

Page Unified School District Covid-19 Mitigation Strategies

Promoting Vaccination

Achieving high levels of COVID-19 vaccination among eligible students as well as teachers, staff, and household members is one of the most critical strategies to help schools safely resume full operations.

Correct use of masks

Core principle for masks: [well-fitting](#) face [masks](#) with proper filtration helps prevent SARS-CoV-2 [transmission through respiratory droplets](#).

- Mask use is recommended rather than required for students, staff and visitors in district buildings.
- Mask use is required for all students, staff, and others on school buses and other public transportation.
- The most [effective fabrics for cloth masks](#) are tightly woven, such as cotton and cotton blends, breathable, and in two or three fabric layers. Masks with exhalation valves or vents, those that use loosely woven fabrics, and those that do not fit properly are not recommended.



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Find a mask that is made for children to help ensure proper fit. Check to be sure the mask fits snugly over the nose and mouth and under the chin and that there are no gaps around the sides.

Physical distancing

Core principle for physical distancing: Establish school policies and implement structural interventions to promote physical distance between people.

- Between students in classrooms
 - In elementary schools, students should be at least 3 feet apart.¹
 - In middle schools and high schools, students should be at least 3 feet apart in areas of low, moderate, or substantial community transmission. In areas of high community transmission, middle and high school students should be 6 feet apart if cohorting is not possible.^{1,2, 4-6}
- Maintain 6 feet of distance in the following settings:
 - Between adults (teachers and staff), and between adults and students, at all times in the school building. Several studies have found that transmission between staff is more common than transmission between students and staff, and among students, in schools.¹
 - During activities when increased exhalation occurs, such as singing, shouting, band, or sports and exercise. Move these activities outdoors or to large, well-ventilated spaces, when possible.
 - In common areas such as school lobbies and auditoriums.
- Remove nonessential furniture and make other changes to classroom layouts to maximize distance between students.
- Face desks in the same direction, where possible.
- Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that could lead to adult-to-adult transmission.
- Visitors: [Limit any nonessential visitors, volunteers, and activities](#) involving external groups or organizations as much as possible—especially with people who are not from the local geographic area (for example, not from the same community, town, city, county). Require all visitors to physically distance themselves from others.
- Create distance between children on school buses when possible. Open windows to improve ventilation when it does not create a safety hazard.

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- Transportation: Create distance between children on school buses (for example, seat children one child per row, skip rows), when possible. [Masks are required](#) by federal order on school buses and other forms of public transportation in the United States. Open windows to improve ventilation when it does not create a safety hazard. More information about school transportation and prevention is available.



Handwashing and respiratory etiquette

Core principle for handwashing and respiratory etiquette: Through ongoing health education units and lessons, teach children proper handwashing and reinforce behaviors, and provide adequate supplies. Ensure that teachers and staff use proper handwashing and respiratory etiquette.

- Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds and increase monitoring to ensure adherence among students, teachers, and staff. If handwashing is not possible, hand sanitizer containing at least 60% alcohol should be used.
- Encourage students and staff to cover coughs and sneezes with a tissue when not wearing a mask and immediately wash their hands after blowing their nose, coughing, or sneezing.

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- Some students with disabilities might need assistance with handwashing and respiratory etiquette behaviors.
- Adequate supplies: Support [healthy hygiene](#) behaviors by providing adequate supplies, including soap, a way to dry hands, tissues, face masks (as feasible), and no-touch/foot-pedal trash cans. If soap and water are not readily available, schools can provide alcohol-based hand sanitizer that contains at least 60% alcohol (for staff and older children who can safely use hand sanitizer).

Cleaning and maintaining healthy facilities

Core principle for cleaning and maintaining healthy facilities: Make changes to physical spaces to maintain a healthy environment and facilities, including improving ventilation. Routinely clean high-touch surfaces (such as doorknobs and light switches).

