallways throughout the day.
4. Students and staff should pay attention to all social distancing signs, floor markings and reminders.

Arrival and Dismissal

1. Staff will monitor arrival and dismissal to ensure students go straight from vehicle/bus to their building.
2. Student drop off – will enter the building at a designated location.

Social Distancing Reminders

1. Schools will have new signage, floor/seating markings, spaced out or removed furniture in common areas, and clear barriers in reception areas to promote social distancing.
2. In the hybrid model, schools will ensure 3 feet social distancing in school buildings, based on CDC guidelines.

Classroom Seating

1. Classroom seating arrangements will be created according to CDC guidelines.
2. In the hybrid learning model, classrooms will be arranged to maintain 3 feet social distancing at all times. Alternative indoor spaces will be used if social distancing is not possible in a particular classroom.

Passing Times

1. At the middle school and high school, passing times may be staggered and traffic patterns revised in order to reduce the number of students in hallways at the same time.

Lockers

1. Grades 9-12 students will not use school lockers in the hybrid model. Locker/storage area use may be staggered at other grade levels or in the in-person model.

School Materials

1. Students will be discouraged from sharing items that are difficult to clean or disinfect, and classroom practices will be modified to minimize sharing.
2. Some furniture, equipment and commonly shared items will be removed from use

Recess

1. Outdoor areas such as playgrounds will be open. Students will be encouraged to spread out. Student cohorts will be used to limit mixing. Additional cleaning will take place on hard surfaces and entryways.

Water Fountains

1. Schools will encourage students to bring their own water bottles as opposed to using drinking fountains. (the installation of automatic fountains will be available at all school)

Transportation

1. In order to plan for bus capacity, ALL families must indicate whether or not their student(s) will be using bus transportation for the 2022-23 school year, update information with each school
2. GUSD Bus Service will ensure 3 feet of distancing between the driver and all riders, based on CDC guidelines.
3. We will create as much space between riders as possible.
4. Buses will load from back to front
5. Siblings will be asked to sit together whenever possible
6. Parents are strongly encouraged to drive their child(ren) to and from school if they have the ability to do so. Fewer riders will help limit potential exposures to COVID-19 and allow more room for those who are in need of transportation.

Food Service

1. Schools will follow the CDC guidelines.
2. Students will eat in the cafeteria, classrooms and other spaces based on the capacity of the room. Outdoor eating areas will be utilized when appropriate.
3. Primary school students will remain in classroom cohorts during lunch.
4. Meals will be available to students participating in distance learning via curbside pick-up.

Ventilation

1. Facilities staff, along with HVAC technician, have reviewed and will continue to inspect school ventilation systems to ensure they operate properly and will increase circulation of outdoor air as much as possible
2. The use of ActivePure Technology (Vollara), tested in independent labs and proven effective on bacteria, viruses, mold and fungi on surfaces and in the air, will be in each classroom.

Alternate Learning Spaces

Alternate indoor spaces and outdoor areas will be used to the extent possible in order to enhance physical distancing. Outdoor classrooms, fields, courts and open areas will be used as additional learning spaces when appropriate.

1. Cares Act Funding for Additional Safety Measures
 - a. A portion of federal dollars is available for additional health and safety-related purchases related to COVID-19.
 - b. Educators will provide input on purchases that will be most helpful in their schools and classrooms. raining rooms, orientations.

LEARNING MODELS

Daily Attendance

1. Attendance will be taken every day.
 - a. You may also send a message to your school's attendance or call the school's attendance line if your child is not able to participate in-person or each day. Please include the child's name, grade, and a brief reason for absence. Families will be asked to indicate any COVID-19 symptoms, positive COVID-19 test results or COVID-19 close contacts. Please include length of absence if known.

Full In-Person Learning Plan

In the full in-person learning model, students attend school in person 5 days a week, Monday-Friday. Schools will create as much space between students and teachers as is feasible during the day. GUSD schools will follow all requirements outlined by the Arizona Department of Health (AzDHS), CDC and Arizona Department of Education (ADE).

It is highly recommended that students must maintain 3 feet of physical distance from one another throughout the school day whenever feasible.

Students will have high-quality, research-based and engaging teacher-led instruction every day. As weeks and months progress students will engage in a strong focus on building relationships, identifying learning gaps, and helping students feel engaged and connected to their school.

Primary Schools and Intermediate School:

Staff will give extra attention to helping young students adjust to being back in school, interacting with friends and strengthening academic skills.

Middle School and High School:

Students will experience the best of blended learning instruction that incorporates direct teacher instruction enhanced by the use of technology, to engage students and deepen the learning of the content in their classes.

