

Cook Inlet Native Head Start COVID-19 Mitigation Plan and Protocols August 17, 2022



**Naqayeht'ana T'uh
And
Chugach Square (Tudor)**

Table of Contents

Introduction	page 3
Strategies for Everyday Operations	page 3
Vaccines	
Staying Up to Date on Vaccines	page 3
Definition of Up to Date Vaccines	page 4
Ages 18 years old and up	page 4
Ages 12 – 17 years old	page 5
Ages 11 years and younger	page 5
Symptoms & Illness	page 6
Staying Home When Sick	page 6
Signs of Illness/Fever	page 6
Hand Hygiene and Respiratory Etiquette	page 7
Cleaning	page 7
Masking	page 7
Children with Disabilities or Other Healthcare Needs	page 8
Indoor Gym	page 8
Home Visitors/In-Person Meetings	page 8
Personal Protective Equipment	page 8
Meal Preparation and Delivery	page 9
Expectations	page 9
Definitions	page 10
Isolation and Precautions for people with COVID-19	page 10
If you have no symptoms	page 10
If you have symptoms	page 11
Ending Isolation	page 11
Parent Signature Forms	page 12

COVID Mitigation Plan and Protocols
Cook Inlet Native Head Start
August 17, 2022

Schools and early care and education (ECE) programs, like Cook Inlet Native Head Start (CINHS) are an important part of the infrastructure of the Anchorage community as CINHS provides safe, supportive learning environments for children which enable parents and caregivers to be at work or training. ECE programs like Head Start also provide critical services that help to mitigate health disparities, such as school lunch programs, and social, physical, behavioral, and mental health services. This plan was created to support safe, in-person learning, and to keep the CINHS program open, while managing the spread of COVID-19. Based on the [COVID-19 Community Levels](#), this guidance provides flexibility so CINHS can adapt to changing local situations, including periods of increased community health impacts from COVID-19.

This version of the Cook Inlet Native Head Start (CINHS) Mitigation Plan outlines strategies to reduce the spread of COVID-19 in order to maintain safe operations in our early education program. These plans and protocols were created in accordance with guidance provided by the Centers for Disease Control & Prevention (CDC). This guidance uses multiple layered prevention strategies to protect people who are not fully vaccinated, including infants and children, staff and their families. This mitigation plan is aligned with the CDC's guidance to Early Childhood Education (ECE) programs.

Though this guidance is written for COVID-19 prevention, many of the layered prevention strategies described in this guidance can help prevent the spread of other infectious diseases, such as influenza (flu), respiratory syncytial virus (RSV), and norovirus, and support healthy learning environments for all. The next section describes everyday preventive actions that ECE programs can take to reduce the spread of infectious diseases.

These COVID-19 prevention strategies are critical in protecting people, including children and ECE staff who are not fully vaccinated, especially if our community transmission is in the medium to high alert levels. Strategies can be changed depending on community transmission levels. Children and staff will be closely monitored for any outbreaks or increases in COVID-19 cases.

Strategies for Everyday Operations

Staying Up To Date on Vaccinations

Staying up to date on routine vaccinations is essential to prevent illness from many different infections. Vaccines reduce the risk of infection by working with the body's natural defenses to help safely develop immunity to disease. For COVID-19, [staying up to date with COVID-19 vaccinations](#) is the leading public health strategy to prevent severe disease. Not only does it

provide individual-level protection, but high vaccination coverage reduces the burden of COVID-19 on people, schools, healthcare systems, communities, and individuals who are not vaccinated or may not develop a strong immune response from the vaccines.

When are you up to date? You are up to date with your COVID-19 vaccine when you have received all doses in the primary series and all boosters recommended for you, when eligible. Vaccine recommendations are different depending on your age, the vaccine first received, and the time since the last dose (*see appendix, Up to date determination*).

Please go to CDC's "Stay Up to Date with Your COVID-19 Vaccine" <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html>

Definition of Up to Date Vaccines (8/01/2022)

Adults Ages 18 Years and Up

Pfizer-BioNTech

Ages: 18+ years old

Primary Series: 2 doses, given 3-8 weeks apart.

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters: 1 booster preferably of either Pfizer-BioNTech COVID-19 vaccine.

- For most people at least 5 months after the final dose in primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine.

- For adults 50+ at least 4 months after the first booster.

Up to Date: Immediately after getting all boosters recommended for you.

Moderna

Ages: 18+ years old

Primary Series: 2 doses, given 4-8 weeks apart.

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters: 1 booster, preferably of either Pfizer-BioNTech or Moderna COVID-19 vaccine.

- For most people at least 5 months after the final dose in the primary series

2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine.