- Ventilation: Improve [ventilation](#) to the extent possible to increase circulation of outdoor air, increase the delivery of clean air, and dilute potential contaminants. This can be achieved through several actions.
 - Bring in as much outdoor air as possible.
 - Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.
 - Filter and/or clean the air in the school by improving the [level of filtration](#) as much as possible.
 - Use exhaust fans in restrooms and kitchens.
 - Open windows in buses and other transportation, if doing so does not pose a safety risk. Even just cracking windows open a few inches improves air circulation.
- Modified layouts: Adjust physical layouts in classrooms and other settings to maximize physical space, such as by turning desks to face in the same direction.
- Cleaning: Regularly clean high touch surfaces and objects (for example, playground equipment, door handles, sink handles, toilets, drinking fountains) within the school and on school buses at least daily or between use as much as possible.
- Communal spaces: Stagger use and [clean](#) regularly (for example, daily or as often as needed). Consider use of larger spaces such as cafeterias, libraries, gyms for academic instruction, to maximize physical distancing.

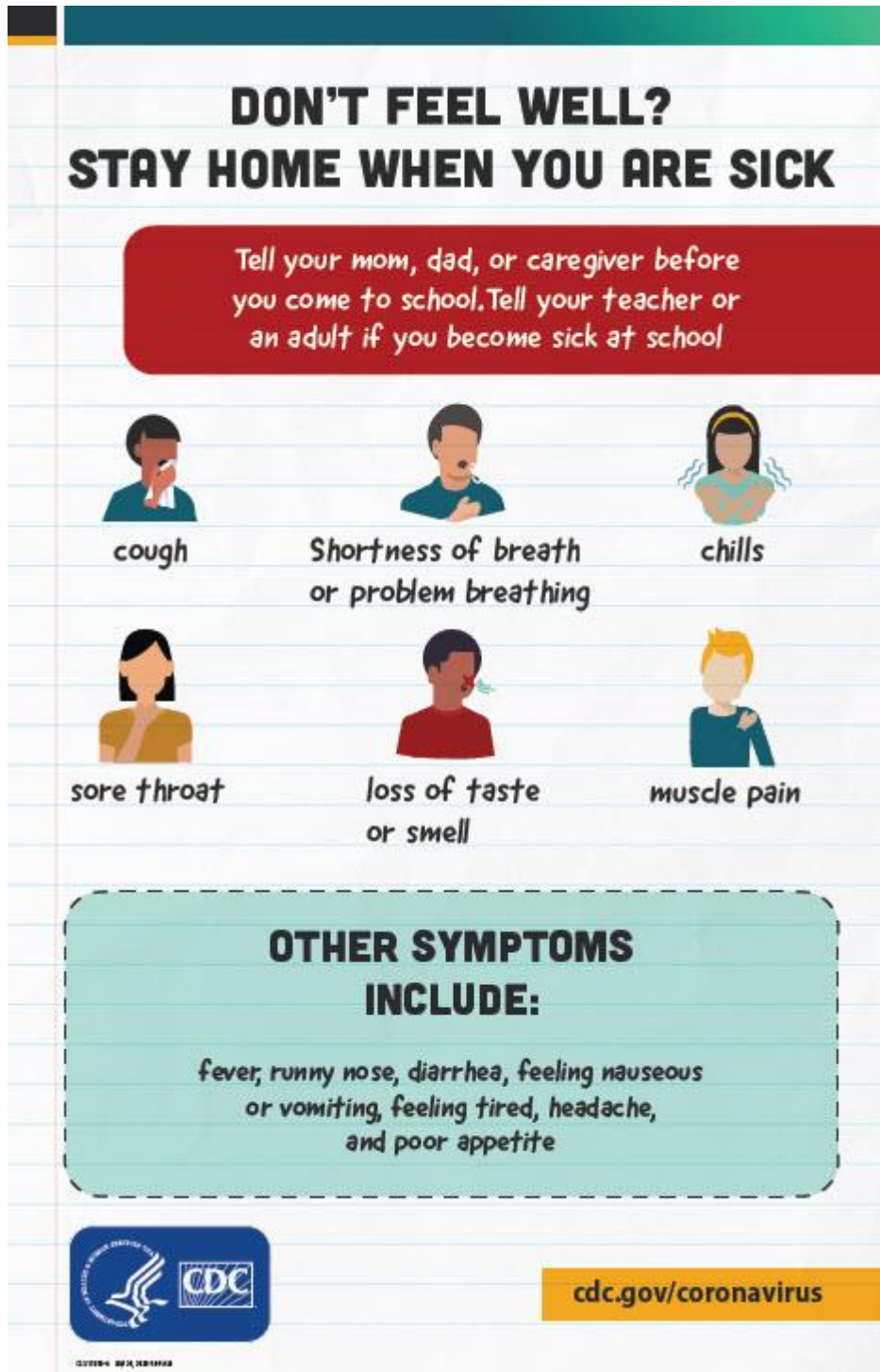
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- Food service: Avoid offering any self-serve food or drink options such as hot and cold food bars, salad or condiment bars, and drink stations.
- Water systems: [Take steps](#) to ensure that all water systems and features (for example, sink faucets, decorative fountains) are safe to use after a prolonged facility shutdown.