In All Three Models, Families Can Expect

1. **AzDHS and ADE Guidelines:** GUSD will follow all requirements from the Arizona Department of Health and Arizona Department of Education.
2. **Responsive Instruction:** In each subject area, teachers will focus on the most essential material for students to learn, creating a core foundation of instruction to allow for more nimble transitions between models.
3. **Special Ed.:** Special education services will be provided to all identified students. The delivery may look different, depending on the model. Careful attention will be paid to special education students in general education classes.
4. **Mental Health Support:** All staff will be mindful of students' social-emotional learning needs and will work to rebuild relationships between and among students and staff.

Organized Activities

Ganado Unified School District (GUSD) Athletics Department in association with Arizona Interscholastic Association (AIA) supports the return of athletics and competitive sports. However, the Ganado Athletic Department believes it must be done when it is safe to be full in-person.

1. Our students can return to full athletic activities in a structured and safe environment.

Visitors and Volunteers

1. Nonessential visitors, volunteers and activities involving external groups or organizations will be open. Such activities and gatherings will follow the set of strategies for everyday operations that should be in place at all COVID-19 Community Levels, including low levels.

Large Group Gatherings

1. Schools will continue activities that bring together large groups of people or activities, including assemblies, in-person field trips, sports field trips will follow all AIA sports guidelines.

2. Indoor and outdoor occupancy must adhere to the most recent Public Health Emergency Order. Sporting events are indoor and outdoor areas such as inside field houses, gyms, football field, baseball field, bleachers, classrooms for reviewing previous game films, and athletics

Athletic Department

Ganado Unified School District (GUSD) Athletics Department in association with Arizona Interscholastic Association (AIA) supports the return of athletics and competitive sports. However, the Ganado Athletic Department believes it must be done when is it safe to return. The following document is a living document that plans for providing opportunities for our students to resume athletic activities in a structured and safe environment. This document may be updated as new recommendations become available regarding our community status and COVID-19.

A. Gating Criteria and Other Considerations in Determining Status Schedule

Phase 0	Phase I	Phase II	Phase III
<ul style="list-style-type: none"> • Virtual activities only 	<ul style="list-style-type: none"> • No contact • Small group activities • <10 per group • Individual training 	<ul style="list-style-type: none"> • Ball contact only • Medium group activities • <25 per group 	<ul style="list-style-type: none"> • Minimal restrictions • Return to regular operations

PHASE 0

1. Stay at home or shelter in place status will be in effect until Ganado School District announces a return to the classroom status.
 1. GUSD facilities are closed
2. In person coaching or gathering of any kind is NOT allowed.
3. Remote interactions may include:
 1. Student-athletes train on their own with coach implemented workout
 2. Student-athletes train virtually with coach led workout

PHASE I

1. Small group activities shall be permitted and limited for 25 individuals (including coach) per group. Outdoor fields shall not exceed three groups; Indoor sessions are not to exceed two groups.
 1. Practice will focus on individual development of skills, strength, and conditioning workouts.

PHASE II

1. Medium group activities shall be permitted for 50 individuals (including coach) per group. The use of more than 2 groups is permitted as long as the overall total is 50 or less and the groups can be placed at opposite corners of the field/court.
 1. Small group drills may be introduced and balls may be passed between individuals.

PHASE III

1. Full return to play including contact, controlled scrimmages, and games.
2. No limitations on participants per field/court.
 1. Social distancing is still recommended (limit the time players spend close to others).
3. All teams must adhere to the Health Acclimatization Policy.

Strategies to reduce the Spread of COVID-19

1. Promoting healthy behaviors
 1. Stay home when sick. Individuals displaying signs and symptoms will be asked to stay home.
 1. Fever, loss of smell and/or taste, sore throat, cough, difficulty breathing, body aches, runny nose, sinus congestion, headache, lymph node enlargement, etc.
 2. Positive test for COVID-19
 3. Close contact or cared for someone with COVID-19
 - b. Daily self screening for signs & symptoms of COVID-19 will be monitored.
 - c. It is highly recommended that all students, coaches, and sideline personnel wear a face mask, disposable non-surgical mask for the entirety of practice sessions.
 - d. **Practice the three W's:**
 1. **Wear a Mask:** face mask/non-surgical mask wearing is recommended except when drinking, warming up, working out, and cooling down, making sure there is 3 feet (outdoors)/ 3 feet (indoors) between you and the next person. Coaches are to monitor the proper use of masks.
 2. **Wash Hands:** Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
 3. **Watch Your Distance:** Maintain social distancing by keeping 3 feet (outdoors)/3 feet (indoors) away from others who do not live with you.
 1. Encourage players to arrive to practice in gear no more than 10 minutes prior to the start of practice and leave immediately after practice.
 - e. Sharing of personal items is highly not recommended. This includes but is not limited to:
 1. Water bottles, towels, bandanas, etc.
 2. Each student/coach/athletic personnel shall provide their own water bottle and personal items, such as towels.
2. Maintaining healthy environments
 1. Clean and disinfect frequently touched surfaces
 1. Ensure proper and ongoing cleaning and disinfecting of objects and equipment by coaches and student-athletes.
 2. Disinfecting and cleaning of all equipment shall continue before and after each different user.

