



MEMORANDUM

Date: August 17, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **Back to School Committee**

In my July 31, 2020 Memorandum I shared that all public school district superintendents and seven charter, private and parochial school superintendents were invited to serve on a local Back to School Committee, which was co-chaired by Pima County School Superintendent Dustin Williams and Pima County Health Department Director Dr. Theresa Cullen.

The Committee met on August 10 and August 14 and initially reviewed the State and Countywide medical data regarding COVID-19 and the implications for K-12 instruction. In addition, the Committee achieved consensus regarding public health principles for decision making and planning for face-to-face classroom instruction.

As noted in my July Memorandum, the key concern for students, parents, teachers, administrators and all support personnel is when is it safe for schools to begin to transition and ultimately return to face-to-face classroom instruction. The scientifically based criteria offered by the State of Arizona and Pima County have been aligned to avoid any possible contraction or confusion.

With the development of the guiding principles and unified criteria, Pima County has delineated the path forward based on the current and predicted presence of COVID-19 in our community. When progress is shown for each of the nine criteria (yellow), this will signal when the Pima County Health Department may recommend schools begin hybrid instruction (some face-to face instruction combined with on-line).

Of particular importance, and what is the key success of the work of the Committee today and in the weeks and perhaps months to come, is the acknowledgement by all that the Pima County Health Department has and will continue to provide accurate, unbiased and timely information regarding COVID-19.

The materials presented at the meetings of the Committee are attached.

c: The Honorable Dustin Williams, Pima County School Superintendent
Jan Leshar, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Terry Cullen, MD, MS, Health Department Director



Pima County Back to School Committee

**Monday August 10, 2020
9:00 AM – 11:00 AM
County Administration East, Board Hearing Room
130 W. Congress, 1st Floor
Tucson, Arizona**

Members may participate remotely via the video conference information provided. The public may view the meeting via [Pima County's Facebook](#) page and Channel 96.

Mission:

To develop local public health guidance for the safe return to in-person classroom instruction.

Co-Chairs:

Pima County School Superintendent Dustin Williams

Pima County Health Department Director Dr. Theresa Cullen

AGENDA

1. CALL TO ORDER AND WELCOME
Superintendent Dustin Williams
2. ROLL CALL
Superintendent Dustin Williams
3. BRIEF REVIEW OF STATUS OF COVID-19 IN PIMA COUNTY AND ITS IMPLICATIONS FOR K-12 INSTRUCTION
Dr. Francisco Garcia
4. REVIEW ARIZONA DEPARTMENT OF HEALTH SERVICES SCHOOL GUIDANCE AND METRICS RELEASED AUGUST 6, 2020: WHERE WE ARE TODAY
Dr. Theresa Cullen
5. PUBLIC HEALTH PRINCIPLES TO GUIDE DECISION MAKING AND PLANNING FOR FACE-TO-FACE CLASSROOM INSTRUCTION
Dr. Theresa Cullen
6. NEXT MEETING AND AGENDA ITEMS
Friday, August 14, 2020, 2:00 pm – 4:00 pm

Note: Correspondence and background materials sent to the Committee are available at www.pima.gov/backtoschool.

Meeting Agenda

- Call to order – Superintendent Dustin Williams
- Roll Call - Superintendent Dustin Williams
- Brief Review of COVID-19 Status in Pima County and K-12 Implications – Dr. Francisco Carcia
- Review ADHS School Guidance and Metrics, Where We Are Today – Dr. Theresa Cullen
- Public Health Principles Guiding Decision Making in Planning Face-To-Face – Dr. Theresa Cullen

Current PCHD Back to Business Dashboard Criteria

Dashboard recommendations to be evaluated:

1. Disease Criteria
2. Healthcare Capacity Criteria
3. Public Health Capacity Criteria

Current MMWR week 33 (August 9-15, 2020)

Disease Criteria as of August 2

Criteria not met	Progress	Criteria met

Decreasing cases over two consecutive weeks (with complete reporting of cases)

