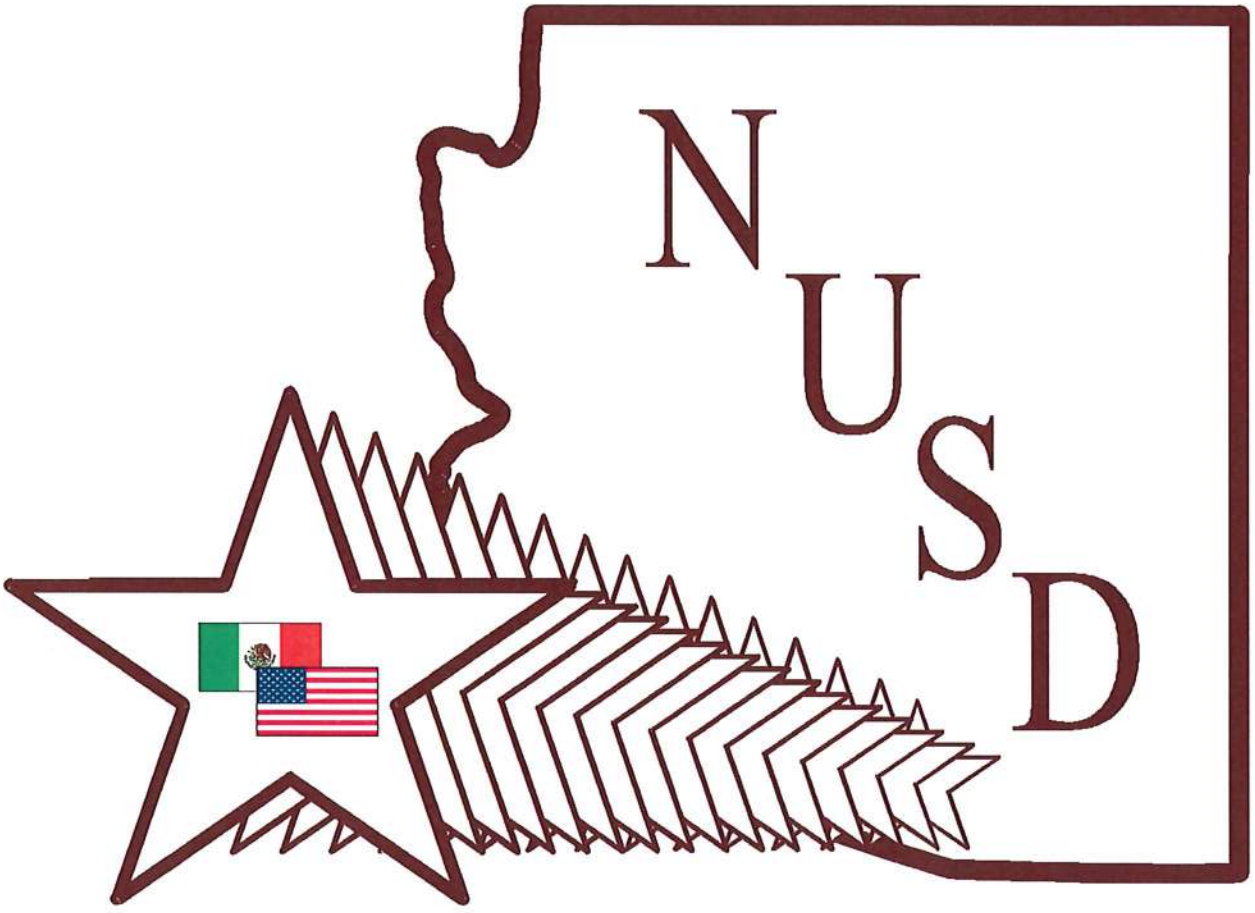
NUSD Safe Return to In-Person Instruction Plan



Updated 7.26.21

Nogales Unified School District No. 1

July 2021

Dear NUSD Community,

This past year has been very challenging for us all. Uncertainty related to the current health crisis has given rise to different emotions and concerns. I hope this Safe Return to In-Person Instruction Plan will address many of the safety concerns we all share in the midst of the COVID-19 pandemic and, as a result, brings about more certainty regarding how the Nogales Unified School District #1 will open and operate its schools during this crisis for the 2021-2022 school year.

Your individual and collective voices were heard through surveys, emails, and phone calls; all of your feedback was greatly appreciated. The NUSD plan is based on the safety and well-being of students and employees. There will need to be adjustments made to the plan over the next year, as this plan is a living document, but it allows us a path forward to reopening schools with the most updated guidance.

The NUSD Safe Return to In-Person Instruction Plan was created with information from the Centers for Disease Control (CDC), the Arizona Department of Health Services (ADHS), and the American Academy of Pediatrics (AAP). However, NUSD is very fortunate to have practicing medical physicians, who are on the front lines fighting COVID-19, as well as officials from the Santa Cruz County Health Services Department who have also assisted with advising me, and the District, through the development and updating of this plan which will be submitted to the state.

Finally, while many of the practices and procedures we will put into place are for the safety and well-being of all stakeholders, they are also put into place because we care deeply about the health and safety of students, staff, families, and the entire Nogales community. In this time of crisis, we care about each child, each employee and each family. We do this not just because it is our responsibility to do so, but because the health and safe of our students, staff, and community are and will continue to remain our number one priority.

Sincerely,

Fernando Parra
Superintendent

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INTRODUCTION

The purpose of the American Rescue Plan Act Elementary and Secondary School Emergency Relief (ARP ESSER) III Funds is to help safely reopen and sustain the safe operations of school and address the impacts of COVID-19 on the nation's students by addressing students' academic, social and emotional learning needs.

This updated plan describes how the Nogales Unified School District #1 will maintain the health and safety of students and staff during and following the return to full-person instruction for the 2021-2022 school year.

The NUSD plan will include ongoing updates in response to guidance and/or requirements issued by the Centers for Disease Control and Prevention (CDC), the Arizona Department of Health Services (ADHS), and the American Academy of Pediatrics (AAP). The plan and any semiannual updates will be posted on the NUSD website at www.nusd.k12.az.us.

ARP ESSER III funds will be utilized to assist in plan implementation as well as to address the academic, social and emotional learning needs of students. The specific details of the way in which ESSER III funds will be utilized to support the plan is provided in the public presentation made on July 12, 2021, details publicized in the local newspaper on July 16, 2021 in which public feedback was requested, and information shared on the NUSD website and in social media. (See Appendix A for the presentation shared during the public presentation.)

2021-2022 SAFE RETURN TO IN-PERSON INSTRUCTION

This past school year, Executive Orders 2020-41, 2020-44, and 2020-51 governed the way schools resumed instruction for the 2020-2021 school year. Under E.O. 2020-41, all schools were able to offer instruction online, in-person or through a hybrid model. NUSD, utilizing data obtained from parent and staff surveys and informed by input from the Reopening of Schools (ROS) Advisory Committee, did offer all three models during the 2020-2021 school year.

For the 2021-2022 school year, these Executive Orders are no longer in effect. Changes in both A.R.S. § 15-808 and A.R.S. § 15-901 define requirements for instructional hours and instructional models that schools must follow moving forward.

Therefore, for the 2021-2022 academic year, all ten of the NUSD "brick-and-mortar" schools (those schools with a physical campus) will be returning to full in-person instruction, five days a week, on August 4, 2021. NUSD Online, the district's K-12 Arizona Online Instruction (AOI) school, will continue to offer a fully online model of instruction for enrolled students as an alternative to in-person instruction at the traditional schools.

STAFFING ASSIGNMENTS

At the district level, the Superintendent, in conjunction with District and Site Leadership, will continue to coordinate all messages to students, parents, staff, and the community regarding COVID-19-related information. Each school site and facility will have posters with messaging on hand-washing and covering of coughs and sneezes located throughout, along with posters at site entrances reminding individuals not to enter if sick and notifying everyone of mask requirements. (See Appendix B for CDC posters.)

At each school or site, a site administrator or designee will coordinate the implementation of the layered mitigation protocols in place for this school year. The site administrator will also coordinate implementation of cleaning protocols with the head custodian, including ensuring that sufficient cleaning supplies are available to custodial staff and, as appropriate, students and staff.

Additionally, at each school, a site administrator, the school nurse/health associate, or other designee will coordinate and implement the protocols set forth in the Protocols-Employees section of this document for staff. That individual will be responsible for:

- communicating any reported case of COVID-19 among the school population to the Human Resources Director who will inform the Superintendent.
- informing the site supervisor if absences of students and staff on any given day are far above average or if there appears to be a cluster of respiratory-related illnesses.
- Informing the Santa Cruz County Health Services Department of student and staff illness or exposures to determine implementation of quarantine or closure protocols.

The Student Services Director will coordinate with site-based staff to ensure that the needs of special education students and students with special needs are being met in the context of implementation of these safety protocols.

The English Language Acquisition Coordinator, in coordination with the Assistant Superintendent, will collaborate with site-based staff, including site SEI specialists, to ensure that the needs of English Language Learners are being met while safety protocols are being implemented.

In conjunction with District Leadership and high school administration, athletic directors and coaches will develop protocols that incorporate applicable Arizona Interscholastic Association (AIA) and CDC recommendations for athletic activities. (See Appendix C for the most recent AIA guidance for returning to athletic activities.)

PROTOCOLS: STUDENTS

Health and safety protocols, for the safety of students and staff, are established based on CDC and ADHS Guidelines along with any federal, state or local orders and laws. These practices are put in place as part of a general scale-up of operations and will be evaluated and updated as needed.

Face Coverings

Note: Cloth face coverings or non-medical masks may be used. Also, washing/sanitizing of hands should be done before and after putting on and taking off a mask.

Due to the recent passage of A.R.S. § 15-342.05 regulating face covering in schools, Arizona schools are prohibited from requiring the use of face coverings by students or staff during school hours and on school property.

However, as universal masking (the wearing of cloth masks or non-medical face masks) continues to be recommended by the CDC, ADHS, AAP, and local health advisors, NUSD will strongly recommended and encourage that face coverings be worn (except when eating) by all students and staff, subject to the health condition exception stated below and recommended by the CDC*.

*Any student who has difficulty breathing or who is incapable of physically removing the face masks on his/her own will not wear face masks, and alternate methods of protection will be discussed by parents and staff, including the use of a face shield.

Students may bring their own cloth or non-medical face mask to and from school. Schools also have a supply of face masks available to provide students who do not have their own and for students who arrive without a face mask and want to wear one. The District will also provide face shields as needed.

Note: Cloth and non-medical face coverings are designed to protect other individuals rather than the individual wearing the covering. Accordingly, the greater number of students and staff wearing face masks, the greater the overall transmission mitigation that will be achieved. Plastic face shields in combination with face masks, which provide additional protection for the wearer are also permitted.

Please be aware that on January 29, 2021, the CDC issued an Order (under section 361 of the Public Health Service Act (42 U.S.C. 264) and 42 Code of Federal Regulations 70.2, 71.31(b), 71.32(b)) that requires *"all persons must wear a masks over the nose and mouth when traveling on conveyances* [including school buses or other transportation] *into and within the United States*." This Order (see Appendix D) remains in effect and has not been revised.

Therefore, while masks are highly recommended for use at schools and on school property, as a result of this standing order, face masks continue to be required for

students, staff, and drivers on school buses to and from school, for athletic or other events, as well as in any other transportation including vans for school activities and events. Students or staff who do not have a mask will be issued one to utilize the transportation.

Before School Arrival

The CDC provides a "self-check" to help individuals make decision and seek appropriate medical care. The self-checker can be used for children (as well as staff) and can be found here: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

At Home - Daily Health Screenings and Reporting

Per CDC guidance, students must not come to school if they exhibit any of the following symptoms*:

- fever of 100.4 degrees or higher, or chills;
- shortness of breath or difficulty breathing;
- muscle aches;
- sore throat;
- headache;
- fatigue;
- change in congestion or runny nose not related to allergies*;
- cough;
- vomiting;
- diarrhea; or
- new loss of taste or smell.

**This list may not include all possible symptoms. The CDC will continue to update this list as more is learned about COVID-19.*

The District will continue to inform parents/families via registration documents, on the District and school websites, and via email or School Messenger reminders that they must screen students for the above symptoms each morning for students attending school in-person daily.

For the health and safety of other students, of teachers and staff, parents/families are required to conduct daily health screenings prior to sending their children to school. Parents/guardians should self-report symptoms and must keep students at home if any symptoms are present. Students who are ill should not come to school. Students will have the opportunity to make up work missed due to symptoms of COVID-19.

Parents/guardians are required to report a student, or any person residing with a student, testing positive for COVID-19. Please review the Reporting Procedures for COVID-19 Symptoms or a Positive Test section of this document.

If a parent believes their child has been exposed to COVID-19 but has not been tested or is not yet experiencing COVID-19 symptoms, they must inform their school principal for further guidance.

On Buses

Bus transportation to and from school will resume as normal this year and, as already discussed, masks will continue to be required while on the bus or van. Students riding the bus to school will be allowed to assemble at the bus stop while observing appropriate social distancing guidelines. Signage will be posted in English and Spanish on the exterior of the bus that communicates to parents which symptoms may be seen with COVID-19 and that students exhibiting symptoms should not enter the bus. Parents are encouraged to accompany children at bus stops to ensure distancing is maintained while children wait for the bus to arrive.

If a bus driver or aide observes a student exhibiting visible COVID-19 symptoms:

- The driver will contact their dispatcher who will notify the school that a potentially symptomatic student is arriving and should see the school health office.
- If the parent is at the bus stop, the driver or aide will inform the parent that visible symptoms are observed, advise the parent that the child should call in sick and that the school's health office may be contacting the parent when the child arrives at school. If the parent refuses to take the child home from the bus stop they will be advised that the child will be sent to the school's health office upon arrival to school.
- The driver or aide will ensure, as possible, that the student is socially distanced from other students.

If a student has a chronic condition such as allergies or asthma, parents should inform staff of that condition. If staff have been so informed, students with symptoms of runny nose or cough may be permitted to ride the bus.

Bus Seating

NUSD will transport those students who rely on busing services and will spread out riders as much as possible to create distancing given bus capacity. As the CDC order requiring masking on public transportation is still in place for the start of the 2021-2022 school year, bus drivers, aides/staff (if present), and students will be required to wear a face mask while on the bus to and from school. If students do not have mask, one will be provided for them. This masking rule also applies to all bus transportation related to student activities. Additionally,

- The bus driver will instruct students to load the bus from back to front to avoid students passing one another. When unloading, they will unload from front to back.

- The driver will instruct students to take seats that are spaced from one another as ridership allows. Depending on the number of students riding the bus, spacing students may not be possible.
- The driver will keep the seat immediately behind them unoccupied if feasible.
- Siblings may sit together.

Additional Bus Information

A communication will be shared with parents before in-person instruction begins that outlines standard busing information as well as special considerations under COVID-19.

Students will be encouraged to utilize provided hand sanitizer when entering and exiting buses.

School buses will be disinfected with an EPA-approved product twice daily: Once after the morning routes and once in the afternoon. Bus seats will also be disinfected between morning routes (elementary, middle and high school) as well as between each afternoon route (elementary, middle and high school). After disinfection activities involving aerosolized sprays are completed, windows will be opened to allow the bus to ventilate and air-dry.

Bus transportation to and from athletic events will continue this year as long as masking in-transit occurs as required.

School Arrival

Upon arrival at school, any student exhibiting symptoms of COVID-19 or other illness will be referred to the nurse's office for screening. Students who are identified as having a temperature will be sent to the health office for further evaluation and parent contact as necessary.

Students whose temperatures are 99.7 degrees will be rechecked to determine if they are running a fever or, especially for those students who walk to school or for students during warmer weather, if their temperature is simply elevated due to physical activity or the weather.

Upon arriving at school, students will proceed to pick up breakfast (secondary school students) and then go directly to the student's first period classroom at the start of the school day. Elementary students will have breakfast in the classroom as they have been doing prior to any closures related to COVID-19.

Each staff member will visually check each student for symptoms prior to students entering the classroom at the beginning of the day (or class) and throughout the school day. Any student with visible symptoms of a change in congestion or runny nose not related to allergies, cough, shortness of breath, or vomiting, will be sent to the health office. Parents may be contacted for pick-up with the following exceptions:

- If the student has a runny nose and the nurse/health associate observes that there are no other symptoms, the nurse/health associate will contact the parent to inquire as to whether the student has had any other symptoms or there have been any COVID-19 exposures in the home. If not, the student may return to class.
- If the student has health information on file that confirms a diagnosis of asthma or other respiratory condition and the nurse/health associate observes that there are no other symptoms, the nurse/health associate will contact the parent to inquire as to whether the student has had any other symptoms or there have been any COVID-19 exposures in the home. If not, the student may return to class.