Contact tracing in combination with isolation and quarantine

Core principle for contact tracing: PUSD will collaborate with the health department, to the extent allowable by privacy laws and other applicable laws, to confidentially provide information about people diagnosed with or exposed to COVID-19. Students, teachers, and staff with positive test results should [isolate](#), and [close contacts](#) should [quarantine](#). PUSD will report positive cases to the health department as soon as they are informed. School officials should notify families of close contacts as soon as possible after they are notified that someone in the school has tested positive (within the same school day).



[pdf icon](#)

[PDF - PDF-2.5MB]

Don't Feel Well? Poster encourages students to tell a teacher if they feel sick

- Staying home when appropriate: Educate teachers, staff and families about when they and their children should [stay home](#) and when they can return to

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school. Students, teachers, and staff who [have symptoms](#) should stay home and be referred to their healthcare provider for testing and care. PUSD will recruit and train sufficient substitute educators to ensure that teachers can stay home when they are sick or have been exposed to someone who is confirmed or suspected of having COVID-19.

- Isolation should be used to separate people diagnosed with COVID-19 from those who are not infected. Students, teachers, and staff who are in [isolation](#) should stay home and follow the direction of the local public health authority about when it is safe for them to be around others.
- Case investigation and contact tracing: PUSD will work with the local health department to facilitate, to the extent allowable by applicable laws, systematic case investigation and [contact tracing](#) of infected students, teachers, and staff, and consistent isolation of cases and quarantine of [close contacts](#). PUSD will prepare and provide information and records to aid in the identification of potential contacts and exposure sites, consistent with applicable laws, including those related to privacy and confidentiality. Collaboration between the health department and K-12 school administration to obtain contact information of other individuals in shared rooms, class schedules, shared meals, or extracurricular activities will expedite contact tracing. Prompt identification, quarantine, and monitoring of those contacts exposed to SARS-CoV-2 can effectively break the chain of transmission and prevent further spread of the virus.
 - The definition of a [close contact](#) is someone who was within 6 feet of a person diagnosed with COVID-19 for a total of 15 minutes or more over a 24 hour period. The definition of a close contact applies regardless of whether either person was wearing a mask.
- Quarantine should be used for students, teachers, and staff who might have been exposed to COVID-19. Close contacts, identified through contact tracing, should [be quarantined unless they are fully vaccinated, or have tested positive in the last 3 months, and do not have any symptoms](#). Students, teachers, and staff who are in quarantine should stay home and follow the direction of the local public health department about when it is safe for them to be around others. If a child with a disability is required to quarantine, the school is required to provide services consistent with federal disability laws.

Indicators of Community Transmission

School administrators, working with local public health officials, should assess the [level of community transmission](#) to understand the burden of disease in the community. The higher the level of community transmission, the more likely that SARS-CoV-2 will be introduced into the school facility from the community, which could lead to in-school transmission if layered prevention strategies are not in use.