- **Criteria Met** – The number of new cases decreases each week for two consecutive weeks AND remains decreasing while all other criteria are met. If new cases begins to increase, the category will return to “Progress.”
- **Progress** – The number of new cases in a single week is less than the previous week
- **Not Met** – The number of new positive cases continues to increase or plateau, regardless of rate
- *As of August 5, 2020 in Pima County, with the lag in dissemination of positive test results, the data shows minimal decline and appears plateaued. The decreasing cases over two consecutive weeks **criteria is not met for MMWR weeks 28 and 29 (July 5-18)***
- **MMWR week 29 and 30- will change to PROGRESS (post on August 9, 2020)**

Pima County Cases by Age

- 19 and under group 2,181 cases
- 55-64 age group 2,167 cases

Decreasing deaths over 14 days

- **Criteria Met** – The number of new deaths decreases each week for two consecutive weeks AND remains decreasing while all other criteria are met. If new cases begins to increase, the category will return to “Progress.”
- **Progress** –The number of new deaths in a single week is less than the previous week
- **Not Met** – The number of deaths continues to increase or plateau, regardless of rate
- *This data reporting is delayed by four weeks. As of August 9, 2020 in Pima County, the data shows plateau. The decreasing deaths over 14 days **criteria is not met for MMWR week 26 and 27 (6/21 through 7/4, 2020)***

Hospitalizations

- **Criteria Met:** Less than 2 new hospitalizations per 100,000 residents measured on a three-day rolling average.
- **Progress:** less than 5 new hospitalizations per 100,000 residents measured on a three-day rolling average.
- **Not Met:** 8 or more new hospitalizations per 100,000 residents measured on a three-day rolling average. New hospitalizations include both new admissions and prior current admissions subsequently confirmed as positive COVID case.
- *As of August 9, 2020 in Pima County the Hospitalization **criteria is not met for MMWR week 30 or 31** (7/19-7/25; 7/26-8/1)*

Healthcare Capacity Criteria as of August 2

	Criteria not met	Progress	Criteria met
Lab Testing Availability and Utilization			
Adequate hospital bed capacity to care for 2X the current COVID cases (+ surge) - Statewide			
Sufficient Personal Protective Equipment (PPE) for Emergency Responders			

Lab Testing Availability and Utilization

- **Criteria Met:** Sustained number of completed tests for 14 days; if the number of new tests completed begins to decrease for more than a 7 day period, the category will return to “Progress”
- **Progress:** The number of new tests completed begins to increase after a 7-day period putting us on target to test 10% of the population
- **Criteria Not Met:** The number of new tests completed plateaus
- Currently, *progress is being made in Lab Testing Availability and Utilization*

Adequate hospital bed capacity to care for 2x the current COVID cases (+surge)—statewide

- **Criteria Met:** The number of inpatient, ICU and emergency room positive or suspected COVID-19 patients continues to decrease for a continual 14-day period AND remains decreasing while all other criteria are met. If the number of inpatient, ICU and emergency room positive or suspected COVID-19 patients begins to increase, the category will return to “progress”
- **Progress:** The number of inpatient, ICU and emergency room positive suspected COVID-19 patients decreases for at least a 7-day period
- **Criteria Not Met:** The number of inpatient, ICU and emergency room positive suspected COVID-19 patients continues to increase or plateau regardless of rate
- *Criteria is not being met in Adequate Hospital Bed Capacity for MMWY week 30; this changes to **PROGRESS** August 9 for MMWR week 31*

Sufficient PPE for Emergency Responders

- **Criteria Met** –No new requests for county, state, or federally provided PPE supplies for emergency responders
- **Progress** –Requests for county, state, or federally provided PPE decreased by 50% from highest request
- **Not Met** Continued request for PPE from sources outside their normal supply channels (i.e. county, state, or federal stockpiles or directly purchased supplies) for emergency responders
- *Currently, **progress** is being made on Sufficient PPE for Emergency Responders*

Public Health Capacity Criteria as of August 2

	Criteria not met	Progress	Criteria met
Timely case investigation			
Testing of symptomatic contacts within 48 hours			
Facilities/support for patients who can't be discharged home - Statewide			

