Navajo Nation
Department of Diné Education

# Navajo Nation
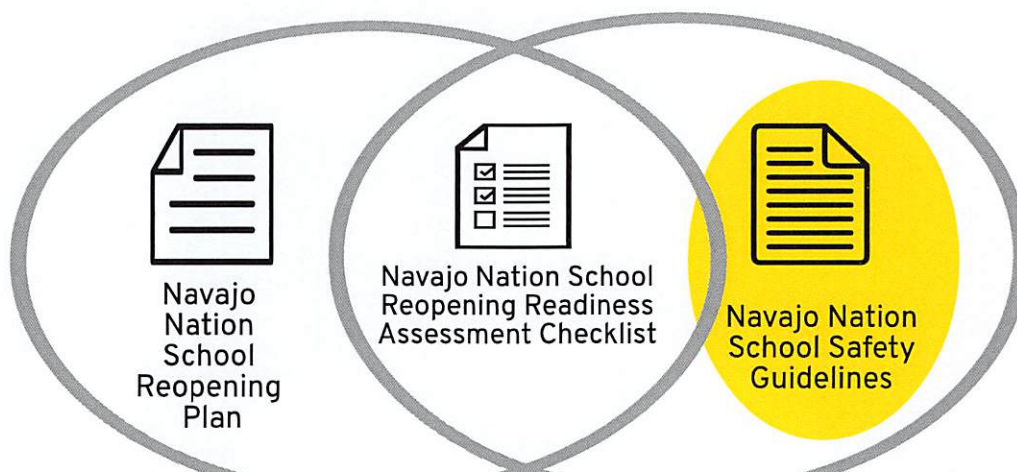# School Safety Guidelines

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# INTRODUCTION

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The content of this guide serves as the safety "must-haves" that all schools on the Navajo Nation must incorporate into their reopening safety plans related specifically to COVID-19.

As schools have guidance from other oversight groups (ex. Navajo Nation Occupational Safety and Health Administration, Navajo Nation SAFETY, Bureau of Indian Education, State Education Departments, State Environmental Health Agencies), these planning elements are not intended to replace nor supersede those requirements. Schools may choose to incorporate precautions that are stricter than what is outlined here.

When considering and prioritizing school COVID-19 safety actions, it is important to focus on the steps that most directly impact COVID-19 spread. The Center for Disease Control (CDC) states, "The virus that causes COVID-19 is mostly spread during close contact by respiratory droplets released when people talk, sing, breathe, cough, or sneeze. The virus that causes COVID-19 can sometimes be spread through the air by airborne transmission or through touching contaminated surfaces or objects. Therefore, personal prevention practices (such as handwashing, staying home when sick) and environmental cleaning and disinfection are important principles that are discussed below. Fortunately, there are a number of actions school administrators can take to help lower the risk of COVID-19 exposure and spread during school sessions and activities" (CDC web link).

Below is an illustration of the three documents that are designed as the framework for reopening schools in a safe manner. This document specifically will cover the school safety guidelines.



Navajo Nation School Reopening Plan

Navajo Nation School Reopening Readiness Assessment Checklist

Navajo Nation School Safety Guidelines

# Essential COVID-19 K-12 School Safety Elements

| Preparation & Prevention Knowledge | Identify and communicate with local and regional public health experts in medicine, population health, Safety, and Navajo Nation Occupational Safety and Health Administration (NNOSHA). |
| | Develop resource lists of these professionals who provide training and support and can answer common questions about COVID-19 prevention practices. |
| | Plan to train staff on all safety protocols, including infection prevention and control (IPC) practices, psychological first aid, chemical and environmental health, etc. |
| | Encourage staff to attend training opportunities such as Navajo Health Command Operations Center (NHCOC) IPC training, Environmental Protection Agency (EPA) school related training, CDC training, and others. |