- For adults ages 50 years and older at least 4 months after the first booster.

Up to Date: Immediately after getting all boosters recommended for you.

Johnson & Johnson's Janssen

Ages: 18+ years old

Primary Series: 1 dose

Fully Vaccinated: 2 weeks after 1st dose

- Boosters:** 1 booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine.
- For most people at least 2 months after a J&J/Janssen vaccine.
- 2nd booster of either Pfizer-BioNTech or Moderna COVID-19 vaccine.
- For adults ages 50 years and older at least 4 months after the 1st booster.
- Up to Date:** Immediately after getting all boosters recommended for you.

****In all three above situations, an individual is considered “boosted” and up to date right after getting their booster dose.*

Novavax

Ages: 18+ years old

Primary Series: 2 doses of Novavax

Fully Vaccinated and Up to Date: 2 weeks after final dose in primary series, since a booster is not recommended at this time for anyone who has completed the Novavax COVID-19 primary series [\[2\]](#)

Children and Teens Ages 12 – 17 Years

Pfizer-BioNTech

Ages: 12-17 years old

Primary Series: 2 doses of Pfizer-BioNTech, given 3-8 weeks apart.

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters: 1 booster preferably of either Pfizer-BioNTech COVID-19 vaccine.

- At least 5 months after the final dose in primary series

Up to Date: Immediately after getting 1st booster.

Moderna

Ages: 12-17 years old

Primary Series: 2 doses of Moderna, given 4-8 weeks apart.

Fully Vaccinated and Up to Date: 2 weeks after final dose in primary series, since a booster is not recommended at this time for any children or teens who have completed the Moderna COVID-19 primary series

Children Ages 11 Years and Under

Pfizer-BioNTech

Ages: 5-11 years old

Primary Series: 2 doses of Pfizer-BioNTech, given 3-8 weeks apart.

Fully Vaccinated: 2 weeks after final dose in primary series

Boosters: 1 booster preferably of either Pfizer-BioNTech COVID-19 vaccine.

- At least 5 months after the final dose in primary series

Up to Date: Immediately after getting 1st booster.

Ages: 6 months to 4 years old

Primary Series: 3 doses of Pfizer-BioNTech.

- 2nd dose is given 3-8 weeks after 1st dose
- 3rd dose is given at least 8 weeks after 2nd dose.

Fully Vaccinated and Up to Date: 2 weeks after final dose in primary series, since a booster is not recommended for this age group at this time

Moderna

Ages: 6 - 11 years old,

Primary Series: 2 doses, given 4-8 weeks apart.

Fully Vaccinated and Up to Date: 2 weeks after final dose in primary series, since a booster is not recommended at this time for any children who have completed the Moderna COVID-19 primary series

Ages: 6 months - 5 years old,

Primary Series: 2 doses, given 4-8 weeks apart.

Fully Vaccinated and Up to Date: 2 weeks after final dose in primary series, since a booster is not recommended at this time for any children who have completed the Moderna COVID-19 primary series.

Symptoms & Illness

Staying Home When Sick

People who have symptoms of respiratory or gastrointestinal infections, such as cough, fever, sore throat, vomiting, or diarrhea, should stay home. Testing is recommended for people with [symptoms of COVID-19](#) as soon as possible after symptoms begin. People who are [at risk for getting very sick](#) with COVID-19 who test positive should consult with a healthcare provider right away for possible treatment, even if their symptoms are mild. Staying home when sick can lower the risk of spreading infectious diseases, including COVID-19, to other people.

Signs of Illness / Fever

Parents/guardians and staff should pay particular attention to signs of illness, **stay home** and contact your primary care provider if you exhibit the following:

- Chills
- Fever (temperature 100.4 °F or higher)
- Cold Symptoms;
 - sore throat
 - cough
 - runny nose
 - congestion
 - sneezing
 - difficulty breathing
 - shortness of breath
- nausea, diarrhea, vomiting
- headache

- fatigue
- muscle or body aches
- new loss of taste or smell

Children or adults exhibiting a fever of 100.4 or higher, or any of the above symptoms **will not** be permitted into the facility. If children develop symptoms while at school, parents/guardians will be contacted immediately for pickup of the child.

Hand Hygiene and Respiratory Etiquette

Washing hands can prevent the spread of infectious diseases. Educators should teach and reinforce proper [handwashing](#) to lower the risk of spreading viruses, including the virus that causes COVID-19. If washing hands is not possible, CINHS will provide hand sanitizer containing at least 60% alcohol. Hand sanitizers should be stored up, away, and out of sight of younger children and should be used only with adult supervision for children ages 5 years and younger.