Timely case investigation

- **Criteria Met:** 80% of cases have initial interview within 48 hours of notification
- **Progress:** 65% of cases have initial interview with 48 hours of notification
- **Criteria Not Met:** 50 % of cases have initial interview within 48 hours of notification
- *Currently, **criteria are not met** on this criterion for MMWR week 31; we expect to have progress by MMWR week 35 or sooner*

Testing of symptomatic contacts within 48 hours

- **Criteria Met:** Contact and refer symptomatic contacts of positive cases within 48 hours in 75% or less of identified cases
- **Progress:** Contact and refer symptomatic contacts of positive cases within 48 hours in 50% or less of identified cases
- **Criteria Not Met:** Contact and refer symptomatic contacts of positive cases within 48 hours in 20% or less of identified cases
- *Currently, **criteria are not met** on this criterion; we expect to have progress as of MMWR week 35 or sooner*

Facilities/support for patients who can't be discharged home – Statewide

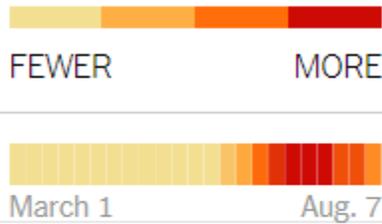
- **Criteria Met:** Policies or procedures are in place for the transfer of COVID-19 positive cases into congregate living or long-term care settings and 80 % transfers occur within 48 hours
- **Progress:** Policies or procedures are in place for the transfer of COVID-19 positive cases into congregate living or long-term care settings and 50% of transfers occur within 48 hours
- **Not Met:** No policies or procedures are in place for the transfer of COVID-19 positive cases into congregate living or long-term care settings
- *Currently, **progress** is being made on this criterion*

Arizona State School Reopening Guidance

- “Local Education Agencies (LEAs) should consult with their Local Health Department in assessing if physical school buildings should reopen.” ~ADHS *When to Consider Reopening*

The ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

	TOTAL CASES	PER 100,000	CASES IN LAST 7 DAYS	▼ PER 100,000	WEEKLY CASES PER CAPITA FEWER MORE
Arizona	186,211	2,558	10,996	151	
Yuma	11,525	5,391	565	264	
Apache	3,155	4,389	157	218	
Graham	539	1,388	78	201	
Maricopa	125,545	2,799	7,631	170	
Gila	905	1,675	78	144	
Navajo	5,368	4,839	150	135	
Pima	17,728	1,693	1,330	127	
Santa Cruz	2,660	5,721	52	112	

Case Decline

- Decline in Cases OR Less Than 100 cases per 100K
- Application for Rural Communities

“Christ, in explaining the three-part test to determine when it’s safe to reopen schools, said there’s a reason for providing an alternative to the one which sets the baseline at having an infection rate of fewer than 100 for every 100,000 residents. She said that’s specifically designed for counties with a small population where a few new cases could tip the rate above the cutoff.”