Drop-Off/Pick-Up Procedures

To follow CDC guidelines regarding large gatherings and limit possible COVID-19 exposure, students will be dropped off and picked up from school without parents getting out of the car, with very limited exception and with the express permission from a site administrator that is provided for good cause. If a parent has prior permission to get out of the car during drop-off/pick-up, the student's arrival/dismissal to/from school may have assigned times different than the majority of students, depending on the situation.

If a parent walks a student to school, the parent will not be allowed to enter the school or grounds and must drop off the student outside of the gate or front entrance to the school. If parents/families ride a bike to school with student bike riders, parents will not be allowed to enter the school grounds and must drop off the student outside of the gate or school's front entrance.

Each school will have specific drop-off/pick-up procedures as necessary for their unique configurations and numbers of students attending school in-person.

Attendance Tracking

Attendance will be taken daily. At the elementary level, AM and PM attendance are submitted. At the 6-12 grade levels, attendance is taken each period.

If a student's parent or guardian has not contacted the school to document an excused absence, the student's absence will be recorded as unexcused. Per state requirements, students with ten consecutive unexcused absences will be dropped and be required to reenroll in the district.

NOTE: Schools will NOT give out attendance awards for the duration of the COVID-19 health crisis, including the 21-22 school year, so as not to incentivize attendance and conflict with the necessity of students to remain at home if they are ill or exposed to the virus.

Enhanced Physical Distancing

Basic Physical Distancing Practices

Staff members will educate and remind students regularly to maintain, if feasible, at least three feet of distance between individuals inside and outside of the classroom.

Elementary students will remain with the same groupings for a majority of the day, other than to participate in academic interventions. All elementary, middle school, and high school classroom spaces and other instructional spaces, such as computer labs and libraries, will have student seating be arranged to provide appropriate social distancing (3 feet) between students whenever possible.

Classroom Layout

As mentioned above, all schools will arrange furniture to physically distance desks and tables to meet CDC recommendations whenever possible and will have desks and tables faced in the same direction wherever feasible.

Hallways

Buildings with internal hallways will be marked with signage and/or adhesive tape to direct students to stay on one side of the hallway for each direction of travel. Where possible given the school layout, certain hallways may be designated one-way.

Playgrounds

Physical activity continues to be a vital part of a student's school day. Teachers will require students to wash their hands before and after recess and masks will be recommended. Because each school is unique, each school will specify playground procedures including use or non/use of playground equipment. If playground equipment is used, cleaning of equipment will be aligned to CDC recommendations.

Cafeterias and Meal Service

Schools will use various spaces, depending on grade level, during lunch including eating in the cafeteria and outside. Because masks cannot be worn while eating, students must eat within a 15-minute timeframe* (active eating time- once the student has begun to eat) and proper physical distancing is more important than ever. Students will be prohibited from sharing lunch items with each other.

** From the CDC: "Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure, but 15 minutes of close exposure can be used as an operational definition. Brief interactions are less likely to result in transmission."*

If eating in the classroom, students with food allergies may need appropriate accommodations. These may include, for example, taking the student to another location, such as a school conference room or the multipurpose room, with one friend (so long as social distancing can be maintained in the alternate location).

When eating in the cafeteria or other areas outside of the classroom, increased safety measures will include the following:

- Marking areas/tables indicating where students may sit.
- Assign students to a specific seat with a minimum of 3 feet between marked seats.
- Limit cafeteria seating to the number of assigned seats.
- If students line up for lunch service, only one class will be permitted to line up at a time, and markings will be placed on the floor to indicate where students should stand to maintain social distancing.
- Prohibit students from sharing lunch items with one another.

Free meals (breakfast and lunch) will be available for all students as part of the district's Community Eligibility Program enrollment.

Bathrooms

Students will enter bathrooms in groups no larger than the number of stalls/urinals in the bathroom. Posters and/or stickers on mirrors reminding students of proper handwashing techniques will also be displayed.

Front Offices

Plexiglas dividers have been installed and adhesive tape placed on the floor 3-6 feet from the front desk. Signage directing visitors not to come closer than the tape markings will be posted.

Hand Washing

All students and staff will wash their hands with soap and water for at least 20 seconds, using hand sanitizer with at least 60% alcohol content, via handwashing stations located on campus, in restrooms or classroom sinks at the following times:

- upon arrival at school (use hand sanitizer if there is no sink in the classroom),
- after being outside for physical activity,
- before and after lunch,
- prior to leaving school for home,
- after sneezing, coughing, or blowing nose, and
- prior to and after removing and putting on a face mask.

Student Belongings/Materials

Sharing of technology devices, school supplies and belongings among students will be very limited and only if it is absolutely necessary. If equipment or supplies must be shared by students, staff will disinfect the item after each use.

Trips and Activities

Field trips will not be permitted until further notice. Teachers may use virtual learning opportunities (such as virtual tours of museums) to enhance students' educational experiences.

School-wide assemblies will not be held with students assembled in the same physical location. As an alternative (if feasible), school-wide assemblies will be held virtually, with student groups remaining in their classrooms or some grade level groups may be able to assemble outdoors using appropriate physical distancing.

Large-scale school indoor events such as "Open House" will be cancelled for the time being to adhere to CDC guidelines and local requirements. Small-scale activities such grade level meetings or parent-teacher conferences may take place with expanded windows of time as well as with distancing protocols and other mitigation measures in place. These smaller scale events can also take place over the phone or by other electronic means.

To assist in the prevention of potential spread, NUSD will not offer field trips until further notice. Bus transportation to athletic events will resume and as long as physical distancing is utilized as feasible and masking in-transit is in place.

Specialized Classes

Because electives and special area classes are vital to the social and emotional well-being of many students, they are permitted. Some classes, such as, choir, band, and PE, may require alternative lesson plans to limit contact and the sharing of supplies, and to reduce the spread of respiratory droplets. Again, face masks are strongly recommended as outlined by CDC, ADHS, and AAP guidelines for schools.

PROTOCOLS: SCHOOL AND DISTRICT VISITORS

The District will limit nonessential visitors and volunteers at each of the school sites for the safety and well-being of students and staff.

Parent volunteers will not be used in classrooms at this time and the volunteer policy is suspended during the COVID-19 health crisis.

Staff will limit their meetings with parents or other people from outside of their work location. Meetings will be held virtually or telephonically whenever feasible. Staff or essential visitors will report to the front office, not go beyond unless it is necessary and must follow all safety protocols. Staff serving more than one school will need to follow all protocols when visiting schools.

Parents will report to the front office and not go beyond unless it is for the safety or well-being of their child and must follow all safety protocols including physically distancing as feasible and masking is also strongly encouraged for the health and safety of students, staff, parents, and community members.

PROTOCOLS: EMPLOYEES

Protocols are established based on CDC and ADHS Guidelines along with any federal, state or local orders. These practices are put in place as part of a general scale-up of operations.

Face Coverings

Note: Cloth face coverings or non-medical masks may be used. Also, washing/sanitizing of hands should be done before and after putting on and taking off a mask.

As already indicated, due to the passage of A.R.S. § 15-342.05 regulating face covering in schools, Arizona schools are prohibited from requiring the use of face coverings by students or staff during school hours and on school property. However, staff members are highly encouraged to universally mask during interaction with students or other staff unless they cannot do so for health reasons. In these cases, employees can also explore other options for maintaining safety protocols including the use of a face shield.

Unless a health condition prevents it, custodial staff are also highly recommended to wear a face cloth or non-medical face mask and must wear other personal protective equipment, such as googles and gloves, while cleaning and disinfecting the schools and district facilities. Universal masking, wearing of cloth or non-medical face masks, will be recommended to be worn by students and subject to the health condition exception stated below*.

*Any employee who has difficulty breathing or who is incapable of physically removing the face masks on his/her own should not wear face masks, and alternate methods of protection could be used, including the use of a face shield.

Employees may bring their own cloth or non-medical face mask to and from school. Schools and sites will have a supply of face masks available to provide employees who do not have their own and for employees who arrive without a face mask. The district will also provide face shields as needed.

Note: Wearing cloth and non-medical face coverings does not replace the need to maintain physical distancing of at least 3 feet whenever possible. Accordingly, the greater number of employees wearing face masks, the greater the overall transmission mitigation that will be achieved. Plastic face shields in combination with face masks, which provide additional protection for the wearer, will not be required, but are permitted.

Exposure Assessment and PPE

Prior to allowing employees to report to work, district administration, in conjunction with relevant site supervisors and department supervisors, will assess each work site to

determine whether PPE is necessary for specific positions in order to limit the spread of COVID-19.

Daily Screening

Prior to employees returning to campus, they will be sent a copy (or directed to review a copy on the district or school website) of this plan. As part of this process, the District will send communication to all employees that outlines the symptoms for which employees must screen each morning, as well as the expectation that employees will not report to work if they are exhibiting any symptoms.

The District will require, as part of the employee orientation and return to work for the 2020-2021 school year, a documented acknowledgement from employees regarding these protocols and agreeing to screen themselves before reporting to work. (See Appendix D for the Safety Guidelines for Returning Healthy and Safe to the Workplace Standard Operating Procedure (SOP) and Acknowledgement.)

The CDC provides a "self-check" to help individuals make decision and seek appropriate medical care. The self-checker can be found here: https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Employees will not be allowed to work onsite if they exhibit any of the following symptoms:

- fever of 100.4 and higher or chills,
- shortness of breath or difficulty breathing,
- muscle aches,
- sore throat,
- headache,
- fatigue,
- change in congestion or runny nose not related to allergies,
- cough,
- vomiting,
- diarrhea, or
- new loss of taste or smell.

Employees will be provided these guidelines and standard operating procedures electronically and asked to complete a confirmation of their receipt and compliance with these guidelines and procedures.

Additionally, the employee will take his/her temperature, if feasible, at home and assess whether or not she/he is experiencing any of the stated COVID-19 symptoms prior to arriving at work.

Employees are required to report to the Human Resources Department if they or a person who resides with them, have tested positive for COVID-19. If an employee

believes that they have been exposed to COVID-19 but have not been tested or experienced any symptoms, they must seek guidance from the Human Resources Department. (See Appendix E for Protocols Regarding Actions Steps Upon Possible COVID-19 Exposure.)

Handwashing

Employees are required to wash their hands with soap and water for at least 20 seconds, or use hand sanitizer with at least 60% alcohol at the following times, at minimum:

- upon arrival at school or district facility;
- before and after putting on and taking off a face mask;
- after being outside for student physical activity;
- before and after lunch;
- after sneezing, coughing, or blowing nose; and
- after physical contact with other staff or students.

Enhanced Physical Distancing

Employees are required to maintain a distance of at least three feet between individuals at all times, unless this is not physically possible or, for a student's or other person's safety. If a situation arises that requires a staff member to touch a student or another staff member (for instance, if a student requires toileting help, is having a physical emergency, etc.), the staff member will resume physical distancing as soon as safely possible, wash their hands, and disinfect any surfaces they touched.

PROTOCOLS: CLEANING AND DISINFECTING

Protocols are established based on CDC Guidelines along with any federal, state or local orders. These practices are put in place as part of a general scale-up of operations.

Cleaning and disinfecting will be maintained to the greatest extent possible. Custodial schedules will be adjusted to place focus on cleaning and disinfecting routinely throughout the day. EPA-registered hospital grade cleaners and disinfectants will be used daily on frequently touched surfaces in classrooms and common areas, such as door handles, sink handles, drinking fountains, desks and learning tools. Custodial staff have received training in the use of these products, other equipment that has been purchased to disperse the products, and the appropriate use of PPE to be utilized as they work with these products.

Restrooms will be cleaned and disinfected frequently throughout the day, particularly on frequently touched surfaces to reduce the risk of contamination. Additionally, all staff will be provided with disinfecting solutions and special microfiber cloths to be used as needed in work areas between classes, at workstations, and in common areas. Instructional staff will be provided information regarding the "dwell time" or time that the disinfectant must be left on the surfaces to be cleaned before being wiped off by the microfiber cloth. This time is typically 5 to 10 minutes.

The playground, sports equipment, and any other shared items (if they are being used) will be cleaned between uses by instructional and custodial staff utilizing district-provided and approved cleaning products.

REPORTING PROCEDURES: COVID-19 SYMPTOMS OR A POSITIVE TEST

The CDC's, State and County Health Departments' procedures for reporting COVID-19 symptoms or COVID-19 positive tests change periodically. The following procedures will be updated as necessary. Employees, parents and families will be notified of major changes to reporting procedures.

If a person becomes sick with COVID-19 symptoms or reports a positive COVID-19 test, the procedures listed below should be followed:

1. Immediately report the situation ONLY to:
   a. If a student: School Principal
   b. If an employee: Human Resources Director for district staff or Principal for school staff

Confidentiality must be maintained to the greatest extent possible.

2. If an employee develops COVID-19 symptoms at work, the employee will be separated from all other students, staff, or visitors, and sent home in a safe manner If the employee is able to self-transport, the employee will leave the site. If the employee is not able to safely self-transport, a family member, friend, or other method of transport to get the employee home or to a health care provider will be arranged by the site supervisor. If the employee appears to be in medical distress, 911 will be called.

3. If a student develops COVID-19 symptoms at school, the student will be separated from all other students and staff, with the exception of one staff member to supervise the student. This staff member will wear additional PPE (a face shield, gloves, etc.) and maintain a distance of at least 6 feet from the student at all times, unless there is an emergency. The school will immediately notify a parent or emergency contact to pick up the student and call 911 if the student appears to be in medical distress.

4. Areas that were exposed to the symptomatic employee or student for a prolonged period of time will be thoroughly cleaned and disinfected per CDC guidelines. Depending on the situation, the areas of exposure may need to be closed for a 24-hour period.

5. The site supervisor will determine whether other employees or students may have been exposed to the symptomatic individual within 6 feet and for a prolonged period of time (typically longer than 15 minutes). If so, the site supervisor will notify the Human Resources Director. If it is determined that those who were potentially exposed should be notified, the notification will recommend that exposed individuals monitor their health closely, contact their health care provider if possible, and if symptoms develop, self-quarantine.

Guidelines for School Community Member Exposed to COVID-19

Employees or students who have developed COVID-19 symptoms or had a positive COVID-19 test may not return to the site until they have met the CDC or State/County Health Department guidelines at that moment in time. The guidelines in this area change regularly, but below are the steps recommended most recently.

Person	Exposure to	Recommended Precautions
• Household member • Intimate partner • Individual providing care in a household without using recommended infection control precautions • Individual who has had close contact (<6 feet) for a prolonged period of time	• Person with symptoms compatible with COVID-10 • Person with laboratory-confirmed COVID-19	• Stay home until 14 days after last exposure and maintain physical distance (at least 6 feet) from others at all times • Self-monitor for symptoms o Check temperature twice a day o Watch for COVID-19 symptoms • Avoid contact with people at higher risk for severe illness (unless they live in the same home and had same exposure)

If the students or staff develop any symptoms, they must cease school work immediately and contact their health care professional for COVID testing and follow the recommendations below:

Isolation Recommendations:

- If a patient is symptomatic and has a positive PCR or serology, the patient should be isolated until:
  1. At least 10 days have passed since symptoms first appeared; -AND-
  2. At least 3 days (72 hours) have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications AND improvement in respiratory symptoms (including cough, shortness of breath/difficulty breathing, sore throat, and loss of taste or smell).
     - If the date of symptom onset is unknown, then use the date of COVID-19 test collection.
- If a patient is symptomatic and has a negative PCR or serology, the patient should be isolated until:

    1. At least 3 days (72 hours) have passed since resolution of fever (including fever, chills, rigors, and body/muscle aches) without the use of fever-reducing medications AND improvement in respiratory symptoms (including cough, shortness of breath/difficulty breathing, sore throat, and loss of taste or smell).
- If a patient is asymptomatic and has a positive PCR test, the patient should be isolated until:
    1. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not developed symptoms since that test.
- If a patient is asymptomatic and has a positive serology test: encourage the patient to obtain a PCR-based test AND use a cloth face covering while outside your home for at least 10 days after the test specimen was collected.
    1. If the patient is a healthcare worker or first responder, they should wear a surgical face mask while working for 10 days after the test specimen was collected.
- If a patient is asymptomatic and has a negative PCR or serology: no isolation

Communicating and Consulting with Local Health Authorities

In coordination with the Human Resources Director, the District's Lead Nurse will be the point of contact for the Santa Cruz County Health Services Department if there are verified cases in the facility or an increase in cases in the local area. The District will follow any additional guidance required by these departments.