| Behaviors that Prevent Spread of Covid-19: *Stay Home When Appropriate* | Instruct staff, students, and their families to stay home if they have COVID-19 symptoms, are awaiting test results due to symptoms or exposure, or have been exposed to someone who has tested positive or is exhibiting symptoms. |
| | Develop policies that support and encourage employees and students to stay home when appropriate:<br>• Quarantine after exposure and isolation during illness are essential parts of preventing COVID-19 spread. (CDC Recommendations for when sick or exposed).<br>• Absences may become more frequent and should be anticipated. |
| | Consider the pros and cons of health screenings prior to arrival to school facilities or school transportation vehicles. (See Appendix A, CDC Considerations for Pre-Arrival Symptom Screening to Prevent School COVID-19 Exposures) |
| | Plan "What to do if a Student Becomes Sick at School or Reports a New COVID-19 Diagnosis" (See Appendix B,CDC School COVID-19 Case / Positive Test Response Algorithm) |

| Behaviors that Prevent Spread of Covid-19: *Handwashing and Respiratory Etiquette* | Teach and reinforce handwashing with soap and water for at least 20 seconds:<br><br>• Ensure access to essential hygiene supplies including consistent running hot and cold water, soap, paper towels, tissues, hand towels.<br>• Ensure handwashing stations are accessible.<br>• Post visible signs as reminders and behavior change support.<br>• Increase monitoring to ensure adherence among students and staff.<br>• Provide hand sanitizer containing at least 60% alcohol if soap and water are not readily available |

# Essential COVID-19 K-12 School Safety Elements

**Behaviors that Prevent Spread of Covid-19: _Universal_ and _Correct Use of Masks_**

⟩⟩ Teachers, staff, students, and visitors (ages 2 and above) who enter the school will consistently and correctly use face masks to prevent SARS-CoV-2 transmission through respiratory droplets.

- Masks are required in all classroom and non-classroom settings, including hallways, school offices, restrooms, gyms, auditoriums, etc.

- Masks are not PPE and do not need to be N-95s. Types of masks can include surgical masks, cloth masks, or DIY face coverings. "Double masking" is encouraged as long as comfort is acceptable.

  ○ Exceptions to masks include:
    - Persons who, because of a disability, cannot wear a mask or wear a mask safely;
    - Settings such as accommodating those who are deaf or hard of hearing.
    - At times when mask wearing is not feasible (e.g., eating and drinking). Steps are needed to promote physical distancing during these times.

⟩⟩ Clean masks should be worn each day (reusable cloth masks should be washed when dirty or at least daily). Throw away disposable masks after wearing once

⟩⟩ Masks are the preferred and recommended simple barrier to prevent source control.

- If instructing students who need to visually see the mouth for speech/language:

  ○ Clear masks may be considered.
    - Ensure there are no breathing difficulties or over heating problems for the wearer.
    - Clear masks are not face shields; face shields are not recommended

- If clear masks are not feasible, establish appropriate ventilation, more than 6 feet of physical distance, and plexi-glass or other clear dividers that are able to be cleaned and sanitized. The frame should not be made of wood as wood is porous, will expand when wet, and is hard to disinfect. If wood is used, it will need to be painted by impermeable paint to be wiped down. (For DIY plexiglass dividers, all construction plans should be reviewed and approved by individual(s) identified by school administration who can identify the hazards.

**Maintain Healthy Environments: _Physical Distancing_**

⟩⟩ Take steps to ensure that people who do not live together remain 6 feet away from others
- All staff should consistently communicate, explain, model, and reinforce appropriate physical distancing practices in ways that are developmentally appropriate for students, teachers, staff, and parents.
- Consider CDC recommended seating patterns.

⟩⟩ Outfit buildings with highly visual and visible physical distancing demarcations:
- Markers and physical guides on floors/walls to communicate where students and staff should stand or stay in order for all parties to stay 6 feet apart.

⟩⟩ Use physical barriers, approved by individual(s) identified by school administration who can identify the hazards, in lieu of distance if unable to accommodate 6 feet of distancing.

⟩⟩ Whenever 6 feet of physical distance is not realistic, strongly reinforce correct mask wearing.

# Essential COVID-19 K-12 School Safety Elements

**Maintain Healthy Environments:** *Clean and Maintain Healthy Facilities.*

» Ensure cleaning and disinfectant supply inventories are:
- Readily available and safely stored (locked and/or out of reach) according to the Safety Data Sheets (SDS) that are provided by the vendors.
- Used to follow schedules of increased routine cleaning and disinfection of frequently touched surfaces per CDC and EPA.