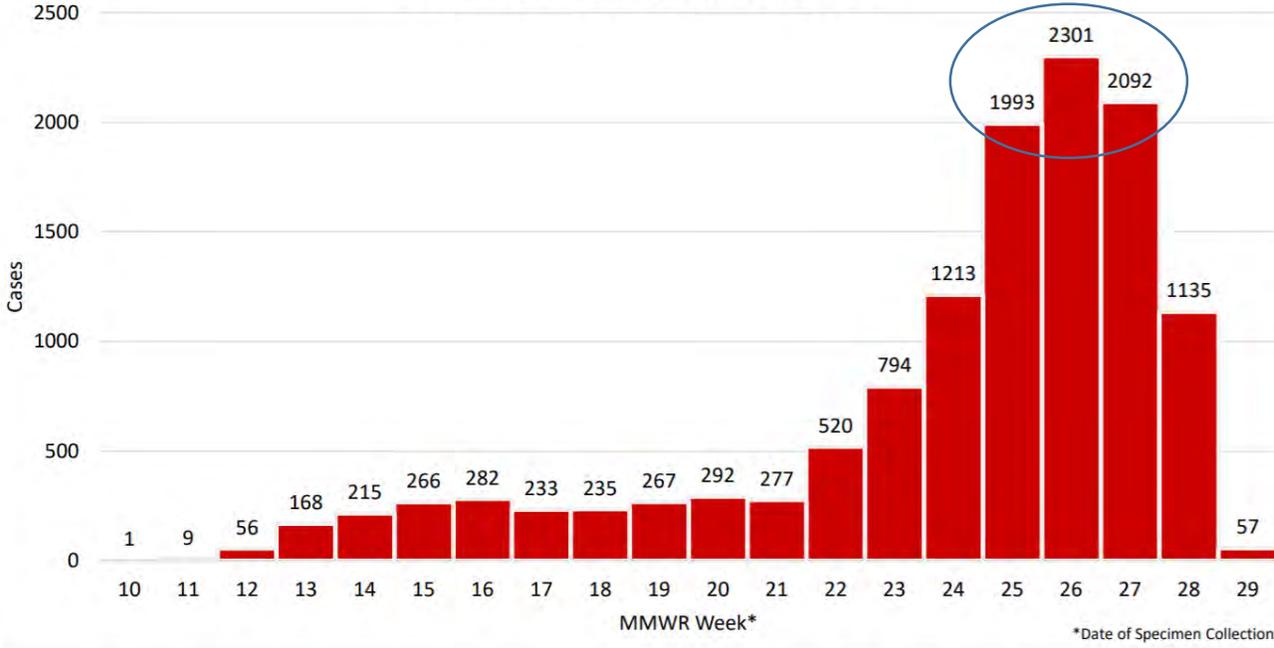
- AZ Daily Star 8/7/20

1)  Decline in cases or less than 100 cases per 100,000 individuals for two consecutive weeks: **Benchmark Met**