At this time, if an instructional staff member or student is identified as positive for COVID-19, local medical officials recommend that students and staff who have had a significant exposure (close contact for 15 minutes or more within less than 6 feet) should quarantine at home as described in this section. Health personnel further suggested that anyone potentially exposed should wait 2-5 days before being tested as testing earlier may result in a false negative. They advised that site staff work closely with exposed students and staff on an individual basis to determine the appropriate time to return to school and recognized that current delays in obtaining testing results could impact this timeline.

A protocol to interview staff and students that will help identify possible student and/or staff exposures to COVID-19 will continue to be utilized to assist both school staff and local health officials in contact tracing efforts and implementation of isolation procedures. (See Appendices E and F.)

Additionally, the district not only continues collaboration with local health officials for the purposes above and to promote and share information regarding COVID-19 vaccinations but will continue to partner with Mariposa Community Health Center staff to implement the School Telemedicine Program, which will assist staff, students, and parents in obtaining medical support and arranging COVID-19 testing.

APPENDICES

APPENDICES

APPENDIX A: ESSER III PRESENTATION

ESSER III – PROPOSED EXPENDITURES INCLUDING 20% TO ADDRESS LEARNING LOSS AND SOCIAL-EMOTIONAL LEARNING

GOVERNING BOARD INFORMATIONAL PRESENTATION

JULY 12, 2021

OVERVIEW

1. ESSER III Allocation and Set-asides
2. Safe Return to In-Person Instruction Plan
3. Proposed ESSER III Expenditures
   a. Operations
   b. Safety and Security
   c. Curriculum and Instruction

ESSER III ALLOCATION AND SET-ASIDES

ESSER III ALLOCATION AND SET-ASIDES

NUSD's ESSER III allocation is $17,374,993.51. These funds can be spent through September 30, 2024, are highly flexible, and are designed to help address local recovery efforts relative to responding to COVID-19.

ESSER III differs from the first two ESSER awards. For this grant there is a:

- New 20% required set aside to address learning loss using evidence-based academic, social and emotional learning. The NUSD set-aside, based upon the above allocation, is $3,474,998.70.
- ESSER III LEA plan and a Safe Return to In-Person Instruction plan that will provide opportunities for input and feedback from stakeholders as part of the ongoing revisions/updates of the plans.

20% SET-ASIDE TO ADDRESS LEARNING LOSS

20% of an LEA's total ESSER III award (per ARP Act Sec. 2001(e)(1)) must be reserved to address learning loss through the implementation of evidence-based interventions.

All activities and interventions funded through this required set aside must be evidence-based, respond to students' academic, social, and emotional needs and address the disproportionate impact of COVID-19 on vulnerable student populations, including each major racial and ethnic group, children from low-income families, children with disabilities, English learners, gender, and migrant status, students experiencing homelessness, and children and youth in foster care.

20% SET-ASIDE TO ADDRESS LEARNING LOSS

According to ESSER III federal guidance from the United States Department of Education (USDOE), expanded learning opportunities (ELOs) offered as part of ESSER III funding to address learning loss may include:

- Summer learning or summer enrichment programs (which NUSD has already begun to implement)
- Extended day or comprehensive afterschool programs (that NUSD offers and plans to expand)
- Extended school year programs (which NUSD provides for identified special needs students)
- Other intervention strategies which could be during the regular school day (NUSD also offers in-school interventions which could be expanded)

[redacted]

SAFE RETURN TO IN-PERSON INSTRUCTION PLAN

[redacted]

SAFE RETURN TO IN-PERSON INSTRUCTION PLAN REQUIREMENTS

All LEAs receiving ESSER III funds must develop and make publicly available on their website, a plan for the Safe Return to In-Person Instruction and Continuity of Services.

The previous ESSER Reopening of Schools plan will be revised to address the new requirements to be in place for the first day of the 2021-2022 school year.

LEAs will seek public input and take such input into account in the development and revision of the plan as it is updated.

The plan must be updated at least every 6 months, or more often depending on updates in CDC guidance – through September 30, 2023.

SAFE RETURN TO IN-PERSON INSTRUCTION PLAN REQUIREMENTS

The Plan must include how the district will maintain the health and safety of students, educators, and other staff and the extent to which it has adopted policies/procedures, and a description of any such policies/procedures, on each of the following safety recommendations established by the CDC. Specifically the plan will address:

- Universal and correct wearing of masks (NUSD strongly suggests continued use which is compatible with the passage of A.R.S. 15-342.05)
- Modifying facilities to allow for physical distancing (e.g., use of cohorts, etc.)
- Handwashing and hygiene protocols
- Cleaning, disinfecting, and maintaining healthy facilities plans (which will continue using a weekly Wednesday early release schedule for deep cleaning of facilities and professional development for staff)
- Contact tracing in combination with isolation and quarantine will continue (in collaboration with the State and local, health department officials and through referrals as part of the collaboration with Mariposa Health Center)

SAFE RETURN TO IN-PERSON INSTRUCTION PLAN REQUIREMENTS

Plan continued:

- Efforts to support the provision of vaccinations to school community members through local health officials
- Appropriate accommodations for children with disabilities with respect to health and safety policies
- Continued coordination with State and local health officials and partnership of medical officials who are part of the district's advisory team
- Availability of NUSD Online as an option for K-12 families who want a completely online instructional model for the 21-22 school year as we return to in-person instruction at the brick-and-mortar schools this fall

[redacted]

PROPOSED EXPENDITURES

[redacted]

PROPOSED EXPENDITURES

As expenditures that meet the ESSER III requirements were identified, including the set-asides, they were classified as falling into one of three categories:

- Operations
- Safety and Security
- Curriculum and Instruction

PROPOSED EXPENDITURES - OPERATIONS

Operational expenses to support local recovery needs and efforts in response to COVID-19 comprise the smallest amount of the ESSER III allocation.

The expenditures falling into the operations category total approximately $1,797,000.

These expenditures include about $800,000 for summer school utilities and $100,000 related to summer school transportation for this summer as well as summer 2022 through summer 2024, which will constitute part of the 20% set-aside for learning loss.

Additionally, $897,000 has been earmarked for technology-related purchases under this category, including a multiple-year purchase for anti-virus software programs, and systems for online payment, student registration, and document signature that were funded from prior ESSER grants.

PROPOSED EXPENDITURES – SAFETY AND SECURITY

The CDC recommends key prevention strategies for safely reopening schools that includes use of PPE, handwashing, proper ventilation/purification, and cleaning/disinfection to maintain healthy facilities.

USDOE, in ESSER III guidance, indicates that these strategies work best in combination and school districts should do what they can to address other infrastructure issues, such as ensuring that preexisting ventilation and plumbing needs do not inhibit healthy learning environments as students return to school buildings full-time. Therefore, expenditures for improvements in ventilation systems, air purification systems/devices, and touchless plumbing are recommended.

PROPOSED EXPENDITURES – SAFETY AND SECURITY

Approximately $3,640,000 is allocated for expenditures in the safety and security category over the grant period (which end in fall of 2024).

A majority of these expenditures, or approximately $2,737,000, is allocated for PPE, air purification equipment, and disinfecting products to be utilized through September 30, 2024 in school facilities. Another $20,000 are designated for costs related to disinfecting summer school buses over the grant window and approximately $18,000 for the cleaning and disinfecting of music instruments.

$695,000 are allocated to purchase and install touchless faucets and automatic toilet flush devices across the district, minimizing contact in what are otherwise very high-touch areas.

About $14,000 has been allocated for online professional development related to COVID-19 safety training for all staff through the online SafeSchools portal.

The remaining $156,000 of funds this category are for the purchase of four vans to use for the transportation of small groups to allow for social distancing during school trips or activities.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

This is the largest category of ESSER III expenditures allocated to support district recovery needs and efforts in response to COVID-19. **In total, approximately $10,680,000 is designated for costs related to curriculum and instruction.**

This category includes a majority of the expenditures which comprise the required set-aside to address learning loss and social-emotional learning other than those already discussed that fall into the operational category.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

All activities and interventions funded through the new 20% reservation for addressing learning loss will be evidence-based, respond to students' academic, social, and emotional needs and address the impact of COVID-19 for all students.

The USDOE indicates to address academic and social-emotional learning, expanded learning opportunities (or ELOs) will be provided. These ELOs should be structured, engaging learning environments that support and complement what students are learning in class. ELOs can occur outside of the traditional school day through before- and after-school, summer, and extended-day, -week, -year programs. These programs offer more personalized learning opportunities for students and can include learning opportunities during the school day. The district offers such ELOs and will continue implement them, expanding as necessary to meet student needs.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

Additionally, although not required as part of ESSER III, to effectively implement the expanded learning opportunities as part of the set-aside, please note all NUSD schools will be conducting ongoing data and student progress monitoring meetings throughout the school year to monitor student attendance and grades as well as formative benchmark assessment and classroom data.

By viewing this data at not only the school and grade level, but drilling down to the classroom and student levels, these data meetings will strengthen each school's ability to provide specific and timely interventions, including during school interventions, before- or after-school tutoring, and summer school. All of the ELOs implemented will be data-driven and structured to align with student needs as identified through benchmark results.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

As part of the plan to address learning loss through the set-asides, the district will use certified educators as tutors and funds will be utilized for addenda to hire and retain qualified educators to provide expanded learning opportunities in the form of tutoring.

The research indicates that tutoring can be an effective intervention for a wide range of students if provided as "high dosage tutoring." This means tutoring that is provided consistently by well-trained tutors or educators at least three days per week for at least 30 minutes at a time in small groups of students. In NUSD, tutoring will continue to take place before or after school 3 times week for 45 minutes a day.

To this end, $209,000 been identified for expenditures related to the expansion of tutoring programs at the high school level from ESSER funding to supplement existing tutoring addenda paid from other grants.

Additionally, $693,000 has been allocated for instructional materials purchased for tutoring and other ELO interventions.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

As discussed, summer learning programs are another type of allowable ELO that can offer another opportunity to accelerate learning, especially for those students most impacted by disruptions to learning during the school year.

USDOE ESSER III guidance indicates that schools and districts should design programs that are voluntary, are at no cost to parents, have a high academic focus, last about 4-5 weeks, include a focus on language arts and mathematics (at the K-8 level), are taught by a certified teacher, and include enrichment and social-emotional learning activities.

As part of this category and the required set-aside, $2,180,000 for K-12 summer school teachers for this year and through the summer of 2024 has been allocated to meet student needs. $198,100 has been included for support staff that provide assistance during summer school.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

As part of "other" expanded learning opportunities eligible for the set-aside, orientation programs for both incoming kindergarten and incoming sixth grade students, have been demonstrated to increase academic success.

For incoming kinder students, an opportunity to be involved in summer orientation programs that focus on early language skills, literacy, numeracy, and social-emotional skills have been demonstrated to help students thrive in school.

Similarly, orientation programs offered for incoming sixth graders help make the transition from elementary school to the middle school a smooth one. Students learn study skills, make friends, meet teachers, and learn how to be successful in middle school.

$43,700 of the ESSER set-aside funds will be allocated to provide summer orientation programs for incoming kindergarten and sixth grade students.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

Research also recommends that districts scale up existing tutoring programs by engaging with community partners that already have existing programs that have benefitted students and work with them to support afterschool, weekend, and summer enrichment opportunities for students enrolled in these programs.

Although not an expenditure ESSER funding, the district has submitted a microgrant to support a partnership and data-sharing with the Boys and Girls Club (BGC), where a number of our students are enrolled and attending during the school year for tutoring and homework support as well as during the summer.

Through this partnership, the district will share training in effective reading and math instructional strategies with BGC staff and work collaboratively to monitor student progress for district students enrolled in their programs. Additionally, schools will share information regarding homework with BGC staff to support their efforts to assist our students and families in this expanded learning opportunity. The goal is to eventually enable this agency to expand by providing services at school sites through other grant funding.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

The district has entered into partnerships with the Santa Cruz County Superintendent's office and the Arizona's Children Association. The County Superintendent's Office will provide a variety of social-emotional learning activities at each school and provide staff training in this area. The district will also continue the agreement with the Arizona's Children Association to provide counseling services for students and families at no charge to the district. Additionally, leveraging other grant funds, two additional elementary counselors have been added for the upcoming school year.

Expenditures to meet students' social and emotional learning (SEL) needs have been included in the ESSER III grant as part of the required 20% set-aside. This includes $324,000 for a site SEL coordinator through FY 24 for each school and funding to employ a 1.0 FTE psychologist. $30,000 in SEL materials and professional development will also be provided through the ESSER III funds.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

Moving from curriculum & instruction expenditures that fall under the 20% set-asides to discussing other curriculum & instruction expenditures that will be included in the ESSER III funding, research identifies the importance of helping parents and caregivers understand students' progress by sharing information on student opportunities to learn, academic progress, and performance on state and local assessments.

One approach to providing information to parents and caregivers is by hosting parent meetings/trainings that provide instructional information, including training on how to access and understand instructional assessment data, to support parents and caregivers as true educational partners.

$58,000 for FY22 through FY24 for the coordination and implementation of parent education programs, including funds allocated for childcare for these events has been allocated.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

Numerous research studies shows that high-quality curricula materials that are aligned to current state standards can reduce variability in the quality of instruction across classrooms, improve use of evidence-based pedagogical techniques, and help boost student achievement.

Limited capital funding available from the state for more than fifteen years has significantly impeded the district's ability to move forward with a textbook adoption cycle for core content areas. However, to address this critical need, $5,245,000 textbooks and supplementary instructional materials has been allocated using ESSER III funds for this purchase.

Research also indicates that, as we begin to enter the post-pandemic era, differentiated instruction may be the single most important instructional strategy that can be provided. Online instructional programs are an effective way to supplement core instruction and provide differentiation to meet individual students needs, providing both remediation and acceleration. Therefore, $514,200 has been included in the grant for the purchase of instructional software.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

The importance of thoughtful processes for implementation of new curricula, online programs, and other instructional materials--especially instructional materials that were intentionally designed to facilitate shifts in teacher practice—is critical for successful use.

Preparing teachers and staff by providing them with the knowledge and skills to ensure that the adoption of high-quality instructional materials translates into improvements in student achievement is key. Case studies demonstrate that when provided with the appropriate supports, teachers and staff can develop the content and pedagogical knowledge that they need to help their students successfully tackle the challenging material found in high-quality curricula.

To support the purchase and implementation of online instructional programs such as Edgenuity, high-quality K-12 textbook adoptions for the core content areas, and the effective implementation of scientifically-based intervention materials, $45,000 in ESSER III funds have been allocated for professional development for teachers and staff. In addition to this, additional district funds have been utilized to engage in curriculum work with teachers already this summer.

PROPOSED EXPENDITURES – CURRICULUM & INSTRUCTION

Before COVID-19, schools across the country were at different stages in learning how to leverage technology to support teaching and learning. However, COVID-19 required a sudden and complete shift to hybrid and remote learning, which NUSD successfully navigated this past year. Moving into the 21-22 school year, technology will continue to play an important role in instructional design and learning for students.

As previously shared, the district is completing the purchase of additional laptop computers for students, providing a computer cart for each classroom in the district schools. The district is now able to provide a one-to-one ratio of computers for students. Laptop computers for teachers will also be purchased. To support this technology expenditure for these items, $1,140,000 is included in grant for instructional technology needs.