CDC recommends the use of two measures of community burden to determine the level of risk of transmission: total number of new cases per 100,000 persons in the past 7 days, and percentage of nucleic acid amplification tests (NAATs), including RT-PCR tests, that are positive during the last 7 days. The two measures of community burden should be used to assess the incidence and spread of SARS-CoV-2 in the surrounding community (for example, county) and not in the schools themselves. If the two indicators suggest different levels, the actions corresponding to the higher threshold (in Table 2) should be chosen. The transmission level for any given location will change over time and should be reassessed weekly for situational awareness and to continuously inform planning and decision-making.

Table 1. CDC Indicators and Thresholds for Community Transmission of COVID-19¹

Indicator	Low Transmission	Moderate Transmission	Substantial Transmission	High Transmission
	Blue	Yellow	Orange	Red
Total new cases per 100,000 persons in the past 7 days ²	0-9	10-49	50-99	≥100
Percentage of NAATs that are positive during the past 7 days ³	<5.0%	5.0%-7.9%	8.0%-9.9%	≥10.0%

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¹If the two indicators suggest different levels, the actions corresponding to the higher threshold should be chosen. County-level data on total new cases in the past 7 days and test percent positivity are available on the County View tab in [CDC's COVID Data Tracker](#).

²Total number of new cases per 100,000 persons within the last 7 days is calculated by adding the number of new cases in the county (or other community type) in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000.

³Percentage of positive diagnostic and screening NAATs during the last 7 days is calculated by dividing the number of positive tests in the county (or other administrative level) during the last 7 days by the total number of tests resulted over the last 7 days. Additional information can be found on the [Calculating Severe Acute Respiratory Syndrome Coronavirus 2 \(SARS-CoV-2\) Laboratory Test Percent Positivity: CDC Methods and Considerations for Comparisons and Interpretation](#) webpage.

Table 2. Recommended Prevention Strategies for K-12 Schools and Levels of Community Transmission

Prevention Strategies: All Schools
<p>5 key prevention strategies:</p> <ul style="list-style-type: none">● Correct use of masks● Physical distancing● Handwashing and respiratory etiquette● Cleaning and maintaining healthy facilities● Contact tracing in combination with isolation and quarantine
Prevention Strategies by Level of Community Transmission

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Low Transmission¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
<p>Elementary Schools</p> <p>Physical distancing: at least 3 feet between students in classrooms</p>		<p>Elementary Schools</p> <p>Physical distancing: at least 3 feet of distance between students in classrooms</p> <p>Cohorting² recommended when possible</p>	
<p>Middle and High Schools</p> <p>Physical distancing: at least 3 feet between students in classrooms</p>		<p>Middle and High Schools</p> <p>Physical distancing: at least 3 feet of distance between students in classrooms</p>	<p>Middle and High Schools</p> <p>Schools that cannot use cohorting: at least 6 feet distance Between students in classrooms ²</p>
<p>Sports and extracurricular activities</p> <p>Sports and extracurricular activities occur with at least 6 feet of physical distance to the greatest extent possible⁶</p>	<p>Sports and extracurricular activities</p> <p>Sports and extracurricular activities occur only if they can be held outdoors, with more than 6 feet of physical distancing⁶</p>		

¹Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥100) and percentage of positive tests in the past 7 days (low, <5%; moderate, 5-7.9%; substantial, 8-9.9%; high, ≥10%).

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²Cohorting involves creating groups of students that are separated from other groups by at least 6 feet throughout the entire day. Cohorting can be implemented in either full in-person instruction or hybrid instruction, or through other strategies.

³In middle and high schools, 6 feet is recommended in areas of high community transmission, unless they can implement cohorting. Schools may consider using reduced attendance, hybrid instruction, or other strategies to ensure 6 feet of physical distance between students in middle and high schools that do not use cohorting. Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed on individuals with or without suspected COVID-19 infection in accordance with the test's authorization and labeling.

⁴Middle and high schools in areas of high community transmission should implement cohorting if they use less than 6 feet between students in classrooms. If cohorting is not possible, 6 feet between students is recommended. Middle and high schools can use strategies such as reduced attendance (some students are virtual only at all times) or hybrid instruction to achieve 6 feet of distance.