» Ensure chemical hazards safety per NNOSHA, NN Safety, and related protocols.
- Young children should not touch or be in contact with disinfectant or other chemicals.
- Follow recommended label for use.
- Ensure adequate ventilation and avoid exposures for individuals who may be sensitive or have asthma.

» Determine what needs to be cleaned, and how areas will be disinfected.
- *Cleaning with soap and water* reduces the number of germs, dirt, and impurities on the surface.
- *Disinfecting* kills any remaining germs on surfaces, which further reduces any risk of spreading infection.
  ○ High touch surfaces include: Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks.
  ○ Surfaces and objects in public or shared areas should be cleaned and disinfected before each use or as much as possible.
  ○ Post visible cleaning check sheets in restrooms, kitchens, classrooms, and high traffic areas.

» Minimize shared objects:
- Discourage sharing objects that are difficult to clean or disinfect. For example, sharing of soft toys, stuffed animals, crayons and art supplies, sponges, clay, etc.
- Ensure adequate supplies (e.g., assign each student art supplies or equipment).
- Avoid sharing electronic devices if possible.

**Maintain Healthy Environments:** *School Building Considerations*

» Assess ventilation within all rooms and areas and review current air quality.
- Consult Safety and HVAC professionals regarding each school's ventilation status. The ASHRAE guidance for schools resource offers improvement strategies such as:
  ○ Increase ventilation and update ventilation systems to ensure acceptable indoor air quality for the current occupancy level for each space.
  ○ Install or update filtration systems with adequate particle specifications (e.g., MERV 13 or HEPA).
  ○ Ensure there is routine maintenance of HVAC.

» Increase outdoor air ventilation when possible:
- Open windows and doors (assess safety to children first).
- Use child-safe fans to increase effectiveness of open windows.
- Decrease occupancy in areas where outdoor ventilation cannot be increased.

» Increase use of outdoor spaces when safe and possible (audience should be upwind of speaker).

# Essential COVID-19 K-12 School Safety Elements

**Maintain Healthy Operations:** *General Preparations and Safety Planning*

>> Implement protections for staff and students at higher risk of severe illness.

- School safety plans should be revised to reflect Covid-19 hazards.
- Offer options for students at higher risk that limit their exposure (e.g. virtual learning, smaller student cohorts, or other).

>> Follow Navajo Nation Department of Health, Health Command Operations Center and NN Government policies related to group gatherings to determine if events can be held

- Assess group gathering size limits.
- Determine allowable types of activities (e.g. is singing or cheering permitted?)

>> Create plans for gatherings, visitors, and field trips:

- Limit nonessential activities and visitors;
- Limit cross-school transfer for special programs;
- Consider staff who travel between schools.

>> Create transportation plans that follow physical distancing and ventilation practices.

>> Promote flexible staff leave policies (e.g., allowing leave to care for a sick family member):

- Staff may telecommute where feasible, especially those with increased risk for severe illness.
- Implement flexible work schedules
  - Reduce the number of staff at the school building and on campus at any given time based on student schedules

>> Conduct virtual staff meetings as much as possible.

**Maintain Healthy Operations:** *Personal Protective Equipment Determined by Safety Planning*

>> Identify elevated COVID-19 exposure hazards (Safety Assessment Plan) for all staff and determine any need for Personal Protective Equipment (PPE).

- Develop context specific school safety Plans.
- PPE may include N-95 respirators, gloves, gowns, and eye protection.
- PPE should be used by those caring for or transporting staff or students who may have active COVID-19 illness.

>> In general, PPE as defined above is not a requirement for safe classroom or school activities.

**Maintain Healthy Operations:** *Accommodations, Modifications, and Assistance for Students with Disabilities*

>> Collaborate with parents and/or guardians of students with disabilities or special health needs to ensure appropriate implementation of any accommodations and modifications that are needed for students to access the general or modified curriculum, as stated in their Individual Education Programs (IEPs).