CINHS staff will teach and reinforce covering [coughs and sneezes](#) to help keep individuals from getting and spreading infectious diseases, including COVID-19.

Cleaning

Surfaces should be cleaned at least once a day to reduce the risk of germs spreading by touching surfaces. Staff should follow recommended procedures for cleaning, sanitizing, and disinfection in their setting such as after diapering, feeding, and exposure to bodily fluids.

Masking

Wearing a well-fitting mask consistently and correctly reduces the risk of spreading the virus that causes COVID-19. The CDC recommends universal indoor masking when the community COVID level is high. Universal indoor mask use will be implemented at CINHS while COVID-19 Community Levels remain high.

Wearing a mask correctly protects both the individual and others. This is especially important when indoors. Masks must be put on before entering the building. The mask must properly cover the mouth and nose of the individual.

- **Indoors:** CINHS requires universal masking for everyone three (3) years and older. Adults in shared workspaces may remove masks provided that all individuals are comfortable and accept the risk of exposure. Individuals may choose to continue masking. Adults must remain masked when indoors in the proximity of children.
- **Outdoors:** Unless indicated, masking will not be required outdoors. Individuals may choose to continue masking.

Children with Disabilities and Masking:

If an individual cannot wear a mask then reasonable accommodations will be explored for individuals with a disability as defined by the Americans with

*Disabilities Act (ADA) (42 U.S.C. 12101 et seq.). All others **will be** required to wear a mask.*

Children with Disabilities or Other Healthcare Needs

Provide accommodations, modifications, and assistance for children and staff with disabilities or special healthcare needs when implementing COVID-19 safety protocols:

- Ensure access for direct service providers (DSPs). For example, paraprofessionals, therapists, early intervention specialists, mental health and healthcare consultants, and others.
- Adjust strategies as needed based upon the likelihood of viral transmission.
- Allow for reasonable modifications with children with disabilities.

Indoor Gym

Due to increased and forceful exhalation that occurs during physical activity, some sports can put players, coaches, trainers, and others at increased risk for getting and spreading the virus that causes COVID-19. Close contact sports and indoor sports are particularly risky for participants and spectators, especially in crowded, indoor venues.

The gym can be used by classrooms, however, physical activity (running, jumping, etc.,) that causes increased and forceful exhalation **will not** be allowed while the community rate is in the high level. CINHS supports and encourages developmentally appropriate outdoor activities to meet physical education requirements.

Daytime cultural programming will be allowed in the gym (large motor room). This allows for the possibility of distancing culture bearer demonstrations with classrooms.

Community cultural programming, parent gatherings, family nights, etc., will be allowed based upon community COVID levels and program infection rates.

Home Visitors/In-Person Meetings

It is the desire for CINHS to return to regularly scheduled home visits. Currently, home visits and in person contact meetings with families will be held at the Center or a designated meeting place based upon the high level of infection in the community.

A home visit plan will be created with staff to meet the different levels of COVID transmission in Anchorage.

Personal Protective Equipment

Scrubs, aprons, masks, frontal shields, and gloves may be worn by staff at different times to prevent the spread of disease. Employees **will** be required to wear a mask when at work and in a communal workspace. Children 3 years old and older **will** be required to wear a mask, except

when napping. Early Head Start students less than 3 years old will not be required to wear masks. CINHS will provide this equipment to both children, parents/guardians, and staff.

Meal and Preparation/Delivery

Meal preparation will be prepared in the kitchen and adjacent space. Prepared meal carts will be delivered by staff to each classroom. For those students that have allergies that require food substitutions, the kitchen staff will implement a procedure for identifying the individual students (i.e., using student photo and name on each plate). Meals will not be served family or communal style. Parents/guardians and guests will not be allowed to dine in the classroom until community infection rates drop significantly.

Expectations:

- CINHS will encourage families to consider alternative educational programming if the CINHS protocols on COVID and other infectious diseases are not agreeable to the parent/guardian.
- Parent/guardian signature indicates agreement with protocols, and understands that the protocols may change at any time based upon community levels of infection.
- Despite all precautionary measures, there is always a risk of workplace exposure to communicable diseases. Should an employee contract COVID-19 and expose others in our workplace, and if the staff member works directly with children, then CINHS will immediately inform all employees and parents/guardians of children possibly exposed.
- If a child has been attending CINHS and has a positive COVID 19 test, it is **the responsibility of the parent/guardian to contact Family Services immediately** and notify them of the situation. All parents/guardians of children who were in the same classroom will be notified immediately of a possible exposure. Confidentiality will be kept at all times.
- All adults entering CINHS are expected to conduct themselves according to these protocols. Adults who engage in behavior within our schools that could increase the spread of infection (e.g., spitting, yelling, etc.) will immediately be escorted out, and may not be eligible to return for an extended period. Individuals who continue this behavior run the risk of not being allowed in the building permanently or possible disenrollment.