⁵School officials should implement limits on spectators and attendees for sports, extracurricular activities, and events to ensure 6 feet of physical distance and require use of masks.

⁶Schools may consider using screening testing for student athletes and adults (e.g., coaches, trainers) who support these activities to facilitate safe participation and reduce risk of transmission. See screening testing section and Table 4 for additional details.

Interventions to control clusters

A school cluster is an index case and two or more cases epidemiologically linked to the index case who likely acquired SARS-CoV-2 infection in school (i.e., school-associated cases). When cases are introduced into the school environment, they can lead to clusters and potentially to rapid and uncontrolled spread. This is more likely to happen in areas of substantial or high community transmission, as cases are more likely to be introduced into the school from the community. PUSD will monitor cases (consistent with privacy and other applicable laws), identify clusters quickly, and promptly intervene to control spread. Infection source and whether the infection is likely acquired in school or outside of school should be determined by case

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investigations conducted by a collaboration between school administration and the local health department.

Schools should take the following actions to control transmission in the event of a cluster:

1. Investigate cases and trace contacts; encourage isolation and quarantine (consistent with applicable privacy and other laws).
 - Work with the health department to carefully investigate each case, including conducting interviews with students, teachers, parents, and school staff.
 - Encourage compliance with isolation for people who test positive.
 - Work with the health department to trace close contacts in accordance with applicable federal and state privacy laws of all cases and refer close contacts for diagnostic testing. Encourage compliance with quarantine.
2. Assess situations where close contacts occurred and implement interventions to address potential contributors to the clusters. For example:
 - Determine whether inconsistent or incorrect use of masks contributed to the clusters and intervene to improve consistent and correct mask use.
 - Assess implementation of physical distancing and determine whether intervention is needed to address distancing.
 - Eliminate or decrease nonessential in-person interactions among teachers and staff during meetings, lunches, and other situations that may have led to adult-to-adult transmission.

New COVID-19 variants and prevention in schools

[Multiple SARS-CoV-2 variants are circulating globally](#). These include several variants that have been detected in the United States. Some of these variants seem to spread more easily and quickly than other variants, which could lead to more cases of COVID-19. Rigorous implementation of prevention strategies is essential to control the spread of [variants](#) of SARS-CoV-2. CDC, in collaboration with other public health agencies, is monitoring the situation closely and studying these variants quickly to learn more to control their spread. As more information becomes available, prevention strategies and school guidance may need to be adjusted to new evidence on risk of transmission and effectiveness of prevention in variants that are circulating in the community.

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Health equity considerations in phased prevention

- Schools that serve student populations that are at greater risk for learning loss during virtual instruction (for example, due to their more limited access to technology) should be prioritized for providing in-person instruction and be provided the needed resources to implement prevention.
- Schools should consider prioritizing in-person instruction for students with disabilities who require special education and related services directly provided in school environments, as well as other students who may benefit from receiving essential instruction in a school setting.
- Schools should develop plans to continue meal service provision, such as free breakfast and lunch to families for every learning mode, including in-person, hybrid, and virtual.

Additional COVID-19 Prevention Strategies in Schools

Testing

Viral testing strategies in partnership with schools should be part of a comprehensive prevention approach. Testing should not be used alone, but in combination with other prevention to reduce risk of transmission in schools. When schools implement testing combined with prevention strategies, they can detect new cases to prevent outbreaks, reduce the risk of further transmission, and protect students, teachers, and staff from COVID-19.