# Essential COVID-19 K-12 School Safety Elements

**Prepare for when someone has COVID-19:** *Identify those who become sick or those who have close contacts with someone who is sick.*

⟫ Implement sign in logs for all individuals who enter the building.

- Information should include, at minimum: name, phone number, and time in and out.

⟫ Advise students, teachers, staff, and families of home isolation and quarantine criteria.

- Isolate and transport students who develop symptoms while at school.

  o Follow CDC's school isolation protocol

  o Develop Safety Plans for interventions that include:

    - Closing off areas exposed until after cleaning and disinfection (see above link).
    - Clean after waiting 24 hours or as long as possible, following all safety practices

⟫ Schools must report all COVID-19 cases and close contact to local health officials and to the HCOC COVID-19 Reporting Portal. For questions about reporting cases, schools may call the Health Command Operations Center at (928) 871-7014.

⟫ Inform those who have had close contact (see checklist available with definition) to stay home and self-monitor for symptoms, get tested, and follow CDC guidance if symptoms develop.

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**Prepare for when someone has COVID-19:** *School COVID-19 Testing*

⟫ Provide clear guidance and support for any staff or students with symptoms of COVID-19.

⟫ All newly symptomatic individuals need immediate COVID-19 testing and to follow isolation protocols above (this is called "diagnostic testing"). All close contacts of COVID-19 cases also need diagnostic COVID-19 testing and to follow quarantine protocols.

⟫ Diagnostic testing may be done:

- At the school-by-school personnel using a CLIA waived test (e.g., rapid antigen test) if a CLIA Certificate of Waiver is in place
- At the school by a rapid response team deployed from the local health center/clinic
- On a referral basis at local health centers/clinics

⟫ Screening testing is testing that is done to detect infection even when there is no reason to suspect infection (e.g., there are no symptoms and no exposures). Screening testing can help prevent silent spread of SARS-CoV-2 from asymptomatic people.

- Schools may consider screening testing of faculty, staff and/or students on a weekly or twice weekly basis, using school-based or home-based approaches to testing.
- Considerations for screening testing include:

⟫ Feasibility, including cost, personnel, physical space, ability to obtain informed consent, ability to maintain confidentiality, and ability to follow up all test results with recommended actions

⟫ Contextual elements such as geographic mobility of student population, presence, or absence of residential or dorm facilities, and background community COVID-19 transmission patterns. Schools with these factors are encouraged to consult directly with HCOC POCs to develop and implement school testing plans

# Appendix A

CDC Considerations for Pre-Arrival Symptom Screening to Prevent School COVID-19 Exposures

- **Students should not attend school when they are sick.**
- Schools can minimize some of the limitations and challenges of symptom screening and help reduce the spread of the virus that causes COVID-19 by:

  - Encouraging families to check their students' health and keep students at home when they are sick.
  - Emphasizing home symptom screening or being aware of symptoms that suggest infectious illness generally rather than comprehensive screening for all known symptoms of COVID-19.
  - Basing decisions for safe return to school on the likelihood that the student's symptoms are from COVID-19

- If schools choose to adopt routine symptom screening, the following template for home-based screening is available:               Template for Home-Based Screening

**Caregivers: If your child has any of the following symptoms, they might have an illness they can spread to others.**

  - Check your child for these symptoms before they go to school.
  - Check a symptom *only if it has changed from usual or baseline health.*
    - Check your child for these symptoms before they go to school.
    - Check a symptom *only if it has changed from usual or baseline health.*
    - Temperature 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 onset of severe headache, especially with a fever