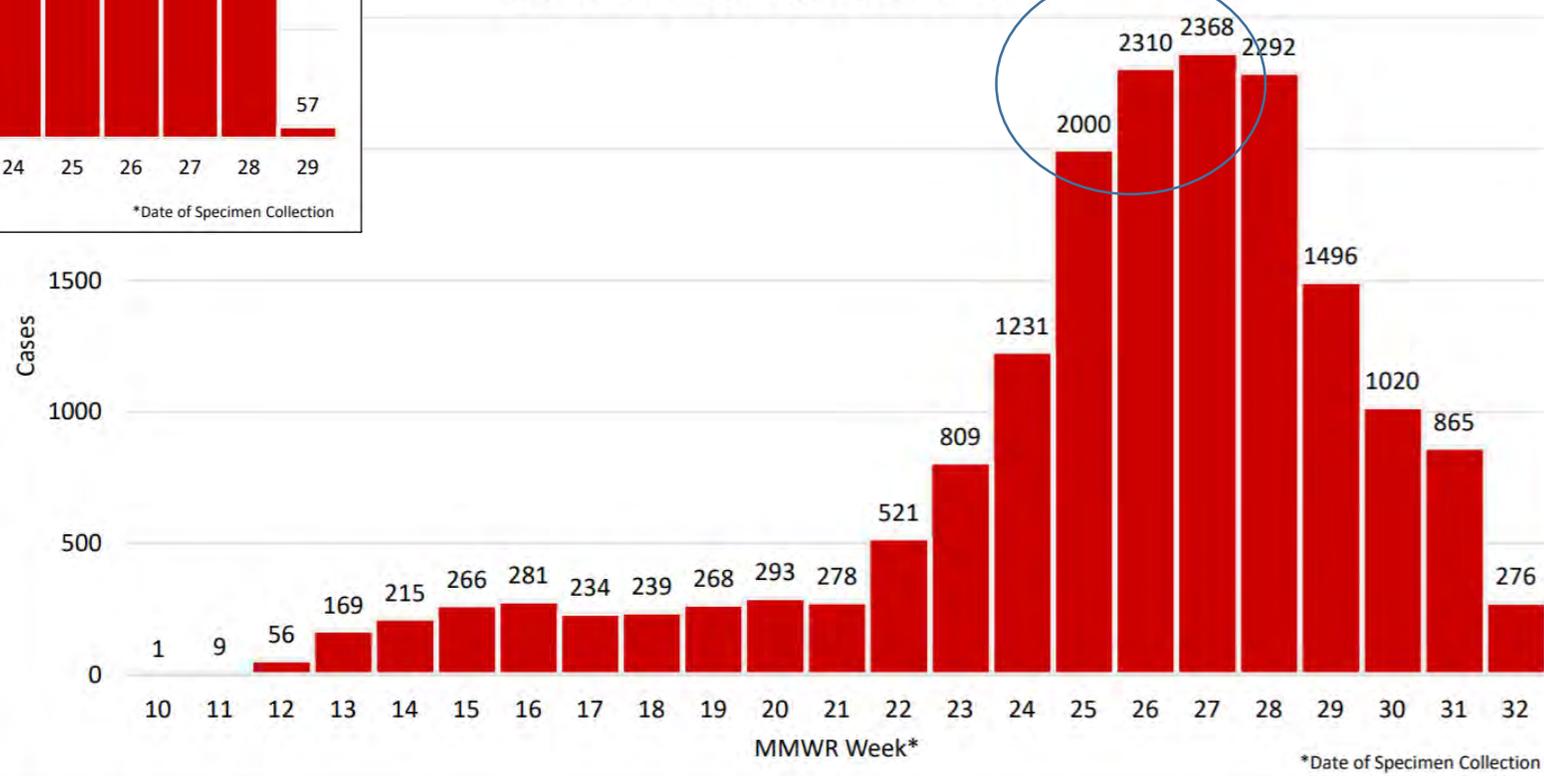


https://tucson.com/news/local/arizona-releases-covid-19-benchmarks-for-when-schools-should-be-able-to-safely-reopen/article_84905361-00bb-5d51-8beb-7d847ae9542e.html

COVID-19 Cases by MMWR Week



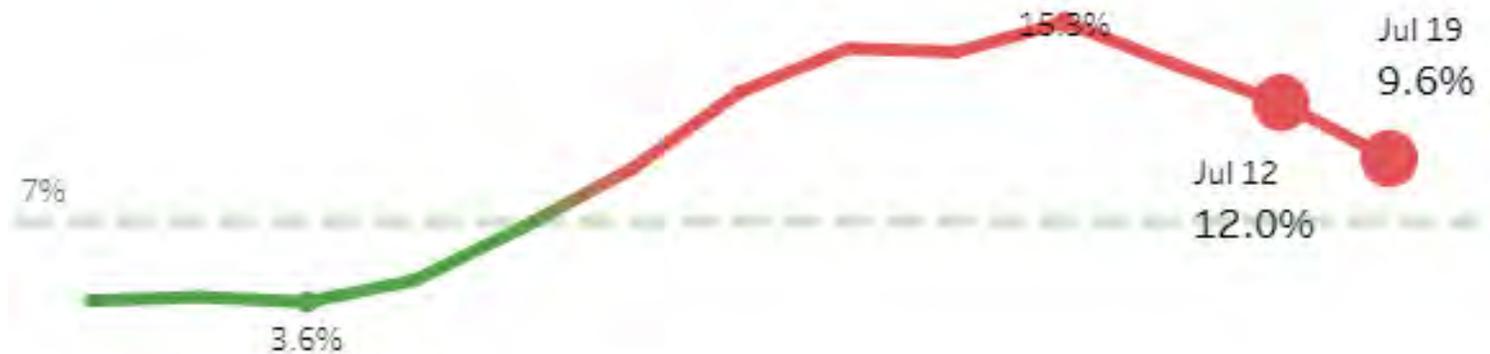
COVID-19 Cases by MMWR Week



Percent Positivity

- W.H.O. Recommends 5% as benchmark
- State indicates 5-10% as cutoffs, but chooses 7%

2) **X** Two consecutive weeks with percent positivity below 7%: **Benchmark Not Met**



COVID-like Symptom Hospital Visits

- Results from aggregated regional county reports
- Aggregating counties that do not report with those that do may result in inaccurate BioSense Regional Data
- Unknown influence from influenza

3) Two consecutive weeks with hospital visits for COVID-like illnesses in the region below 10%: Benchmark Met



Table 1: School Re-Openings: Country Comparisons on Key Metrics Compared to Current U.S. Data