Diagnostic Testing

At all levels of community transmission, schools should offer referrals to diagnostic testing to any student, teacher, or staff member who is exhibiting [symptoms of COVID-19](#) at school. [Diagnostic testing](#) for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or [suspected recent exposure](#). Examples of diagnostic testing strategies include testing symptomatic teachers, students, and staff who develop symptoms in school, and testing asymptomatic individuals who were exposed to someone with a confirmed or suspected case of COVID-19. Additional considerations for diagnostic testing:

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- Schools should advise students, teachers, and staff to [stay home](#) if they are sick or if they have been exposed to SARS-CoV-2. Schools can encourage these individuals to talk to their healthcare provider about getting a COVID-19 test.
- If a student, teacher, or staff member becomes sick at school or reports a new COVID-19 diagnosis, schools should follow the steps of the [COVID-19 Diagnosis flowchart](#) on what to do next. This includes notifying a student's parent or guardian and initiating testing strategies. Notifications must be accessible for all students, parents, or guardians, including those with disabilities or limited English proficiency (for example, through use of interpreters or translated materials).
- PUSD will perform free SARS-CoV-2 antigen testing in school-based health centers by trained staff to collect specimens, conduct the test per manufacturer's instructions, and has obtained a Clinical Laboratory Improvement Amendments (CLIA) [certificate of waiver](#).

The presence of any of the symptoms below generally suggests a student, teacher, or staff member has an infectious illness and should not attend school, regardless of whether the illness is COVID-19. For students, staff, and teachers with chronic conditions, symptom presence should represent a change from their typical health status to warrant exclusion from school. Occurrence of any of the [symptoms](#) below while a student, teacher, or staff member is at school suggests the person may be referred for diagnostic testing.

- [Temperature](#) of 100.4 degrees Fahrenheit or higher
- Sore throat
- Cough (for students with chronic cough due to allergies or asthma, a change in their cough from baseline)
- Difficulty breathing (for students with asthma, a change from their baseline breathing)
- Diarrhea or vomiting
- New loss of taste or smell
- New onset of severe headache, especially with a fever

Students should not attend school in-person if they or their caregiver identifies new [development](#) of any of the symptoms above.

If students or staff develop [COVID-19 symptoms](#) or suspected or confirmed COVID-19 diagnoses then, Isolation protocols will be enacted, placing students in the

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isolation room until transportation can be arranged to send them home or seek emergency medical attention.

If a COVID-19 diagnosis is confirmed, PUSD will support public health officials in determining which close contacts and other potentially exposed persons in the school setting could be tested and either isolated or quarantined (see Table 3). Schools can assist by providing information, where appropriate, to identify close contacts (for example, class rosters, seating charts, and information to facilitate outreach to contacts).

Table 3. Tiered approach of diagnostic testing for SARS-CoV-2^{1,2}

<p>Students, teachers, and staff with symptoms of COVID-19</p> <p>Refer for diagnostic testing</p>	<p><u>Students, teachers, or staff with symptoms of COVID-19</u> at school, at all levels of community transmission.</p> <ul style="list-style-type: none">● Individuals with positive test results should go to their home and <u>isolate</u> until they have met criteria for release from isolation.● People with symptoms should be isolated away from others as soon as symptoms appear and sent home. Those with positive test results should remain in isolation until they have met all three criteria for release: 10 days have passed since symptom onset; at least 24 hours have passed since resolution of fever without medication; and other symptoms have improved. CDC does not recommend that people be tested again before leaving isolation because people who have recovered can test positive for several weeks without being contagious. If an individual with symptoms tests negative, they should still stay home until their symptoms resolve to avoid spreading any SARS-CoV-2 or other infection.
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<p><u>Close contacts</u></p> <p>Refer for diagnostic testing</p>	<p><u>Students, teachers, or staff who had contact with someone diagnosed with COVID-19</u>, defined as someone who has been within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period. The definition of a close contact applies regardless of whether either person was wearing a mask. The definition also applies in schools that use less than 6 feet between students in classrooms. Families of close contacts should be notified and <u>referred for testing immediately</u>.</p> <ul style="list-style-type: none">● Regardless of the test result, close contacts should quarantine for 14 days. Based on local circumstances and resources, <u>options to shorten quarantine</u> provide acceptable alternatives of a 10-day quarantine or a 7-day quarantine combined with testing.● To minimize impact of quarantines on delivery of instruction, schools should limit the potential for exposure across cohorts and classrooms (for example, teachers should limit close contacts with other teachers and with students not in their own classrooms).● People who are fully vaccinated or were previously diagnosed with COVID-19 within the last three months may not need to quarantine.
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¹The tiers above are intended to be applied across all levels of community transmission: low (blue), moderate (yellow), substantial (orange), and high (red).