**If your child HAS any of the symptoms above:**

  - Keep them home from school.
  - Consider whether your child needs to see a healthcare provider and possible COVID-19 testing. CDC has a Coronavirus Self Checker* available in its website, which may help you make decisions about seeking medical care for possible COVID-19.
  - Contact your child's school and report that your child is sick. The school may ask some additional questions to help determine when it is safe for your child to return to school.
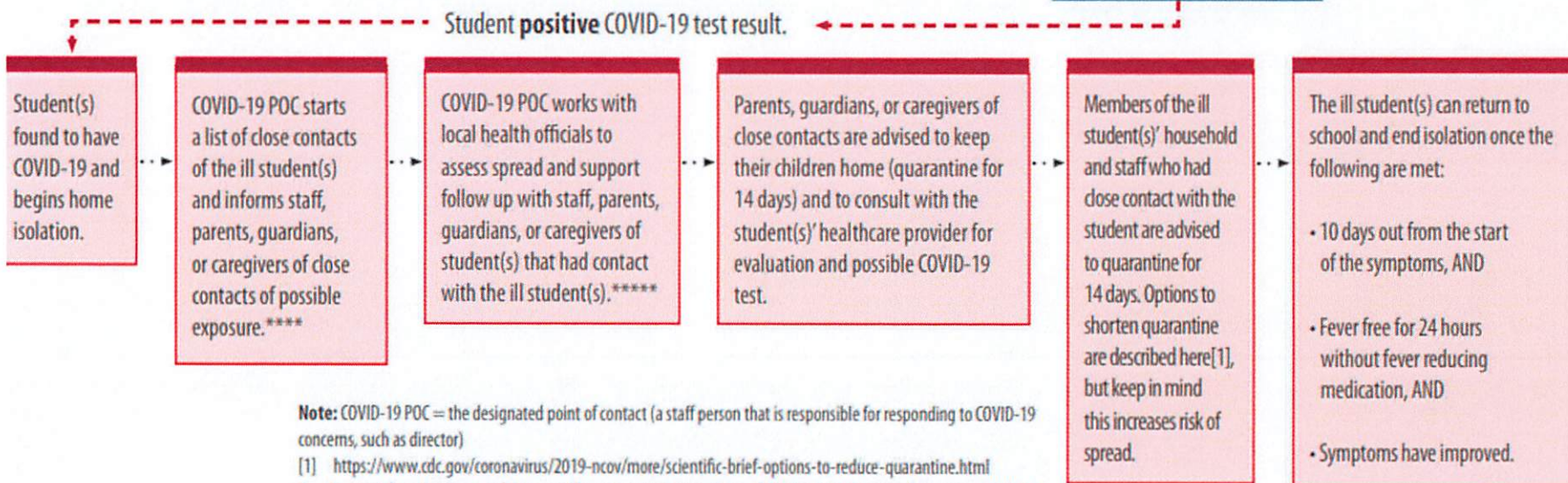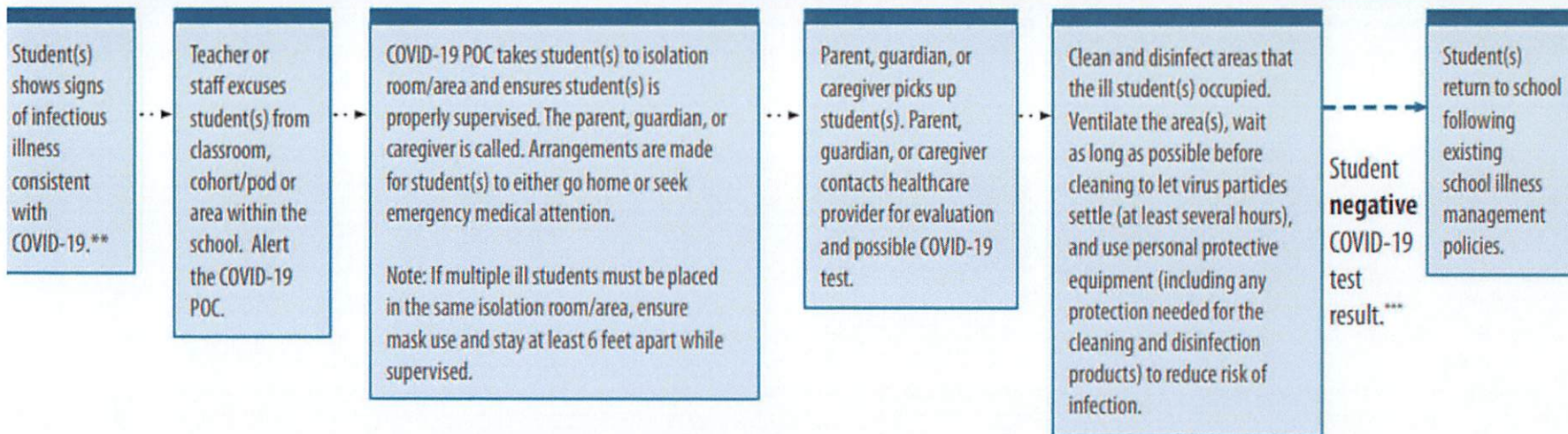
**If your child does NOT have any of the symptoms above:**