3. The goal is to provide adequate supplies to minimize sharing of protective gear or equipment. If equipment must be shared, limit to small groups.
 - a. All locker rooms are open and utilized.
 - b. Refrain from the use of centralized stations such as and not limited to hydration/water station

3. Maintaining healthy operations
 - a. Precautionary signage posted throughout the athletic facilities.
- i. Proper handwashing, proper use of masks, proper way to disinfect surfaces, social distancing, etc.
 - b. Have a COVID-19 emergency action plan for when a student/coach/athletic staff displays signs and symptoms of COVID-19.
- . Education for students/coach/athletic staff on the signs and symptoms of COVID-19.
 - c. Provide adequate supplies
 - . Soap, hand sanitizer, paper towels, tissues, disinfectant sprays/wipes, disposable/cloth masks.

Protocols for when Athlete/Coach/Staff show signs and symptoms of COVID-19

1. GUSD will follow the updated guidelines from **CDC, Arizona Department of Health (AzDHS), Navajo Nation guidelines on COVID-19, AIA regarding isolation and precaution for people with COVID-19.** The process outlined below applies to all District-Schools and sponsored activities.
2. A 5 day-isolation period is recommended
3. **If you are exposed to COVID-19, the safest option is to stay home and away from others for 5 days.** However, in certain situations, you may end your isolation after 5 days, or after 5 days with a negative COVID-19 test result.
4. **IMPORTANT:**
 1. **If you are isolating because someone in your household has tested positive for COVID-19, the full 5-day quarantine is still recommended. (The COVID-19 virus can develop up to 3-5 days after the last contact with a positive person.)**
 2. **For students attending a school/program operating in a full learning model (early learning and grades K-4), the full 5-day isolation is still recommended. 3 feet social distance cannot be effectively maintained between students in a fully in-person learning environment.**
 3. **GUSD student-athletes should refer to GUSD Sports Quarantine guidance. Students requesting a shortened isolation for return to sports must complete the Shortened Quarantine Request Form and return to District Athletic Director**
5. For those who are isolated due to exposure to someone who DOES NOT live in the same household as you (e.g., classroom, athletic team, school bus, social gathering), a shortened isolation period may be possible.

6. A isolation can end after 5 days if ALL of the following apply:

1. If you are not experiencing ANY symptoms associated with COVID-19 or flu (Fever or Chill; new cough or a cough that gets worse; difficulty breathing or Shortness of breath; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; muscle or body aches; extreme fatigue/ feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose)
2. If you have not tested positive for COVID-19 in the last 5 days
3. If no one in your household has tested positive for COVID-19 in the last 5 days
4. If you continue to monitor your symptoms through day 5

7. A isolation can end after 5 days if ALL of the following apply:

1. If you test negative for COVID-19 AFTER 5 FULL DAYS of isolation
2. QuickVue At Home COVID-19 Test Kit
 1. Documentation of a COVID-19 negative test is required before a student/staff member is able to return to school

c. c. If you are not experiencing ANY symptoms associated with COVID-19 or flu (Fever or Chill; new cough or a cough that gets worse; difficulty breathing or Shortness of breath; new loss of taste or smell; sore throat; nausea; vomiting; diarrhea; muscle or body aches; extreme. fatigue/feeling very tired; new severe/very bad headache; new nasal congestion/stuffy or runny nose)

d. d. Regarding testing, please remember the amount of time to receive results can vary by testing site and provider.

8. 7. Students and staff members requesting a shortened isolation period must fill out the Shorten Quarantine Request Form and return it to Athletic Director if the student is in sports or to the school health tech.

9. Who Does Not Need to Isolate?

10. **If someone has recovered from COVID-19 in the past 90 days** and is exposed again, they do not need to quarantine if ALL of the following are true:

- . Their illness was laboratory confirmed in the past 90 days.
- a. They have fully recovered.
- b. They do not currently have any symptoms of COVID-19.

11. **If someone has completed COVID-19 vaccination** (two doses in a two-dose series or one dose in a one-dose series) and is exposed, they do not need to quarantine if ALL of the following are true:

- . The COVID-19 exposure was at least 5 days after their vaccination series was fully completed.
- a. The COVID-19 exposure was within 90 days of their final dose of the vaccination series.
- b. They do not currently have any symptoms of COVID-19.

12. Even after a person has recovered from COVID-19 or is fully vaccinated they should still continue to stay distanced, wear a mask that fits well, wash their hands often, and follow other precautions.

This Plan is a living document and will be updated as needed to fit the needs of the schools and district and to meet the needs of all students and staff