² information should be provided with appropriate safeguards to protect personally identifiable information and HIPAA-sensitive information from unlawful release.

For diagnostic testing, selection of tests should prioritize tests with highly accurate results with high sensitivity and specificity such as NAATs. Referral to diagnostic testing for students, teachers, and staff who have symptoms of COVID-19 at school and for close contacts is recommended for all levels of community transmission. Students, teachers, and staff who have diagnostic testing performed should be isolated away from others and quarantined at home until test results are received. Diagnostic testing turnaround times depend on the type of test and the laboratory conducting it. Local capacity in diagnostic tests should ensure that people with

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suspected COVID-19 and their contacts are tested with results returning within 48 hours. At low levels of community transmission (blue), schools should refer students, teachers, and staff with symptoms or recent history of close contact with a [confirmed](#) case for diagnostic testing to identify or rule out SARS-CoV-2 infection. At moderate (yellow), substantial (orange), and high (red) levels, and at low (blue) levels for teachers and staff, referral to diagnostic testing is combined with screening testing to monitor any increases in infection rates.

For students, teachers, and staff who had previously received positive test results and do not have symptoms of COVID-19, retesting is not recommended for up to 3 months from their last positive test result. Data currently suggest that some individuals persistently test positive due to residual virus material but are unlikely to be infectious. Parents or guardians can request documentation from their healthcare provider to indicate the date and type of the student's most recent COVID-19 test. [Guidance on testing strategies for people who are fully vaccinated](#) will be updated as more information becomes available. As vaccine supply increases and more teachers and staff receive vaccines, CDC's priorities for SARS-CoV-2 testing will change and the guidance will be updated.

Vaccination for teachers and staff, and in communities as soon as supply allows

Vaccination Resources for Teachers and Staff

- [Vaccines for Teachers and Staff](#)
- [Vaccine Toolkits for Schools and Childcare Settings](#)



[Vaccines](#) are an important tool to help stop the COVID-19 pandemic. Teachers and staff hold jobs critical to the continued functioning of society and are at

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potential occupational risk of exposure to SARS-CoV-2. Vaccinating teachers and staff is one layer of prevention and protection for teachers and staff. Strategies that minimize barriers to access vaccination for teachers and other frontline essential workers, such as vaccine clinics at or close to the place of work, are optimal. To address this important public health priority, the [Health and Human Services Secretary issued a Secretarial Directive](#) on March 2, 2021, that directs all COVID-19 vaccination providers administering vaccines purchased by the US government to make vaccines available to those who work in K–12 schools. This means that in addition to existing state and local COVID-19 vaccination sites, teachers and staff in schools across the nation can sign up for an appointment at more than 9,000 pharmacy locations participating in the [Federal Retail Pharmacy Program](#) for COVID-19 Vaccination.

New CDC resources are available to provide information about this directive:

- The [COVID-19 Vaccines for Teachers, School Staff, and Childcare Workers](#) web page provides school and childcare staff with the latest information about where and how to book an appointment.
- The [COVID-19 Vaccine Toolkit for School Settings and Childcare Programs](#) provides schools and childcare programs with ready-made materials they can use to communicate with staff about COVID-19 vaccination.

Implementation of layered prevention strategies will need to continue until we better understand potential transmission among people who received a COVID-19 vaccine and there is more vaccination coverage in the community. In addition, vaccines are not yet approved for use in children under 16 years old. For these reasons, even after teachers and staff are vaccinated, schools need to continue prevention measures for the foreseeable future, including requiring masks in schools and physical distancing.

Extracurricular activities

PUSD will maintain the same mitigation strategies for after school programs and clubs. Sports programs will use [AIA](#) guidance to mitigate the spread of COVID-19.