  - Send them to school as usual.

**\*Coronavirus Self Checker:** https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/coronavirus-self-checker.html
The CDC's Coronavirus Self Checker is a tool that could also be used to assess children who have arrived at school and who may be sick with COVID-19.

# WHAT TO DO IF A STUDENT BECOMES SICK OR REPORTS A NEW COVID-19 DIAGNOSIS AT SCHOOL*

Student(s) shows signs of infectious illness consistent with COVID-19.**

→

Teacher or staff excuses student(s) from classroom, cohort/pod or area within the school. Alert the COVID-19 POC.

→

COVID-19 POC takes student(s) to isolation room/area and ensures student(s) is properly supervised. The parent, guardian, or caregiver is called. Arrangements are made for student(s) to either go home or seek emergency medical attention.

Note: If multiple ill students must be placed in the same isolation room/area, ensure mask use and stay at least 6 feet apart while supervised.

→

Parent, guardian, or caregiver picks up student(s). Parent, guardian, or caregiver contacts healthcare provider for evaluation and possible COVID-19 test.

→

Clean and disinfect areas that the ill student(s) occupied. Ventilate the area(s), wait as long as possible before cleaning to let virus particles settle (at least several hours), and use personal protective equipment (including any protection needed for the cleaning and disinfection products) to reduce risk of infection.

Student **negative** COVID-19 test result.***

→

Student(s) return to school following existing school illness management policies.

Student **positive** COVID-19 test result. ←

Student(s) found to have COVID-19 and begins home isolation.

→

COVID-19 POC starts a list of close contacts of the ill student(s) and informs staff, parents, guardians, or caregivers of close contacts of possible exposure.****

→

COVID-19 POC works with local health officials to assess spread and support follow up with staff, parents, guardians, or caregivers of student(s) that had contact with the ill student(s).*****

→

Parents, guardians, or caregivers of close contacts are advised to keep their children home (quarantine for 14 days) and to consult with the student(s)' healthcare provider for evaluation and possible COVID-19 test.

→

Members of the ill student(s)' household and staff who had close contact with the student are advised to quarantine for 14 days. Options to shorten quarantine are described here[1], but keep in mind this increases risk of spread.

→

The ill student(s) can return to school and end isolation once the following are met:

- 10 days out from the start of the symptoms, AND

- Fever free for 24 hours without fever reducing medication, AND

- Symptoms have improved.

**Note:** COVID-19 POC = the designated point of contact (a staff person that is responsible for responding to COVID-19 concerns, such as director)

[1]    https://www.cdc.gov/coronavirus/2019-ncov/more/scientific-brief-options-to-reduce-quarantine.html

*    Scenario based on geographic area with community transmission of SARS-COV-2 the virus that causes COVID-19.

**    The most common symptoms of COVID-19 in children include fever or chills, cough, nasal congestion or runny nose, new loss of taste or smell, shortness of breath or difficulty breathing, diarrhea or vomiting, stomachache, tiredness, headache, muscle or body aches, and poor appetite or poor feeding (especially in babies under 1 year old).

***    With no known close contact.

****    Close contact is defined as someone who was within 6 feet for a total of 15 minutes or more within 2 days prior to illness onset, regardless of whether the contact was wearing a mask.