PROPOSED EXPENDITURES

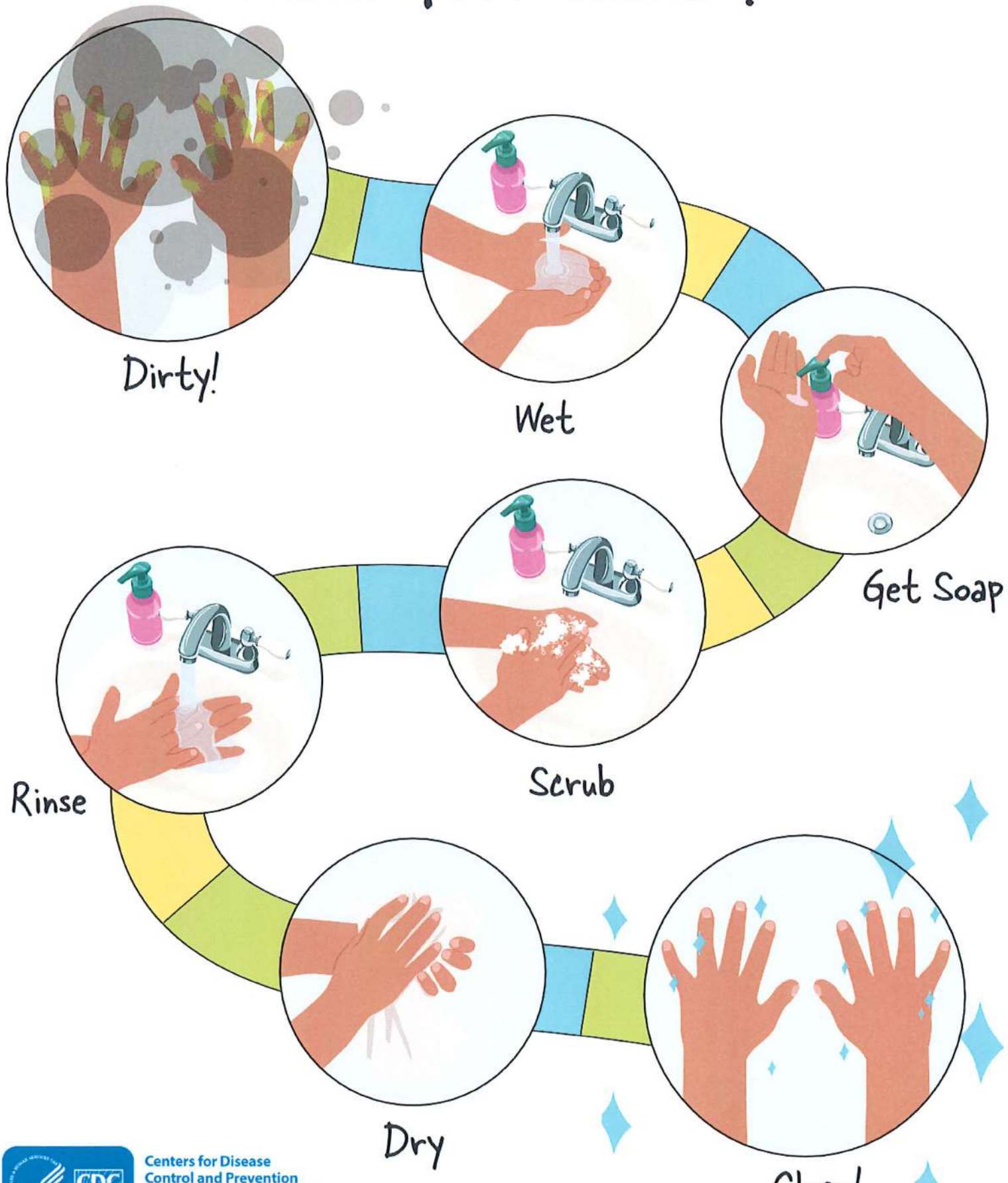
This completes the explanation of proposed ESSER III expenditures for the operations, safety and security, and curriculum & instruction categories.

A summary of these ESSER III expenditures will be included in the ESSER plan information provided to stakeholders and the explanation of the Safe Return to In-Person Instructional plan for NUSD that is shared publicly. All of this plan information, as well as any subsequent updates to these plans, will be posted on the NUSD website.

THANK YOU

APPENDIX B: CDC POSTERS

Wash Your Hands!



Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

www.cdc.gov/handwashing

CS267057-A

A HEALTHY FUTURE IS IN YOUR HANDS

CLEAN HANDS KEEP YOU HEALTHY

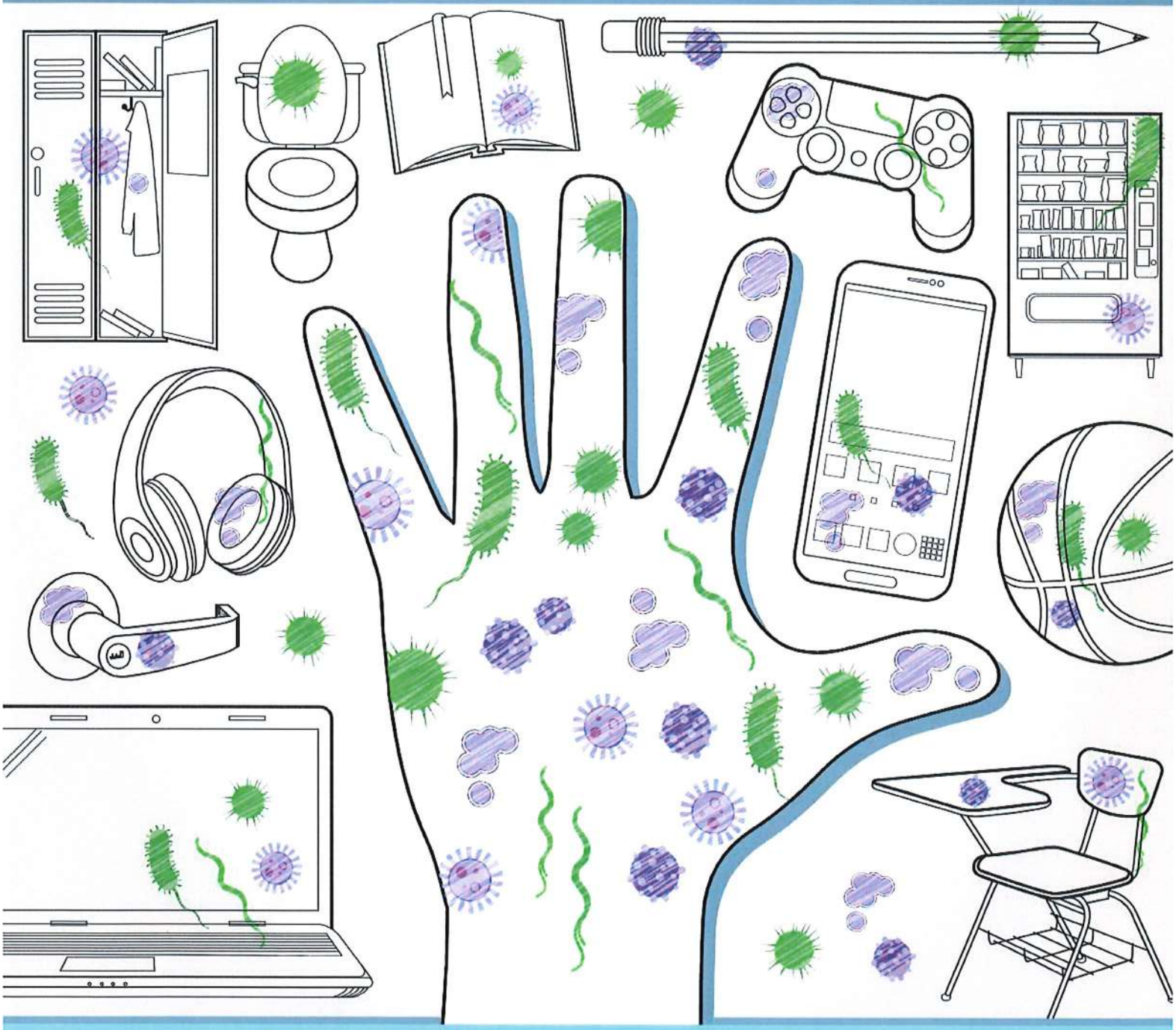
Accessible version: www.cdc.gov/handwashing

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

281776-A

GERMS

are all around you.

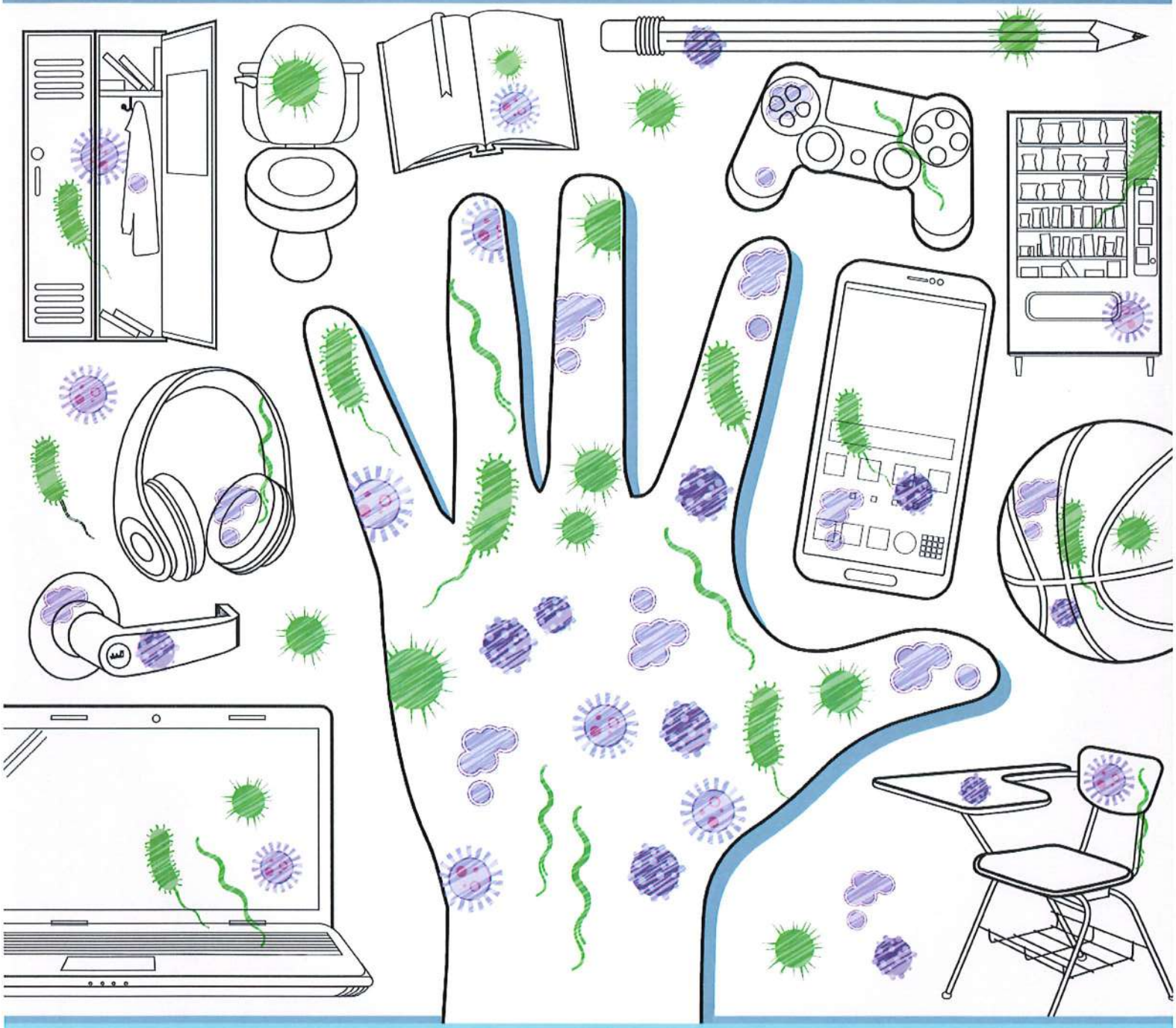


Stay healthy.
Wash your hands.

CS294906-F

www.cdc.gov/handwashing

Los MICROBIOS están por todos lados.



Mantente sano.
Lávate las manos.

www.cdc.gov/handwashing/esp

CS294906-F

HANDWASHING

is your superpower!

CS294906-E

www.cdc.gov/handwashing

CDC

Tu superpoder es

LAVARTE LAS MANOS

CS294906-E

www.cdc.gov/handwashing/esp

HANDWASHING

is your superpower!

CS294906-E

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CDC

Tu superpoder es

LAVARTE LAS MANOS

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APPENDIX C: AIA COVID-19 RETURN TO PLAY GUIDANCE

Updated: 7/26/2021

Arizona Interscholastic Association
Recommended Guidelines for Returning to Athletic Activity

The Arizona Interscholastic Association (AIA) strongly supports the return of athletics and competitive sports. However, it must be done so in the safest way possible. The following document provides guidance and recommendations for continuing athletic activity in AIA member schools and programs while COVID-19 is present in the community. As a living document, this may be updated as new information and recommendations become available. Authored by members of the Sport Medical Advisory Committee, this document includes recommendations for athletes, coaches, administrators, and facilities.

The Centers for Disease Control (CDC) recognizes the benefits of physical activity particularly in this time of the COVID-19 pandemic. The challenge is to support physical activity in a manner that follows federal, state, county, and district public health guidelines to reduce the spread of illness amongst athletes, coaches, athletic training staff, and the community. This document outlines current recommendations from the CDC regarding safe participation in sport.

Continued presence of COVID-19 in the Community

COVID-19 is and will continue to be present in our communities indefinitely. As long as there is active community spread which means that new cases are still increasing we must all be stewards of maintaining a healthy community by limiting the spread of disease.

There are now very effective vaccines to reduce the spread of COVID-19 and the severity of the illness. Vaccination is the single most effective measure at this time to prevent the spread of COVID-19 in the community. As of July 16th, 2021, the CDC updated the guidelines for fully vaccinated people. Fully vaccinated people are defined as those who are at least 2 weeks from their second dose in a 2-dose series (Pfizer-BioNTech or Moderna) or at least 2 weeks from a single dose vaccine (Johnson & Johnson/Janssen). There is currently no post-vaccination time limit for fully vaccinated status. COVID-19 Vaccine is now available for all people 12 years and older. The AIA **strongly recommends** that all members of the athletic community who are able to receive COVID-19 vaccine are vaccinated. Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people, from being infected with SARS-CoV-2, or having severe infection with SARS-CoV-2.

Fully vaccinated people can:

- Resume activities without wearing masks or physically distancing at all team activities except where required by federal, state, local, tribal, territorial, or school district laws, rules and regulations
- Resume competition schedules that require travel outside of their local community without testing before or after travel
- Resume domestic travel without testing upon return or having to self-quarantine after arriving back
- Refrain from testing following a known exposure if asymptomatic
- Refrain from quarantine following a known exposure if asymptomatic

Guiding principles for fully vaccinated people

- Indoor and outdoor activities pose minimal risk to fully vaccinated people
- Fully vaccinated people have a reduced risk of transmitting SARS-CoV-2 to unvaccinated people
- Fully vaccinated people should still get tested if experiencing COVID-19 symptoms
- Fully vaccinated people should monitor for symptoms of COVID-19 for 14 days following an exposure.

- Fully vaccinated people should not visit private or public settings if they have tested positive for COVID-19 in the prior 10 days or are experiencing COVID-19 symptoms.
- Fully vaccinated people should continue to follow any applicable federal, state, local, tribal, or territorial laws, rules, and regulations.

The recommendations established prior to having an effective vaccine will remain in place for all unvaccinated people. These considerations include promoting behaviors that reduce the spread of illness, maintaining a healthy environment, maintaining healthy operations, and having protocols and procedures in place for when someone gets sick. These recommendations should also remain in place while there is still substantial or greater community spread for all members of the athletic community as no vaccine is 100% effective.