Definitions to Consider

Exposure

Contact with someone infected with SARS-CoV-2, the virus that causes COVID-19, in a way that increases the likelihood of getting infected with the virus.

Close Contact

A close contact is someone who was less than 6 feet away from an infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period. For example, three individual 5-minute exposures for a total of 15 minutes. People who are exposed to someone with COVID-19 after they completed at least 5 days of isolation are not considered close contacts.

Fully Vaccinated

Fully vaccinated means a person has received their primary series of COVID-19 vaccines.

Up to Date

This means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

Isolation and Precautions for people with COVID-19

Understanding Isolation:

If you test positive for COVID-19, stay home for at least 5 days and isolate from others in your home. You are likely most infectious during these first 5 days.

When to Isolate:

Regardless of vaccination status, **you should isolate yourself from others when you have COVID-19. You should also isolate if you are sick and suspect that you have COVID-19 but do not yet have [test](#) results.** If your results are positive, follow the full isolation recommendations below. If your results are negative, you can end your isolation.

- If you test **Negative**, then you can end isolation.
- + If you test **Positive** follow the full isolation recommendations below.

When you have COVID-19, isolation is counted in days, as follows:

If you had no symptoms

- **Day 0 is the day you were tested** (not the day you received your positive test result)
- **Day 1 is the first full day** following the day you were tested
- If you develop symptoms within 10 days of when you were tested, the **clock restarts at day 0 on the day of symptom onset**

If you had symptoms

- **Day 0 of isolation is the day of symptom onset**, regardless of when you tested positive
- **Day 1 is the first full day** after the day your symptoms started

Isolation:

If you test positive for COVID-19, stay home for at least 5 days and isolate from others in your home. You are likely most infectious during these first 5 days.

- Wear a high-quality mask if you must be around others at home and in public.
- Do not go places where you are unable to wear a mask.
- Do not travel.
- Stay home and separate from others as much as possible.
- Use a separate bathroom, if possible.
- Take steps to improve ventilation at home, if possible.
- Don't share personal household items, like cups, towels, and utensils.
- Monitor your symptoms. If you have an emergency warning sign (like trouble breathing), seek emergency medical care immediately.
- Learn more about what to do if you have COVID-19.

Ending Isolation:

End isolation based on how serious your COVID-19 symptoms were.

If you had no symptoms

You may end isolation after day 5.

If you had symptoms

You may end isolation after day 5 if:

- You are fever-free for 24 hours (without the use of fever-reducing medication)
- Your symptoms are improving

If you still have fever or your other symptoms have not improved, continue to isolate until they improve.

If you had moderate illness (if you experienced shortness of breath or had difficulty breathing), or severe illness (you were hospitalized) due to COVID-19, or you have a weakened immune system, you need to isolate through day 10.

If you had severe illness or have a weakened immune system, consult your doctor before ending isolation. Ending isolation without a viral test may not be an option for you.

If you are unsure if your symptoms are moderate or severe or if you have a weakened immune system, talk to a healthcare provider for further guidance.

**COVID Mitigation Protocols
Parent Agreement on Emergency Order
Cook Inlet Native Head Start
August 17, 2022**

This updated version of COVID-19 guidance for Cook Inlet Native Head Start (CINHS) outlines strategies to reduce the spread of COVID-19 in order to maintain safe operations. This guidance uses multiple layered prevention strategies to protect people who are not fully vaccinated, including infants and children, staff and their families. This approach is based on current scientific evidence and on lessons learned in the past year. This mitigation plan is aligned with the CDC’s guidance to Early Childhood Education (ECE) programs.

These COVID-19 prevention strategies are critical in protecting people, including children and ECE staff who are not fully vaccinated, especially if our community transmission is in the medium to high alert levels. Strategies will be removed or “relaxed” only after transmission rates fall significantly. Children and staff will be closely monitored for any outbreaks or increases in COVID-19 cases.

Signature Required:

I have read and understood the CINHS Mitigation Plan.

I understand that I am required to follow these protocols from _____ until after
Date
the mitigation plan is lifted at CINHS. Furthermore, I understand that this mitigation plan may be updated at any time based upon COVID-19 infection rates in our community. I agree to follow any and all updates to this plan. If I choose not follow these protocols, then I understand that I may not be allowed entrance to the program, and it could even jeopardize my child’s enrollment.

Parent/Guardian Signature

Date

Staff Witness Signature

Date