*****    To the extent allowable by applicable laws regarding privacy.

CDC

cdc.gov/coronavirus

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# Appendix C

**DIRECTORS/SCN OF PUBLIC HEALTH NURSING FOR NAVAJO AREA**

| Service Unit/Tribal Health Organization | Office Phone and Referral FAX | Main Contacts |
|---|---|---|
| **Chinle Service Unit**<br>Includes: • Chinle Comprehensive Health Care Facility (Chinle Hospital) • Pinon Health Center • Tsaile Health Center • Rock Point Health Station | P.O. Drawer PH Chinle, AZ 86503 PHN Office: 928/ 674-7179/7181<br>Referral FAX: 928/ 674-7577<br>PHN Call Center 928-674-7577 | **Alex Daniels** alex.daniels@ihs.gov<br>**Molly Dayzie** molly.dayzie@ihs.gov<br>**Stacey Loner** Stacey.loner@ihs.gov |
| **Crownpoint Health Care Facility** | P.O. Box 358 Crownpoint, NM 87314<br>PHN Office: 505/ 786-6420/6422<br>Referral FAX: 505/ 786-5303 | **Trudy Redshirt** trudy.redshirt@ihs.gov |
| **Gallup Indian Medical Center** | P.O. Box 1337 Gallup, NM 87305 PHN Office: 505-722-1746/1749 Referral FAX: 505/ 722-1745 | **Reba Groten** reba.groten@ihs.gov |
| **Northern Navajo Medical Center and Dzilth-Na-O-Dith-Hle Health Center** | P.O. Box 160, Shiprock, NM 87420<br>PHN Office: 505/368-7417<br>Referral FAX: 505/ 368-7416 | **Joann King** joann.king@ihs.gov |
| **Four Corners Regional Health Center** | HCR 6100, Box 30 Teec Nos Pos, AZ 86516<br>PHN Office: 928-656-5300/5302<br>Referral FAX: 928/ 656-5292 | **Neva Kayaani** neva.kayaani@ihs.gov |
| **Tsehootsooi Medical Center** | P.O. Box 649 Ft. Defiance, AZ 86504<br>PHN Office: 928-729-8470/8490<br>FAX: 928/ 729-8499 | **Siona Willie** siona.willlie@fdihb.org |
| **Kayenta Service Unit** | P.O. Box 368 Kayenta, AZ 86033<br>PHN Office:928-697-4033/4037<br>FAX: 928/697-4394 (temporary) | **Ruth White** ruth.white@ihs.gov<br>**Philana Brown** philana.brown@ihs.gov |
| **Tuba City Regional Health Care Center** | P.O. Box 600, 167 N. Main Tuba City, AZ 86045<br>Front Desk: 928-283-2783 FAX: 928/ 283-2106 | **Marlana Wilson** Direct Office Line: 928-283-3522 Cell Hotline: 928-606-4647 Marlana.Wilson@TCHEALTH.org **Annie Edleman** Cell: 928-890-4532 anathea.edleman@tchealth.org |
| **Winslow Indian Health Center** | 500 N. Indiana Avenue Winslow, AZ 86047 PHN Office: 928/ 289-6197/6198 FAX: 928/ 289-6126 | **Denise Blackrock** Office: 928/ 289-6198 denise.blackrock@wihcc.org |
| **Sage Memorial Hospital** | P.O. Box 457 Ganado, AZ 86505<br>Main Line: 928-755-4500<br>FAX: 520/ 755-4659 | Sharon Edison Office: 928/ 755-4842 sharon.edison@sagememorial.com Charlotte Rieck: -4915 Laverne Peshlakai: -4870 |
| **Utah Navajo Health System** | 1478 East, UT-162, Montezuma Creek, UT 84534 | **Shawn Begay** Office: 435-678-0251 sbegay@unhsinc.org |
| **To'hajiilee (Canoncito)** | 129 Medicine Horse Dr, To'hajiilee, NM 87026<br>Main Line: 505-908-2307 (press 4) FAX: 505/908-2306 | **Marla Jim** Office: 505-908-2307(ext.138) marla.jim@ihs.gov |
| **Pine Hill Health Center** | PO Box 310 Pine Hill, NM 87357<br>Main Line: 505-775-3271<br>FAX: 505-775-3633 | **Pearl Alonzo** Office: 505-775-3271 (ext.218) Pearl.alonzo@ihs.gov |