I. <u>Guidelines for ALL Members to Maintain a Healthy Athletic Community</u>

A. **Promoting behaviors that reduce the spread of illness**

a. Stay home when sick
b. Healthy hygiene
   i. Wash hands
   ii. Discouraging spitting
   iii. Cover your mouth and face if you sneeze or cough
   iv. Shower immediately upon arriving home and wash hands after placing clothes in a place to be washed that other people living in your house are not in contact with
c. Avoid touching face with hands
d. Ensure vaccinations are up to date
   i. Flu and COVID-19 vaccinations are also strongly recommended
e. Adequate supplies
   i. Soap
   ii. Hand sanitizer
   iii. Paper towels
   iv. Tissues
f. Posting signs and messaging
   i. Proper way to wear a mask
   ii. Proper hand washing
   iii. Proper way to disinfect surfaces

B. **Maintaining healthy environments**

a. Practice in areas with good outside airflow
b. Encourage **unvaccinated** members of the team to have his/her own ball, additional equipment, and protective gear
   ii. All gear shall be disinfected before and after all training sessions
   iii. Each athlete has own water bottle and towel
c. Encourage continued mitigation measures in **ALL** members, but especially unvaccinated members
   i. Continue wearing cloth face coverings
   ii. Maintain 6 feet between others when possible
   iii. Indoor classroom based activities when not physically active such as game film review
   iv. In athletic training room while receiving/administering treatment
d. Cleaning and disinfecting frequently touched surfaces between uses and deep cleaning daily

C. **Maintaining healthy operations**

a. Designated COVID-19 point of contact
b. Implement communication systems regarding COVID-19 exposures
   i. Add reporting pathway to emergency action plan for school
c. Provide education to coaches and staff on protocols for COVID-19

d. Daily symptom reporting of coaches, athletes, and staff

D. General Guidelines for Athletic Training Staff

a. Athletic training staff may continue treating athletes but are encouraged to follow guidelines to maintain a healthy environment and practice healthy operations in a medical environment
   - All members of the athletic community should wear a mask at all times while in athletic training facility and/or when receiving treatment
   - Athletic training facility shall be disinfected before and after athletes receive treatment

E. Protocol for sick athlete, coach, staff member, or person who is determined to be a close contact of a person who is sick with COVID-19 symptoms or who has tested positive for COVID-19

a. Do not come to practice or sports activity and do not return until he/she has met the CDC's criteria to discontinue home isolation.
b. Provide sick individual and his/her family with home isolation criteria
c. Avoid contact with other members of team
d. Notify team COVID-19 point of contact immediately
   i. Follow directive from county and state health department
e. If athlete, coach, or staff member becomes sick at athletic practice/contest/event:
   i. Remove person who is sick from contact with anyone else present
   ii. Notify team COVID-19 point of contact
   iii. Arrange for transportation of sick person to home or medical facility as needed
   iv. Area where individual was when they became sick should be closed for a minimum of 24 hours and then cleaned and disinfected per CDC protocol (see section on Recommendations for Facility Management)
   v. All close contacts of the sick individual shall be screened for symptoms by the team's COVID-19 point of contact and will be instructed to quarantine until they meet criteria to discontinue home isolation as determined by the COVID-19 point of contact. All members of the athletic community should monitor for symptoms over a 14-day period. If symptoms develop the sick individual will follow the return to play guidance for a sick athlete.
      - Definition of a close contact
        - Individual (mask or no mask) who has been <6 feet for greater than 15 minutes (does not have to be consecutive), has had direct physical contact, or who has had direct exposure to infected body fluids with a person who has tested positive for COVID-19 (with symptoms or without symptoms).
        - Period of contact occurred from 2 days before symptom onset or positive test whichever is first until that individual meets criteria for discontinuing home isolation.
f. Do not return to practice until they have met CDCs criteria to stop home isolation and are cleared by physician and athletic training staff if available to begin a return to play progression.
g. Close contacts will be cleared to return to sports related activities by the COVID-19 point of contact once they meet **ONE** of the following criteria
   1. Individual who is a close contact is fully vaccinated from COVID-19 which has been verified AND individual does not have any COVID-19 symptoms
      a. Individual should continue to monitor for symptoms for 14 days
      b. If any symptoms develop, athlete must quarantine at that time and should be tested with a PCR test as it is possible for vaccinated individuals to develop COVID-19, although it is rare. If the athlete is positive then they will need to follow the protocol for a COVID-19 + athlete.
   2. A negative COVID-19 PCR test
      a. Test should be performed a minimum of 7 days from last exposure to a person with COVID-19
      b. The individual has no symptoms of COVID-19
      c. The individual is a minimum of 10 days from last exposure to a person with COVID-19

3. A minimum of 14 days have passed from the last exposure to a person with COVID-19
    a. An athlete will need to obtain medical clearance AND follow the 7-day return to activity progression

h. Athletes who have positive COVID-19 test will require clearance by a qualified medical professional to return to practice and are required to follow the COVID-19 return to play protocol due to the risk of cardiac complications from COVID-19 (see section on Return to Play Recommendations after COVID-19 illness).
i. Athletes who had a positive COVID-19 test and meet the criteria for return to play after a positive COVID-19 test do not need an additional test that is negative prior to returning to sports. Per the most recent CDC guidelines, current data shows that "a person who has recovered from COVID-19 may have low levels of virus in their bodies for up to 3 months after diagnosis. This means that if the person who has recovered from COVID-19 is retested within 3 months of initial infection, they may continue to have a positive test result, even though they are not spreading COVID-19."

F. Recommendations for Athletes who are on Home Isolation or Quarantine

a. As long as the exposed athlete remains without COVID-19 symptoms while in self-isolation, they are encouraged to engage in stage 1 and stage 2 exercises as tolerated and as long as the athlete is able to maintain self-isolation while engaging in these activities.

If symptoms develop, the athlete is "presumed positive" and shall, follow the guidelines set forth in Section E, Part A for a COVID-19 positive individual.

If no symptoms develop in that 14 day period, the individual in self-isolation is encouraged to have a COVID-19 PCR test (nasal swab or saliva testing only) performed between 10-14* days from the last exposure to the COVID-19 positive individual. If documentation of this negative test is presented and the individual remains without COVID-19 symptoms, the individual is allowed to return to athletics on day 15 after the last known exposure without needing to complete the COVID-19 return to play clearance form or needing to complete a gradual return to play protocol.

*Negative tests obtained on days 1-9 of the self-isolation period will not be accepted for clearance under this protocol because of the high rate of "false negative" test results that may occur during this time.

Please direct families and members of the athletic community needing a COVID-19 test to the Arizona Department of Public Health and Maricopa County testing locations websites. It is also important to note, that test results may take several days to become available. It is important to ask the testing site how long it will take for the individual to receive the test results to make sure this does not limit their ability to return to play at the conclusion of the 14-day self-isolation period if the individual is negative.
https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-testing

https://www.maricopa.gov/5588/COVID-19-Testing

If the member returning to athletics after a 14-day self-isolation period is unable to provide documentation of a negative COVID-19 PCR test through the process described above, the individual will remain "presumed positive" and must complete a COVID-19 return to play clearance form and complete the gradual return to play protocol as outlined in the following section.

G. **Returning to Participation Following COVID Exposure or Diagnosis**

a. **COVID-19 Positive Athlete**

Should an athlete have a positive COVID-19 test they will need to follow the return to participation protocol outlined below. The AIA has developed the COVID-19 Return to Play Form and mandate that this form (or a district specific equivalent form) must be completed by a qualified medical provider prior to the athlete returning to practice. Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport. There is limited research in this area particularly in youth athletes to standardize clinical decision making. For these reasons, it is strongly recommended that this form be completed by the patient's primary care provider who is preferably an MD or DO. Evaluation and management by the primary care provider allows for the patient's past medical and cardiac history to be known.

The school's medical staff (athletic trainer and team physician) should develop a list of referrals for local pediatric and family practice providers that includes all health systems (to account for various insurances) for patients who may not currently have a medical home. This list should be provided to families who do not have an identified primary care physician along with information on the CDCs self-isolation criteria and the COVID-19 return to play form.

Families have a minimum of 10 days to establish and arrange an appointment with a primary care provider for clearance to begin the return to sport protocol.

The evaluation to determine whether an athlete is ready to begin the return to play progression must include:

- ❑ A minimum of 10 days have passed from the date of the positive test result
- ❑ Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- ❑ No fever (≥100.4F) for minimum of 10 days without fever reducing medication
- ❑ COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved
- ❑ Athlete was not hospitalized due to COVID-19 infection.
- ❑ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with daily activities	YES ❑ NO ❑
Unexplained Syncope/near syncope	YES ❑ NO ❑
Unexplained/excessive dyspnea/fatigue w/ daily activities	YES ❑ NO ❑
New palpitations	YES ❑ NO ❑
Heart murmur on exam	YES ❑ NO ❑

*If any cardiac screening question is positive or if athlete had moderate or severe COVID-19 infection as defined by 4 days or more of fever, a week or more of myalgia, chills, or lethargy, non-ICU hospital stay, or ICU hospitalization, or diagnosis of MIS-C, further workup is recommended based on the Return to Play After COVID-19 Infection in Pediatric Patients Clinical Pathway, an example of which is found on the AIA website for reference.

If the athlete has met the above criteria, they may begin a return to play progression under the supervision of the school's athletic trainer or other school personnel. Each stage must be completed without development of chest pain, chest tightness, palpitations, excessive fatigue, lightheadedness, pre-syncope or syncope. If these symptoms develop at any stage, the patient shall be referred back to the evaluating provider who signed the form. This protocol will take a minimum of 7 days to complete.

Stage	Timing	Activities
Stage 1	2 days minimum	Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (eg. walking, jogging, stationary bike). No resistance training
Stage 2	1 day minimum	Light activity with simple movement activities (eg. Running drills) for 30 minutes or less at an intensity no greater than 80% maximum heart rate. No resistance training
Stage 3	1 day minimum	Progress to more complex training for 45 minutes or less at an intensity of no greater than 80% maximum heart rate. May add light resistance training.
Stage 4	2 days minimum	Normal training activity for 60 minutes or less at an intensity no greater than 80% maximum heart rate
Stage 5		Return to full activity

II. Recommendations for Athletes and Coaches

Five factors for safer participation in sport while there continues to be moderate or substantial community spread are addressed in this section. These factors include the continued presence of COVID-19 in the community, metrics and benchmarks for level of community spread, heat related illness, injury prevention upon return to sport after a prolonged period of relative inactivity, and the pre participation physical.

A. Return to Athletics with a Continued Presence of COVID-19 in the Community

There are five key components to continuing school sponsored athletics. First, is the risk of spread of illness from the way sports are played and the way equipment is shared. Second, is the setting of the sport activity. Third is the quality of the school's mitigation plan, or what they have put in place to reduce the spread of COVID-19 amongst players, coaches, and athletic staff. Fourth, is the level of spread occurring within the community. Fifth, is the number of vaccinated versus unvaccinated members of the team. Each of these components and the factors to consider as decisions are being made regarding sports participation and what mitigation strategies should remain in place. These factors serve as the foundation for the recommendations for return to sport found at the end of this section.

a. **Factors to consider when assessing risk of spread in sports activities**
   a. Physical closeness of players and the length of time that players are close to each other or to staff.
   b. Amount of necessary touching of shared equipment and gear.
   c. Ability to engage in social distancing while not actively engaged in play.
   d. Players or staff at higher risk of developing serious disease.
   e. Size of the team.
   f. Nonessential visitors, spectators, volunteers.
   g. Travel outside of the local community.

b. **Risk of COVID-19 spread in athletic sports settings**
   a. Lowest Risk: performance skill-building drills or conditioning at home, alone or with family members.
   b. Increasing Risk: team-based practice.
   c. More Risk within-team competition.
   d. Even More Risk: Full competition between teams from the same local geographic area.
   e. Highest Risk: Full competition between teams from different geographic areas.

c. **Strategies to reduce the spread of COVID-19**
   a. Promoting healthy behaviors
      i. Stay home when appropriate
         1. Actively sick

2. If you have tested positive for COVID-19
3. If you are UNVACCINATED have close contact with a person who tests positive for COVID-19

ii. Frequent and proper handwashing
1. Hand sanitizer with a least 60% alcohol available

iii. Discouraging spitting
iv. Proper disposal of tissues
v. Teach and reinforce the use of masks
vi. Signs and messages promoting above behaviors

b. Maintaining healthy environments
i. Clean and disinfect frequently touched surfaces
ii. Identify adult staff members/volunteers to ensure proper cleaning and disinfection of objects and equipment at practice especially if needed to be shared.
iii. Develop a schedule for increased routine cleaning and disinfecting
iv. Adequate supplies to minimize sharing of protective gear or equipment
1. If equipment must be shared, limit to one small group and clean and disinfect between use

v. Keep player's belongings separated from others'
vi. Modified Layouts and Social Distancing
1. Assign staff to ensure social distancing is occurring
a. Provide physical guides
2. Space players 6 feet apart at all times
a. Warmup
b. Skill building activities
c. Simulation drills
3. Discourage unnecessary physical contact
a. High fives
b. Handshakes
c. Fist bumps
d. Hugs
e. Hands-on coaching
4. Practice outdoors whenever possible
a. Minimize indoor practice time and/or maximize outdoor air circulation
5. Athletes should remain masked at all times when not actively playing including during bus/car transportation to/from sports events
6. Closed shared spaces such as locker rooms
a. If they must be used, clean and disinfect between use

c. Maintaining healthy operations
i. Provide low risk options for players or staff who are considered high risk of severe illness from COVID-19
ii. Follow public health department guidelines for group gatherings/events
iii. Limit non-essential visitors particularly if **unvaccinated**
iv. Identified COVID-19 points on contact
v. Communication systems
1. Symptom reporting for players, coaches, umpires and athletic staff
2. Ensure school has worked with local public health department to draft a letter for COVD-19 point of contact to distribute to anyone identified as a close contact of a person who is positive for COVID-19 and their family when appropriate.

vi. Recognize signs and symptoms of COVID-19
1. Encourage sick players to stay home

d. Have a COVID-19 emergency action play for when someone gets sick
i. Refer to section on Protocol for sick athlete, coach, staff member or a person with whom they live

d. **Level of spread within the community**
   a. Minimal community spread (green)
      i. <10 cases/100,000
      ii. <5% of COVID-19 PCR tests performed are positive
      iii. <5% of hospital visits due to COVID-like illness
   b. Moderate community spread (yellow)
      i. 10-100 cases/100,000
      ii. 5-10% of COVID-19 PCR tests performed are positive
      iii. 5-10% of hospital visits due to COVID-like illness
   c. Substantial community spread (red)
      i. > 100 cases/100,000
      ii. >10% of COVID-19 PCR tests performed are positive
      iii. >10% of hospital visits due to COVID-like illness

e. **Vaccination Status**
   a. Verify and record vaccination status of athletes on annual sports physical form
   b. Attach/Scan a copy of their vaccination card to sports physical form
   c. All support staff for athletic teams should provide proof of vaccination status
   d. If vaccination status is not able to be verified, then individual will be assumed to not be fully vaccinated and appropriate protocols should be followed.

B. **Heat Related Illness**
   a. **Please refer to the recently updated AIA HEAT ACCLIMATIZATION & EXERTIONAL HEAT ILLNESS MANAGEMENT POLICY** https://www.aiaonline.org/files/16362/article-41-sports-medicine.pdf

C. **Injury Prevention Recommendations for Return to Sport after a Prolonged Period of Inactivity**

Return to sport considerations should take place throughout the different phases of reopening to ensure that athletes are adequately prepared to participate in their respective sport. Due to school closures and a statewide stay at home order, Arizona interscholastic athletes have been out of sports participation for several months. During this time, Arizona athlete's activities levels have been variable. As athletes begin returning to sports, coaches, parents, and athletes must understand the potential consequences of this period of inactivity and the resulting detraining.

Detraining is defined as a decrease in performance and loss of physiological adaptations following a reduction in the frequency, volume, and/or intensity of training. In athletes, periods of detraining can lower maximal oxygen uptake, shorten the time to exhaustion during activity, and reduce strength and power. In addition, detraining can have negative consequences on health metrics such as higher resting, submaximal, and maximal heart rates, lower blood volume and stroke volume, higher blood pressure and weight gain. Lastly, after periods of inactivity there is a greater risk of non-contact (exertional or systemic) injury, such as sudden cardiac death, exertional heat illness, and exertional rhabdomyolysis if the return to training is not adjusted to account for an athlete's lower fitness level (NCCSIR).

The current transition period should follow a similar approach as to returning to sport following an extended time away due to injury. Reconditioning will take time and needs to be done slowly to avoid injury. The Collegiate Strength and Conditioning Coaches Association and the National Strength and Condition Association outline recommendations for safe return to training following inactivity (Caterisano, 2019). In general, workouts should have lower work to rest ratios (i.e. more breaks) and progress on a weekly basis. The general structure of the return to training protocol should be used for high school athletes, but the specific workloads may need to be adjusted for the adolescent age group. The table below provides an overview of recommendations for transitioning after periods of inactivity with percentage reduction of volume and workload for the first 2-4 weeks of returning to training.

Table 2 Overview of recommended guidelines for training after transition periods				
Status	**Conditioning activities**	**Testing**	**Weight training**	**Plyometrics**
Midseason athletes	Conditioning program on file with appropriate sport administrator			
Returning athletes or new sport coach	50/30% weekly reduction from max conditioning volume on file over 2 weeks. Even distribution per week.	20/10% weekly reduction in workload (volume, intensity, or rest time) for any tests over 2 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30 (Tables 7 and 8).	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.
New athletes or new head strength coach	50/30/20/10% weekly reduction from max conditioning volume on file over 4 weeks. Even distribution per week.	50% reduction in testing volume, completed on first day. 30/20/10% weekly reduction in test volume if repeated in following 3 weeks.	FIT rule to guide volume, intensity, and W:R ratio over 2 weeks. IRV between 11 and 30 (Tables 7 and 8).	<70 foot contacts per session first week, 1:4 W:R. <100 foot contacts/session, 1:3 W:R second week. Intensity as appropriate.

(Caterisano, 2019)

Specific to weight training, special care should be made in the first two weeks in regards to volume, intensity, and frequency. The table below summarizes recommendations for returning to weight training.

Table 8 The FIT rule			
Category	**Week 1 parameter**	**Week 2 parameter**	**Citation**
Frequency	3 sessions/wk maximum	4 sessions/wk maximum	McMaster et al., (95)
IRV	11–30 units	11–30 units	McMaster et al., (95)
Time rest interval	1:4 W:R minimum	*1:3 W:R minimum	Casa et al., (25)
*W:R ratio after 2 weeks should be a minimum of 1:2 for the remainder of the preseason (21).			
IRV = intensity relative volume.			

(Caterisano, 2019)

D. Pre Participation Guidelines

a. All AIA athletes are required to have a Pre Participation Sports Physical for the 2021-2022 season dated on or after March 1st, 2021.
b. Vaccination status should be documented on sports physical form
c. If vaccinated, a copy of the vaccination card should be uploaded or attached to annual sports physical form

III. Recommendations for Administrators

It is recommended that administrators strive to meet the guidelines for all of your athletic and activity programs on a daily basis. Athletes, coaches and staff should be informed, encouraged, and reminded to practice healthy habits to minimize the spread of infection. Your training facilities, courts, fields, and athletic training facilities should be healthy environments for athletes, coaches and staff. Establish protocols for maintaining healthy operations with consistent delivery through all programs at your school. Lastly, establish protocols for when there is a sick member or household contact of a member of the athletic community in one of your programs.

A. Promoting Behaviors that Reduce the Spread of Illness

a. Ensure signage is posted throughout institution
    i. Signs and symptoms of COVID-19
    ii. How to protect yourself and others
    iii. Healthy habits

1. Proper hand washing and frequency
2. Cover coughs and sneezes
3. Don't touch your face

iv. What to do if you are sick

b. Water bottles
   i. Athletes shall fill up their own water bottle in a contactless system when possible
   iii. Alternatively, athlete shall use hand sanitizer before and after filling up his/her water bottle

B. Maintaining Healthy Environments

a. Ensure that adequate supplies that reduce the spread of illness are available and accessible for all in person sessions
   i. Hand sanitizer
   ii. Soap
   iii. Paper towels
   iv. Tissues
   v. Garbage cans
   vi. Equipment surface cleaners and rags – one per piece of equipment

C. Maintaining Healthy Operations

a. Designate a COVID-19 point of contact for each of your programs
   i. Athletic trainer
   ii. School nurse
   iii. Athletic director
b. Educate athletic community on the COVID-19 communication pathway
   i. Add to the school's emergency action plan
   ii. Shall start with reporting any illness to the COVID-19 point of contact
c. Provide education to all coaching staff on COVID-19 protocols and procedures at your institution
d. Ensure that screening of ALL **at-risk** members of the athletic community prior to all in-person activities
   i. Fever (reported or measured)
   ii. Loss of smell and/or taste
   iii. Sore throat
   iv. Cough
   v. Difficulty breathing
   vi. Body aches
   vii. Runny nose
   viii. Sinus congestion
   ix. Headache
   x. Lymph node enlargement
   xi. Contact with COVID19 positive person
e. Ensure daily symptom reporting is occurring
f. Develop accommodations for athletic community members who are at increased risk of severe illness or have a person living in their home who is in one of these high risk groups and is unable to be vaccinated
   i. Please refer to the CDC (https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html/) for a list of groups at higher risk for severe disease from COVID-19
g. Enforcement of established cleaning protocols

D. Communication with Community

a. Message to public – primarily parents and families of athletes
   i. Steps being taken to reduce the risk of illness in athlete and his/her family
      1. Encouraging all members of the athletic community to receive COVID-19 vaccine
      2. Encouraging **ALL** athletes and coaches to wear masks when not exercising in enclosed spaces
   ii. Facility cleaning and disinfecting plan
      1. What you are doing
      2. How you are doing it
      3. Why you are doing it
   iii. New facility policies

1. Keep your child home if he/she is sick and notify coach and/or COVID contact point for team
2. If there is a sick family member at home and the athlete is unvaccinated, he/she should also remain at home to monitor for symptoms

b. Utilize your resources to deliver the message
   i. COVID-19 point of contact person
      1. Helps to establish his/her presence in the community
   ii. Team physician(s) and/or other medical personnel who work directly with the athletics community
   iii. School nurse
   iv. Coaches and staff
      1. Encourage them to be the example
   v. Signage around the institution
   vi. Website, social medial, other electronic communication

F. SUSPENSION OR DISCONTINUATION OF COMPETITION

Attempting to play sports during the COVID–19 pandemic involves significant risk. The strategies and guidelines outlined in this document are recommended to mitigate that risk to a level that allows for safer participation in sport while COVID-19 continues to be present in the community. Participation in sport is reasonable as long as there are established policies that are followed with strict enforcement.

The ability to participate in sports should be continually reassessed based on local and state levels of community spread as well as the school's mitigation practices. The level of community spread is determined by the CDC, local, county, and state public health departments based on benchmarks based on number of positive tests per 100,000 people, percent of positive tests, and hospital bed availability to name a few. If the local, county, or state public health department changes the level of community spread for a community, then the schools in that community should limit athletic participation to those activities that are permitted for the current level of community spread. Qualified medical professionals, school administrators, and school boards should work closely with local public health officials to stay up to date with standards and guidelines to ensure continued safe play.

Each school (or district) should develop plans based on these criteria to temporarily suspend or stop individual or all sports as appropriate. The following criteria can be used to create a stop/pause protocol that can be applied at the school, district, local and state level. Considerations regarding suspending sport-related activities where physical distancing cannot be maintained should include:

1. Inability to isolate new positive cases and/or quarantine high risk unvaccinated contacts.
2. Inability to provide appropriate medical care or screening within the school to provide a safe environment.
3. Lack of ability to supply appropriate cleaning materials or staff needed to maintain a safe environment.
4. Lack of availability or inability for members of the athletic community to obtain COVID19 testing.
5. Inability to perform adequate contact tracing.
6. Anytime in-person school instruction is suspended due COVID-19 cases, in-person sports activities should also be suspended until it is determined to be safe to resume in-person activities by school officials in conjunction with the local public health department.
7. Staff members, coaches or students not following mitigation standards put forth by their institution or AIA and after appropriate education and warnings have been instituted.

Limitations of Activity due to COVID-19 positive athletes, coaches, or athletic staff on a team

- An outbreak is defined as two or more laboratory-confirmed COVID-19 cases among students or staff with onsets within a 14-day period, who are epidemiologically linked, do not share a household, and were not identified as close contacts of each other in another setting during standard case investigation or contact tracing.

- Anytime there are multiple members of a team who develop COVID-like symptoms or have a positive COVID-19 PCR test a consideration of suspending athletic activity for unvaccinated members should be considered.

- The number of team members, coaches, or staff working with a team who develop acute COVID-like illness or positive COVID-19 PCR tests on a team that call for a suspension of in person activities is defined as >2 members per team for teams with 25 or more members and 2 members for teams with less than 25 members.

- Once the above numbers are reached, all team activities for unvaccinated members should be paused for a minimum of 8 days from the last exposure of the team to the sick individual and if the sick members were fully vaccinated consideration should be made to suspend activities for the whole team.

- The time should be extended if other members of the team develop symptoms.

- The team should not resume activities until 8 days have passed from start of symptoms of the last team member to develop symptoms or the last member to have a positive COVID-19 PCR test.

- During the suspension of team activities, the school should work closely with the local public health department to ensure that appropriate contact tracing is completed so that those who are ill or determined to be close contacts of those who have a positive COVID-19 PCR test are placed in quarantine to reduce the spread of illness.

- All unvaccinated athletes, coaches and staff with acute COVID-like illness or positive COVID-19 PCR testing will be quarantined for at least 14 days and then will be cleared only by a health care professional utilizing the AIA Return to Play Form.

  "Team" in this context is defined as an individual sport plus its sub-category: Example JV football is one team; Varsity football is another team. If more than one sub-team practices together, for example JV Women's Volleyball and Varsity Women's Volleyball practice together sharing equipment, completing drills or scrimmages together than they would be considered ONE team for the purpose of this document.

IV. Recommendations for Facilities Management

In addition to hand washing and social distancing, maintenance of athletic facilities is essential to preventing the spread of infection. For facility staff, particularly those charged with regular cleaning of high-touch areas and equipment, proper training can help slow and prevent the transmission of disease.

Below are key points for maintaining healthy environments that are recommended for review with facilities management personnel.

A. Prior to opening of facilities, institutions shall ensure the following

a. Ventilation systems are operating properly
b. Increasing circulation of outside air as much as possible
c. All water systems and features are safe to use after a prolonged shut down
d. Minimize frequent touch points throughout facility
   i. Ensure no-touch features are working properly
      1. Faucets
      2. Soap dispensers
      3. Hand dryers
      4. Paper towel dispensers
      5. Toilet flush valves

6. Motion controlled light switches

ii. Consider installing no-touch features where possible

iii. Prop doors open where possible

B. Use the CDCs reopening tool to develop a facilities management cleaning plan (CDC Re-Opening America Cleaning and Disinfection Decision Tool)

a. Determine what will remain in the facility or what will be removed to minimize cleaning and exposure

b. Determine what needs to be cleaned – soap and water

c. Determine what needs to be disinfected – EPA list of approved products

d. Frequency of cleaning and disinfecting

e. Ensure the institution has adequate supplies to perform cleaning and disinfecting on protocol schedule

i. Ensure cleaning supplies are readily available when athletic facilities are in use

f. Follow the Environmental Protection Agency 6 Steps for Safe and Effective Disinfectant Use (EPA 6 Steps for Safe Disinfectant Use)

C. Develop and implement a deep cleaning protocol (visit CDC's website on How to Clean and Disinfect)

a. To be performed at the end of the day by facility staff

D. Develop and implement a protocol for cleaning frequently touched surfaces (CDC Guidance for Cleaning and Disinfecting Public Spaces - Schools)

a. Shall be implemented after each athlete uses a piece of equipment if there is shared equipment such as in the weight room AND after each small group training session prior to the next group entering the training environment.

b. Each member of the athletic community shall be educated in this protocol to be an active participant

c. Protocol shall include the following information

i. If any personal protective equipment needs to be worn when using the product

ii. How long the product needs to sit on the surface prior to using it again (contact time)

iii. Who is responsible for the cleaning of the equipment

1. Recommend including all members of the athletic community

iv. Frequency of cleaning

1. Before and after each new training group

2. Before and after each new person using equipment

a. If athletes are following each other in a circuit and observed the person before them clean after he/she used the equipment, the new athlete does not need to clean again prior to use, but shall clean after use

d. Provide education to all members of the athletic community regarding frequently touched surfaces that need to be cleaned and/or disinfected throughout the day

i. Tables

ii. Doorknobs

iii. Light switches

iv. Countertops

v. Handles

vi. Desks

vii. Phones

viii. Keyboards

ix. Toilets

x. Faucets and sinks

xi. Balls, mats, bleacher seats

xii. Free weights, weight machines, treadmills, cardio machines,

xiii. Athletic training facilities, equipment, first aid supplies

xiv. Touch screens

xv. Audio-Visual equipment

E. **Establish protocol for cleaning athletic area where someone with suspected/confirmed COVID-19 was present**
   a. Please follow CDC recommendation for U.S. community facilities with suspected/confirmed coronavirus disease 2019 at CDC's website on How to Clean and Disinfect
   b. If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary

Resources:

Caterisano, A, Decker, D, Snyder, B, et al. CSCCa and NSCA Joint Consensus Guidelines for Transition Periods: Safe Return to Training Following Inactivity. Strength and Conditioning Journal; 2019;41(3).

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USOPC Sports Medicine. Return to training considerations post COVID-19.

This article originally appeared in the May 2020 issue of Athletic Business with the title "Proper products, education create a healthy gym environment." Athletic Business is a free magazine for professionals in the athletic, fitness and recreation industry.

Return to Play (RTP) Procedures After COVID-19 Infection

Athletes must complete the progression below, under the supervision of the athletic trainer or other school personnel, without development of chest pain, chest tightness, palpitations, lightheadedness, pre-syncope or syncope. If these symptoms develop, patient should be referred back to the evaluating provider who signed the form.

Stage	Timing	Activities
Stage 1	2 days minimum	Light activity for 15 minutes or less at an intensity no greater than 70% of maximum heart rate (eg. walking, jogging, stationary bike). No resistance training
Stage 2	1 day minimum	Light activity with simple movement activities (eg. running drills) for 30 minutes or less at an intensity no greater than 80% maximum heart rate. No resistance training
Stage 3	1 day minimum	Progress to more complex training for 45 minutes or less at an intensity of no greater than 80% maximum heart rate. May add light resistance training.
Stage 4	2 days minimum	Normal training activity for 60 minutes or less at an intensity no greater than 80% maximum heart rate
Stage 5		Return to full activity

Cleared for Full Participation by School Personnel (Minimum 7 days spent on RTP): _____

RTP Procedure adapted from Elliott N, et al. Infographic. British Journal of Sports Medicine, 2020

AIA COVID-19 Return to Play Form

If an athlete has tested positive for COVID-19, has had a close contact with an individual who has COVID-19 and develops symptoms but was not tested, or was placed on self-isolation and did not develop symptoms, the athlete must be cleared for progression back to activity by a qualified medical provider. Individuals who have had COVID-19 are at risk of developing severe cardiac complications that can affect participation in sport. There is limited research in this area particularly in youth athletes to standardize clinical decision making. For these reasons, it is strongly recommended that this form be completed by the patient's primary care provider. Evaluation and management by the primary care provider allows for the patient's past medical and cardiac history to be known.

Name: _____ DOB: _____ Date of Positive PCR Test: _____

THIS RETURN TO PLAY IS BASED ON TODAY'S EVALUATION

Date of Evaluation: _____

Date symptoms started_____ Date of last fever (≥100.4F) _____

Criteria to return (Please check below as applies)

- ❑ Symptoms are resolved or nearly resolved, any remaining symptoms are not interfering with daily activities without medication
- ❑ No fever (≥100.4F) for minimum of 14 days without fever reducing medication
- ❑ COVID-19 respiratory and cardiac symptoms (moderate/severe cough, shortness of breath, fatigue) have resolved
- ❑ Athlete was not hospitalized due to COVID-19 infection.
- ❑ Cardiac screen negative for myocarditis/myocardial ischemia (All answers below must be no)

Chest pain/tightness with daily activities	YES ❑ NO ❑
Unexplained Syncope/near syncope	YES ❑ NO ❑
Unexplained/excessive dyspnea/fatigue w/ daily activities	YES ❑ NO ❑
New palpitations	YES ❑ NO ❑
Heart murmur on exam	YES ❑ NO ❑

NOTE: If any cardiac screening question is positive or if athlete was hospitalized, had prolonged fevers (greater than 3 days) or was diagnosed with multisystem inflammatory syndrome in children (MIS-C), further workup is recommended based on the Return to Play After COVID-19 Infection in Pediatric Patients Clinical Pathway.

- ❑ I am familiar and have reviewed the athletes past medical, social, cardiac, and family history and have no concerns with the athlete starting a return to play progression.
- ❑ Athlete HAS satisfied the above criteria and IS cleared to start the return to activity progression.
- ❑ Athlete HAS NOT satisfied the above criteria and IS NOT cleared to return to activity

Medical Office Information (Please Print/Stamp):
Recommended: Primary Care Physician or MD/DO

Evaluator's Name: _____ Office Phone: _____

Evaluator's Address: _____

Evaluator's Signature: _____

APPENDIX D: CDC ORDER (MASK WEARING ON CONVEYANCES)

CENTERS FOR DISEASE CONTROL AND PREVENTION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ORDER UNDER SECTION 361 OF THE PUBLIC HEALTH SERVICE ACT (42 U.S.C. 264) AND 42 CODE OF FEDERAL REGULATIONS 70.2, 71.31(b), 71.32(b)

REQUIREMENT FOR PERSONS TO WEAR MASKS WHILE ON CONVEYANCES AND AT TRANSPORTATION HUBS

SUMMARY:

Notice and Order; and subject to the limitations under "Applicability," pursuant to 42 U.S.C. 264(a) and 42 CFR 70.2, 71.31(b), and 71.32(b):

(1) Persons[1] must wear[2] masks over the mouth and nose when traveling on conveyances into and within the United States. Persons must also wear masks at transportation hubs as defined in this Order.

(2) A conveyance operator transporting persons into and within the United States[3] must require all persons onboard to wear masks for the duration of travel.

(3) A conveyance operators operating a conveyance arriving at or departing from a U.S. port of entry must require all persons on board to wear masks for the duration of travel as a condition of controlled free pratique.[4]

(4) Conveyance operators must use best efforts to ensure that any person on the conveyance wears a mask when boarding, disembarking, and for the duration of travel. Best efforts include:

- boarding only those persons who wear masks;
- instructing persons that Federal law requires wearing a mask on the conveyance and failure to comply constitutes a violation of Federal law;
- monitoring persons onboard the conveyance for anyone who is not wearing a mask and seeking compliance from such persons;
- at the earliest opportunity, disembarking any person who refuses to comply; and
- providing persons with prominent and adequate notice to facilitate awareness and compliance of the requirement of this Order to wear a mask; best practices may include, if feasible, advance notifications on digital platforms, such as on apps, websites, or email;

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[1] As used in this Order, "persons" includes travelers (*i.e.*, passengers and crew), conveyance operators, and any workers or service providers in the transportation hub.

[2] To "wear a mask" means to wear a mask over the nose and mouth.

[3] This includes international, interstate, or intrastate waterways, subject to the jurisdiction of the United States.

[4] As a condition of this controlled free pratique to commence or continue operations in the United States, conveyance operators must additionally require all persons to wear masks on board conveyances departing from the United States and for the duration of their travel until the conveyance arrives at the foreign destination if at any time any of the persons on the conveyance (passengers, crew, or conveyance operators) will return to the United States while this Order remains in effect. This precaution must be followed regardless of scheduled itinerary.

posted signage in multiple languages with illustrations; printing the requirement on transit tickets; or other methods as appropriate.

(5) Operators of transportation hubs must use best efforts to ensure that any person entering or on the premises of the transportation hub wears a mask. Best efforts include:

- allowing entry only to those persons who wear masks;
- instructing persons that Federal law requires wearing a mask in the transportation hub and failure to comply constitutes a violation of Federal law;
- monitoring persons on the premises of the transportation hub for anyone who is not wearing a mask and seeking compliance from such persons;
- at the earliest opportunity, removing any person who refuses to comply from the premises of the transportation hub; and
- providing persons with prominent and adequate notice to facilitate awareness and compliance with the requirement of this Order to wear a mask; best practices may include, if feasible, advance notifications on digital platforms, such as on apps, websites, or email; posted signage in multiple languages with illustrations; printing the requirement on transit tickets; or other methods as appropriate.

DEFINITIONS:

Controlled free pratique shall have the same definition as under 42 CFR 71.1, meaning "permission for a carrier to enter a U.S. port, disembark, and begin operation under certain stipulated conditions."

Conveyance shall have the same definition as under 42 CFR 70.1, meaning "an aircraft, train, road vehicle,[5] vessel . . . or other means of transport, including military." Included in the definition of "conveyance" is the term "carrier" which under 42 CFR 71.1 has the same definition as conveyance under 42 CFR 70.1.

Conveyance operator means an individual operating a conveyance and an individual or organization causing or authorizing the operation of a conveyance.

Mask means a material covering the nose and mouth of the wearer, excluding face shields.[6]

Interstate traffic shall have the same definition as under 42 CFR 70.1, meaning

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[5] This includes rideshares meaning arrangements where passengers travel in a privately owned road vehicle driven by its owner in connection with a fee or service.

[6] A properly worn mask completely covers the nose and mouth of the wearer. A mask should be secured to the head, including with ties or ear loops. A mask should fit snugly but comfortably against the side of the face. Masks do not include face shields. Masks can be either manufactured or homemade and should be a solid piece of material without slits, exhalation valves, or punctures. Medical masks and N-95 respirators fulfill the requirements of this Order. CDC guidance for attributes of acceptable masks in the context of this Order is available at: https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html

"(1):

(i) The movement of any conveyance or the transportation of persons or property, including any portion of such movement or transportation that is entirely within a state or possession–

(ii) From a point of origin in any state or possession to a point of destination in any other state or possession; or

(iii) Between a point of origin and a point of destination in the same state or possession but through any other state, possession, or contiguous foreign country.

(2) Interstate traffic does not include the following:

(i) The movement of any conveyance which is solely for the purpose of unloading persons or property transported from a foreign country or loading persons or property for transportation to a foreign country.

(ii) The movement of any conveyance which is solely for the purpose of effecting its repair, reconstruction, rehabilitation, or storage."

Intrastate traffic means the movement of any conveyance or the transportation or movement of persons occurring solely within the boundaries of a state or territory, or on tribal land.

Possession shall have the same definition as under 42 CFR 70.1 and 71.1, meaning a "U.S. territory."

State shall have the same definition as under 42 CFR 70.1, meaning "any of the 50 states, plus the District of Columbia."

Territory shall have the same definition as "U.S. territory" under 42 CFR 70.1 and 71.1, meaning "any territory (also known as possessions) of the United States, including American Samoa, Guam, the [Commonwealth of the] Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands."

Transportation hub means any airport, bus terminal, marina, seaport or other port, subway station, terminal (including any fixed facility at which passengers are picked-up or discharged), train station, U.S. port of entry, or any other location that provides transportation subject to the jurisdiction of the United States.

Transportation hub operator means an individual operating a transportation hub and an individual or organization causing or authorizing the operation of a transportation hub.

U.S. port shall have the same definition as under 42 CFR 71.1, meaning any "seaport, airport, or border crossing point under the control of the United States."

STATEMENT OF INTENT:

This Order shall be interpreted and implemented in a manner as to achieve the following objectives:

- Preservation of human life;
- Maintaining a safe and secure operating transportation system;
- Mitigating the further introduction, transmission, and spread of COVID-19 into the United States and from one state or territory into any other state or territory; and
- Supporting response efforts to COVID-19 at the Federal, state, local, territorial, and tribal levels.

APPLICABILITY:

This Order shall not apply within any state, locality, territory, or area under the jurisdiction of a Tribe that (1) requires a person to wear a mask on conveyances; (2) requires a person to wear a mask at transportation hubs; and (3) requires conveyances to transport only persons wearing masks. Such requirements must provide the same level of public health protection as — or greater protection than —the requirements listed herein.

In addition, the requirement to wear a mask shall not apply under the following circumstances:

- While eating, drinking, or taking medication, for brief periods;
- While communicating with a person who is hearing impaired when the ability to see the mouth is essential for communication;
- If, on an aircraft, wearing of oxygen masks is needed because of loss of cabin pressure or other event affecting aircraft ventilation;
- If unconscious (for reasons other than sleeping), incapacitated, unable to be awakened, or otherwise unable to remove the mask without assistance;[7] or
- When necessary to temporarily remove the mask to verify one's identity such as during Transportation Security Administration screening or when asked to do so by the ticket or gate agent or any law enforcement official.

This Order exempts the following categories of persons:[8]

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[7] Persons who are experiencing difficulty breathing or shortness of breath or are feeling winded may remove the mask temporarily until able to resume normal breathing with the mask. Persons who are vomiting should remove the mask until vomiting ceases. Persons with acute illness may remove the mask if it interferes with necessary medical care such as supplemental oxygen administered via an oxygen mask.

[8] Operators of conveyances or transportation hubs may impose requirements, or conditions for carriage, on persons requesting an exemption from the requirement to wear a mask, including medical consultation by a third party, medical documentation by a licensed medical provider, and/or other information as determined by the operator, as well as require evidence that the person does not have COVID-19 such as a negative result from a SARS-CoV-2 viral test or documentation of recovery from COVID-19. CDC definitions for SARS-CoV-2 viral test and documentation of recovery are available in the Frequently Asked Questions at: https://www.cdc.gov/coronavirus/2019-ncov/travelers/testing-international-air-travelers.html. Operators may also impose additional protective measures that improve the ability of a person eligible for exemption to maintain social distance (separation from others by 6 feet), such as scheduling travel at less crowded times or on less crowded conveyances, or seating or otherwise situating the individual in a less crowded section of the conveyance or transportation hub. Operators may further require that persons seeking exemption from the requirement to wear a mask request an accommodation in advance.

- A child under the age of 2 years;
- A person with a disability who cannot wear a mask, or cannot safely wear a mask, because of the disability as defined by the Americans with Disabilities Act (42 U.S.C. 12101 et seq.).[9]
- A person for whom wearing a mask would create a risk to workplace health, safety, or job duty as determined by the relevant workplace safety guidelines or federal regulations.

This Order exempts the following categories of conveyances, including persons on board such conveyances:

- Private conveyances operated solely for personal, non-commercial use;
- Commercial motor vehicles or trucks as these terms are defined in 49 CFR 390.5, if the driver is the sole occupant of the vehicle or truck;
- Conveyances operated or chartered by the U.S. military services provided that such conveyance operators observe Department of Defense precautions to prevent the transmission of COVID-19 that are equivalent to the precautions in this Order.

This Order applies to persons on conveyances and at transportation hubs directly operated by U.S. state, local, territorial, or tribal government authorities, as well as the operators themselves. U.S. state, local, territorial, or tribal government authorities directly operating conveyances and transportation hubs may be subject to additional federal authorities or actions, and are encouraged to implement additional measures enforcing the provisions of this Order regarding persons traveling onboard conveyances and at transportation hubs operated by these government entities.

To the extent permitted by law, and consistent with President Biden's Executive Order of January 21, 2021 (Promoting COVID-19 Safety in Domestic and International Travel),[10] Federal agencies are required to implement additional measures enforcing the provisions of this Order.

BACKGROUND:

There is currently a pandemic of respiratory disease (coronavirus disease 2019 or "COVID-19") caused by a novel coronavirus (SARS-COV-2). As of January 27, 2021, there have been 99,638,507 confirmed cases of COVID-19 globally, resulting in more than 2,141,000 deaths. As of January 27, 2021, there have been over 25,000,000 cases identified in the United States and over 415,000 deaths due to the disease. New SARS-CoV-2 variants have emerged in recent weeks, including at least one with evidence of increased transmissibility.[11]

The virus that causes COVID-19 spreads very easily and sustainably between people who are in close contact with one another (within about 6 feet) mainly through respiratory droplets

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[9] This is a narrow exception that includes a person with a disability who cannot wear a mask for reasons related to the disability. CDC will issue additional guidance regarding persons who cannot wear a mask under this exemption. https://www.cdc.gov/quarantine/masks/mask-travel-guidance.html

[10] https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-promoting-covid-19-safety-in-domestic-and-international-travel/

[11] https://www.cdc.gov/coronavirus/2019-ncov/more/science-and-research/scientific-brief-emerging-variants.html

produced when an infected person coughs, sneezes, or talks. These droplets can land in the mouths, eyes, or noses of people who are nearby and possibly be inhaled into the lungs. Infected people without symptoms (asymptomatic) and those in whom symptoms have not yet developed (pre-symptomatic) can also spread the virus. In general, the more closely an infected person interacts with others and the longer those interactions, the higher the risk of COVID-19 spread. COVID-19 may be transmitted by touching surfaces or objects that have the virus on them and then touching one's own or another person's eyes, nose, or mouth.

Masks help prevent people who have COVID-19, including those who are pre-symptomatic or asymptomatic, from spreading the virus to others.[12] Masks are primarily intended to reduce the emission of virus-laden droplets, i.e., they act as source control by blocking exhaled virus.[13] This is especially relevant for asymptomatic or pre-symptomatic infected wearers who feel well and may be unaware of their infectiousness to others, and who are estimated to account for more than 50% of transmissions.[14,15] Masks also provide personal protection to the wearer by reducing inhalation of these droplets, i.e., they reduce wearers' exposure through filtration.[16] The community benefit of wearing masks for SARS-CoV-2 control is due to the combination of these effects; individual prevention benefit increases with increasing numbers of people using masks consistently and correctly.

Appropriately worn masks reduce the spread of COVID-19—particularly given the evidence of pre-symptomatic and asymptomatic transmission of COVID-19. Seven studies have confirmed the benefit of universal masking in community level analyses: in a unified hospital system,[17] a German city,[18] a U.S. State,[19] a panel of 15 U.S. States and Washington, D.C.,[20,21] as

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[12] https://www.cdc.gov/coronavirus/2019-ncov/more/masking-science-sars-cov2.html

[13] Leung NHL, Chu DKW, Shiu EYC, et al. Respiratory virus shedding in exhaled breath and efficacy of face masks. *Nature Medicine.* 2020;26(5):676-680.https://dx.doi.org/10.1038/s41591-020-0843-2

[14] Moghadas SM, Fitzpatrick MC, Sah P, et al. The implications of silent transmission for the control of COVID-19 outbreaks. *Proc Natl Acad Sci U S A.* 2020;117(30):17513-17515.10.1073/pnas.2008373117. https://www.ncbi.nlm.nih.gov/pubmed/32632012

[15] Johansson MA, Quandelacy TM, Kada S, et al. SARS-CoV-2 Transmission From People Without COVID-19 Symptoms. Johansson MA, et al. JAMA Netw Open. 2021 Jan 4;4(1):e2035057. doi: 10.1001/jamanetworkopen.2020.35057.

[16] Ueki H, Furusawa Y, Iwatsuki-Horimoto K, et al. Effectiveness of Face Masks in Preventing Airborne Transmission of SARS-CoV-2. *mSphere.* 2020;5(5).10.1128/mSphere.00637-20. https://www.ncbi.nlm.nih.gov/pubmed/33087517

[17] Wang X, Ferro EG, Zhou G, Hashimoto D, Bhatt DL. Association Between Universal Masking in a Health Care System and SARS-CoV-2 Positivity Among Health Care Workers. *JAMA.* 2020.10.1001/jama.2020.12897. https://www.ncbi.nlm.nih.gov/pubmed/32663246

[18] Mitze T., Kosfeld R., Rode J., Wälde K. *Face Masks Considerably Reduce COVID-19 Cases in Germany: A Synthetic Control Method Approach.* IZA – Institute of Labor Economics (Germany);2020.ISSN: 2365-9793, DP No. 13319. http://ftp.iza.org/dp13319.pdf

[19] Gallaway MS, Rigler J, Robinson S, et al. Trends in COVID-19 Incidence After Implementation of Mitigation Measures – Arizona, January 22-August 7, 2020. *MMWR Morb Mortal Wkly Rep.* 2020;69(40):1460-1463.10.15585/mmwr.mm6940e3. https://www.ncbi.nlm.nih.gov/pubmed/33031366

[20] Lyu W, Wehby GL. Community Use Of Face Masks And COVID-19: Evidence From A Natural Experiment Of State Mandates In The US. *Health Aff (Millwood).* 2020;39(8):1419-1425.10.1377/hlthaff.2020.00818. https://www.ncbi.nlm.nih.gov/pubmed/32543923

[21] Hatzius J, Struyven D, Rosenberg I. Face Masks and GDP. *Goldman Sachs Research* https://www.goldmansachs.com/insights/pages/face-masks-and-gdp.html. Accessed January 20, 2021.

well as both Canada[22] and the United States[23] nationally. Each analysis demonstrated that, following directives from organizational and political leadership for universal masking, new infections fell significantly. Two of these studies[24,25] and an additional analysis of data from 200 countries that included localities within the United States[26] also demonstrated reductions in mortality. An economic analysis using U.S. data found that, given these effects, increasing universal masking by 15% could prevent the need for lockdowns and reduce associated losses of up to $1 trillion or about 5% of gross domestic product.[27]

Wearing a mask especially helps protect those at increased risk of severe illness from COVID-19[28] and workers who frequently come into close contact with other people (e.g., at transportation hubs). Masks are most likely to reduce the spread of COVID-19 when they are widely used by people in public settings. Using masks along with other preventive measures, including social distancing, frequent handwashing, and cleaning and disinfecting frequently touched surfaces, is one of the most effective strategies available for reducing COVID-19 transmission.

Traveling on multi-person conveyances increases a person's risk of getting and spreading COVID-19 by bringing persons in close contact with others, often for prolonged periods, and exposing them to frequently touched surfaces. Air travel often requires spending time in security lines and crowded airport terminals. Social distancing may be difficult if not impossible on flights. People may not be able to distance themselves by the recommended 6 feet from individuals seated nearby or those standing in or passing through the aircraft's aisles. Travel by bus, train, vessel, and other conveyances used for international, interstate, or intrastate transportation pose similar challenges.

Intrastate transmission of the virus has led to—and continues to lead to—interstate and international spread of the virus, particularly on public conveyances and in travel hubs, where passengers who may themselves be traveling only within their state or territory commonly interact with others traveling between states or territories or internationally. Some states, territories, Tribes,

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[22] Karaivanov A., Lu S.E., Shigeoka H., Chen C., Pamplona S. *Face Masks, Public Policies and Slowing the Spread of Covid-19: Evidence from Canada* National Bureau of Economic Research 2020.Working Paper 27891. http://www.nber.org/papers/w27891

[23] Chernozhukov V, Kasahara H, Schrimpf P. Causal Impact of Masks, Policies, Behavior on Early Covid-19 Pandemic in the U.S. J Econom. 2021 Jan;220(1):23-62. doi: 10.1016/j.jeconom.2020.09.003. Epub 2020 Oct 17.

[24] Hatzius J, Struyven D, Rosenberg I. Face Masks and GDP. *Goldman Sachs Research* https://www.goldmansachs.com/insights/pages/face-masks-and-gdp.html. Accessed January 20, 2021.

[25] Chernozhukov V, Kasahara H, Schrimpf P. Causal Impact of Masks, Policies, Behavior on Early Covid-19 Pandemic in the U.S. J Econom. 2021 Jan;220(1):23-62. doi: 10.1016/j.jeconom.2020.09.003. Epub 2020 Oct 17.

[26] Leffler CT, Ing EB, Lykins JD, Hogan MC, McKeown CA, Grzybowski A. Association of country-wide coronavirus mortality with demographics, testing, lockdowns, and public wearing of masks. Am J Trop Med Hyg. 2020 Dec;103(6):2400-2411. doi: 10.4269/ajtmh.20-1015. Epub 2020 Oct 26.

[27] Hatzius J, Struyven D, Rosenberg I. Face Masks and GDP. *Goldman Sachs Research* https://www.goldmansachs.com/insights/pages/face-masks-and-gdp.html. Accessed January 20, 2021.

[28] https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/index.html

and local public health authorities have imposed mask-wearing requirements within their jurisdictional boundaries to protect public health.[29] Any state or territory without sufficient mask-wearing requirements for transportation systems within its jurisdiction has not taken adequate measures to prevent the spread of COVID-19 from such state or territory to any other state or territory. That determination is based on, *inter alia*, the rapid and continuing transmission of the virus across all states and territories and across most of the world. Furthermore, given how interconnected most transportation systems are across the nation and the world, local transmission can grow even more quickly into interstate and international transmission when infected persons travel on non-personal conveyances without wearing a mask and with others who are not wearing masks.

Therefore, I have determined that the mask-wearing requirements in this Order are reasonably necessary to prevent the further introduction, transmission, or spread of COVID-19 into the United States and among the states and territories. Individuals traveling into or departing from the United States, traveling interstate, or traveling entirely intrastate, conveyance operators that transport such individuals, and transportation hub operators that facilitate such transportation, must comply with the mask-wearing requirements set forth in this Order.

America's transportation systems are essential. Not only are they essential for public health, they are also essential for America's economy and other bedrocks of American life. Those transportation systems carry life-saving medical supplies and medical providers into and across the nation to our hospitals, nursing homes, and physicians' offices. Trains, planes, ships, and automobiles bring food and other essentials to our communities and to our homes. Buses bring America's children and teachers to school. Buses, trains, and subways, bring America's workforce to their jobs.

Requiring masks on our transportation systems will protect Americans and provide confidence that we can once again travel safely even during this pandemic. Therefore, requiring masks will help us control this pandemic and aid in re-opening America's economy.

The United States and countries around the world are currently embarking on efforts to vaccinate their populations, starting with healthcare personnel and other essential workers at increased risk of exposure to SARS-CoV-2 and people at increased risk for severe illness from the virus. While vaccines are highly effective at preventing severe or symptomatic COVID-19, at this time there is limited information on how much the available COVID-19 vaccines may reduce transmission in the general population and how long protection lasts.[30] Therefore, this mask requirement, as well as CDC recommendations to prevent spread of COVID-19,[31] additionally apply to vaccinated persons. Similarly, CDC recommends that people who have

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[29] Based on internet sources, 37 states plus D.C. and Puerto Rico mandate the wearing of masks in public. Among the jurisdictions that have imposed mask mandates, variations in requirements exist. For example, exemptions for children range in cutoff age from 2 to 12, but masks are generally required in indoor public spaces such as restaurants and stores, on public transit and ride-hailing services, and outdoors when unable to maintain 6 feet of distance from others. *See* https://www.aarp.org/health/healthy-living/info-2020/states-mask-mandates-coronavirus.html (accessed January 28, 2021).

[30] https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html

[31] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

recovered from COVID-19 continue to take precautions to protect themselves and others, including wearing masks;[32] therefore, this mask requirement also applies to people who have recovered from COVID-19.

ACTION:

Until further notice, under 42 U.S.C. 264(a) and 42 CFR 70.2, 71.31(b), and 71.32(b), unless excluded or exempted as set forth in this Order, a person must wear a mask while boarding, disembarking, and traveling on any conveyance into or within the United States. A person must also wear a mask at any transportation hub that provides transportation within the United States.

Conveyance operators traveling into or within the United States may transport only persons wearing masks and must use best efforts to ensure that masks are worn when embarking, disembarking, and throughout the duration of travel. Operators of transportation hubs must use best efforts to ensure that any person entering or on the premises of the transportation hub wears a mask.

As a condition of receiving controlled free pratique under 42 CFR 71.31(b) to enter a U.S. port, disembark passengers, and begin operations at any U.S. port of entry, conveyances arriving into the United States must require persons to wear masks while boarding, disembarking, and for the duration of travel. Conveyance operators must also require all persons to wear masks while boarding and for the duration of their travel on board conveyances departing from the United States until the conveyance arrives at the foreign destination, if at any time any of the persons onboard (passengers, crew, or conveyance operators) will return to the United States while this Order remains in effect. These travel conditions are necessary to mitigate the harm of further introduction of COVID-19 into the United States.

Requiring a properly worn mask is a reasonable and necessary measure to prevent the introduction, transmission and spread of COVID-19 into the United States and among the states and territories under 42 U.S.C. 264(a) and 42 CFR 71.32(b). Among other benefits, masks help prevent dispersal of an infected person's respiratory droplets that carry the virus. That precaution helps prevent droplets from landing in the eye, mouth, or nose or possibly being inhaled into the lungs of an uninfected person, or from landing on a surface or object that an uninfected person may then touch and then touch his or her own or another's eyes, nose, or mouth. Masks also provide some protection to the wearer by helping reduce inhalation of respiratory droplets.

This Order shall not apply within any state, locality, territory, or area under the jurisdiction of a Tribe, where the controlling governmental authority: (1) requires a person to wear a mask on conveyances; (2) requires a person to wear a mask at transportation hubs; and (3) requires conveyances to transport only persons wearing masks. Those requirements must provide the same level of public health protection as —or greater protection than—the requirements listed herein.

In accordance with 42 U.S.C. 264(e), state, local, territorial, and tribal authorities may impose additional requirements that provide greater public health protection and are more restrictive than

[32] https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html

the requirements in this Order. Consistent with other federal, state, or local legal requirements, this Order does not preclude operators of conveyances or transportation hubs from imposing additional requirements, or conditions for carriage, that provide greater public health protection and are more restrictive than the requirements in this Order (e.g., requiring a negative result from a SARS-CoV-2 viral test or documentation of recovery from COVID-19 or imposing requirements for social distancing or other recommended protective measures).

This Order is not a rule within the meaning of the Administrative Procedure Act ("APA") but rather is an emergency action taken under the existing authority of 42 U.S.C. 264(a) and 42 CFR 70.2, 71.31(b), 71.32(b). In the event that a court determines this Order qualifies as a rule under the APA, notice and comment and a delay in effective date are not required because there is good cause to dispense with prior public notice and comment and the opportunity to comment on this Order and the delay in effective date. Considering the public health emergency caused by COVID-19, it would be impracticable and contrary to the public's health, and by extension the public's interest, to delay the issuance and effective date of this Order. Similarly, the Office of Information and Regulatory Affairs has determined that if this Order were a rule, it would be a major rule under the Congressional Review Act, but there would not be a delay in its effective date as the agency has determined that there would be good cause to make the requirements herein effective immediately under the APA.

This order is also an economically significant regulatory action under Executive Order 12866 and has therefore been reviewed by the Office of Information and Regulatory Affairs of the Office of Management and Budget. The agency is proceeding without the complete analysis required by Executive Order 12866 under the emergency provisions of 6(a)(3)(D) of that Order.

If any provision of this Order, or the application of any provision to any carriers, conveyances, persons, or circumstances, shall be held invalid, the remainder of the provisions, or the application of such provisions to any carriers, conveyances, persons, or circumstances other than those to which it is held invalid, shall remain valid and in effect.

To address the COVID-19 public health threat to transportation security, this Order shall be enforced by the Transportation Security Administration under appropriate statutory and regulatory authorities including the provisions of 49 U.S.C. 106, 114, 44902, 44903, and 46301; and 49 CFR part 1503, 1540.105, 1542.303, 1544.305 and 1546.105.

This Order shall be further enforced by other federal authorities and may be enforced by cooperating state and local authorities through the provisions of 18 U.S.C. 3559, 3571; 42 U.S.C. 243, 268, 271; and 42 CFR 70.18 and 71.2.[33]

[33] While this Order may be enforced and CDC reserves the right to enforce through criminal penalties, CDC does not intend to rely primarily on these criminal penalties but instead strongly encourages and anticipates widespread voluntary compliance as well as support from other federal agencies in implementing additional civil measures enforcing the provisions of this Order, to the extent permitted by law and consistent with President Biden's Executive Order of January 21, 2021 (Promoting COVID-19 Safety in Domestic and International Travel).

EFFECTIVE DATE:

This Order shall enter into effect on February 1, 2021, at 11:59 p.m. and will remain in effect unless modified or rescinded based on specific public health or other considerations, or until the Secretary of Health and Human Services rescinds the determination under section 319 of the Public Health Service Act (42 U.S.C. 247d) that a public health emergency exists.

In testimony whereof, the Director of the Division of Global Migration and Quarantine at the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, has hereunto set his hand at Atlanta, GA, this 29th day of January 2021.

Martin S. Cetron, M.D.
Director, Division of Global Migration and Quarantine
Centers for Disease Control and Prevention

APPENDIX E: COVID-19 PROTOCOL

NUSD Protocol Questions to Assess Possible COVID-19 Exposure

Name: _____ **Site/Dept:** _____ **Date:** _____

1. Have you been diagnosed with COVID-19?
    a. What date did you get tested?
    b. What date did you get results?

2. Do you have symptoms of COVID-19 [Fever, chills, cough, shortness of breath, or sore throat]?

3. If yes, for how long? [Limit questions to COVID-19 and not other health conditions.]

4. Have you been in close contact with an individual diagnosed, exposed to or who has symptoms of COVID-19?
    a. What date did they get tested?
    b. What date did they get results?

5. Who at the district have you had close contact with in the last two weeks? (close contact is within less than 6 feet apart for longer than 15 minutes within a 24 hour period)
    a. Provide specific names, date(s), location for each individual:

6. What district sites have you been to within the past two weeks?

7. Have you had any close contact and/or physical with anyone else affiliated with the district (e.g., students, parents, etc.) in the last two weeks? (Refer to Question 5 for reply)

8. Have you had any physical contact with products that were distributed to district constituents (e.g., lunches, learning packets, etc.)

Call the HR Director or Asst Superintendent and determine who, if any individual, should receive notice of potential COVID-19 exposure.

In coordination/consultation with HR Director or Asst Supt. assess possible exposure a. Assess who may have had contact with the individual in the last two weeks; and b. Assess which district sites may need to be sanitized or temporarily closed.

Revised 11/20/2020

APPENDIX F: COVID-19 REPORTING DOCUMENTS

SANTA CRUZ COUNTY HEALTH SERVICES

COVID-19 School Reporting Form

Schools (including daycare, childcare, and K-12th grade schools) should:

- Report cases of confirmed COVID-19 in students and staff to Santa Cruz County Health Services by using this reporting form. If multiple positive cases, please submit a single line list of names with the information requested below. Health services staff will call the point of contact to follow up and obtain additional information.
- Follow Santa Cruz County Health guidance after identification of a student with confirmed COVID-19

School Name:	**School Address:**
School Point-of-Contact #1:	**Phone Number for Point-of-Contact #1:**
School Point-of-Contact #2:	**Phone Number for Point-of-Contact #2:**

Student / Staff Name: (Last) (First)			**Date of Birth:**	**Gender:** ☐Male ☐Female
Home Address:		**Phone #:**	**Race:** ☐White ☐Black ☐Asian/Pacific Islander	
City:	**Zip Code:**	**Grade:**	**Online/hybrid/in person:**	
Date of Illness Onset:	**Date of Last Attendance:**	**Date of Positive COVID-19 Test:**	**Ethnicity:** ☐Hispanic ☐Non-Hispanic	

Please send/fax report to:

Santa Cruz County Health Services
2150 N. Congress Drive
Nogales, AZ 85621
Phone: 520-375-7900
Fax: 520-375-7624

ADHS

COMMUNICABLE DISEASE OUTBREAK REPORT – COMPLETE WITH AVAILABLE INFORMATION AND REPORT IMMEDIATELY.

Report communicable disease outbreaks to the local health agency (fax numbers below).

Healthcare providers and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters are required to report selected communicable disease **outbreaks**, per Arizona Administrative Code R9-6-202 and R9-6-203.

Please also report individual persons with illness (here for PDF or here for MEDSIS users) if required by AAC R9-6-202 and AAC R9-6-203.

1. INFORMATION KNOWN ABOUT THE SUSPECTED OUTBREAK

Diagnosis (known or suspected)	When was outbreak detected? (date and time)	When did symptoms begin? (date and time)
Source of outbreak (known or suspected)	Number of cases (known or suspected)	Total number of individuals in the facility (including staff)
Description of signs and symptoms	**Please provide information about areas affected.** This includes classrooms or grades (for schools and child care facilities), units or yards (for correctional facilities), and wings, floors, units, or areas (for healthcare facilities and shelters). **Number of areas affected** **Name of each area affected**	

2. OUTBREAK LOCATION INFORMATION

Outbreak location (name of school or facility)

Type of setting

☐ Assisted Living/Long-Term Care Facility ☐ Child Care Facility ☐ Correctional Facility
☐ Other Healthcare Facility ☐ School ☐ Other (Specify) _____

Street address

City	State	Zip code	County	Reservation	Telephone #

Person making this report	Telephone# (if different from above)	Email

3. NOTES/COMMENTS

An outbreak is defined as an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
For outbreak threshold guides visit http://www.azdhs.gov/preparedness/epidemiology-disease-control/index.php#investigations-outbreak-management.

For the list of reportable conditions, this form, and other communicable disease reporting information, visit http://azdhs.gov/providerreporting or http://azdhs.gov/schoolreporting.

Fax numbers for local health departments: Apache (866) 804-8449; Cochise (520) 432-9479; Coconino (928) 679-7351; Gila (928) 425-0794; Graham (928) 428-8074; Greenlee (928) 865-1929; La Paz (928) 669-6703; Maricopa (602) 372-8935; Mohave (928) 718-1579; Navajo (928) 532-6054; Pima (520) 791-0366; Pinal (520) 866-2929; Santa Cruz (520) 375-7624; Yavapai (866) 271-9773; Yuma (928) 317-4620