	Date of reopening	Daily Cases	Daily Cases Per Million Population	Positivity Rate (%)
		(7-day averages)		
United States	—	65,750.4	198.6	8.3
Belgium	5/18/2020	291.3	25.1	2.1
Denmark	4/15/2020	205.7	35.5	6.2
France	5/11/2020	1,110.9	17.0	1.1
Germany	5/4/2020	1,140.3	13.6	2.4
Greece	6/1/2020	5.6	0.5	0.1
Israel	5/3/2020	126.7	14.6	1.4
Japan	4/24/2020	439	3.5	8.7
South Korea	6/8/2020	44.4	0.9	0.3
New Zealand	5/14/2020	1.1	0.2	0
Norway	4/20/2020	93.3	17.2	3.8
Switzerland	5/11/2020	57.1	6.6	1.3
Taiwan	2/25/2020	1.1	0.0	0.2
Vietnam	5/18/2020	4.6	0.0	0

NOTES: U.S. estimates calculated based on most recent data. France positivity rate from May 24. Vietnam positivity rate from April 29. Data represent 7-day average, as of re-opening date (unless other date noted).

SOURCES: COVID-19 data from: "Coronavirus Pandemic (COVID-19)". Published online at [OurWorldInData.org](https://ourworldindata.org). Retrieved on July 28, 2020.

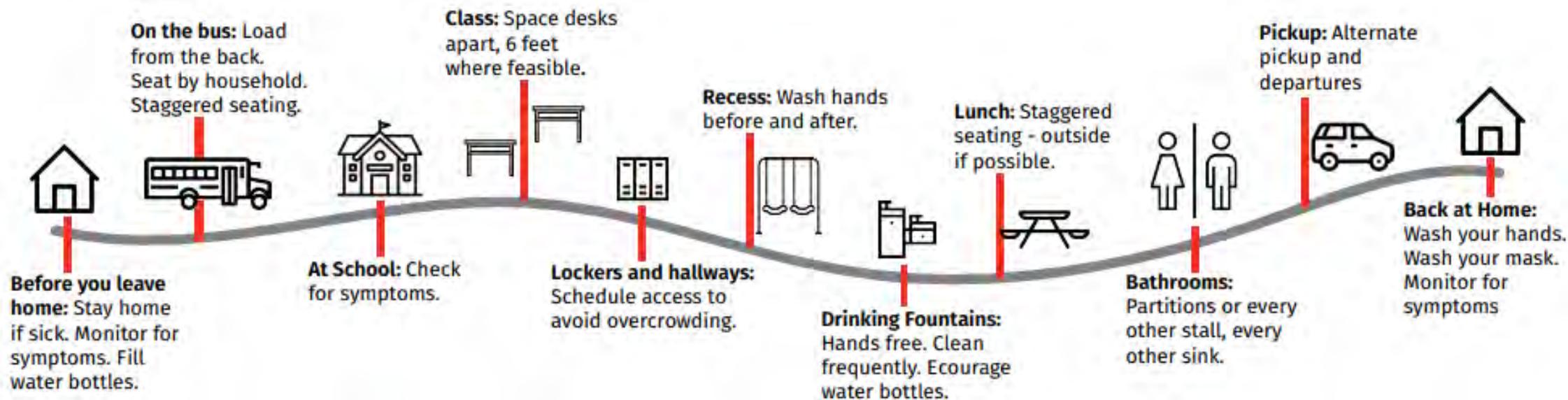
School reopening dates from: University of Washington, [Summary of School Re-Opening Models and Implementation Approaches During the COVID 19 Pandemic](#), July 6, 2020,

Initial Reopening Checklist

- Reopening buildings for on site services or in-person instruction is consistent with applicable state and local orders
- Consulted the local health department to confirm all three benchmarks are within the **minimal** or **moderate** spread category for two weeks. LEAs and local health departments may use additional considerations for initial reopening as outlined above.
 - Cases: <100 cases/100,000 or a two week decline in number of cases
 - Percent Positivity: <7%
 - COVID Like Illness: <10%
- The adopted mitigation plan includes strategies for traditional, hybrid, virtual, and intermittent models
- The adopted mitigation plan has been posted on the LEA's website

Proposed PCHD Role

- Establish School Liaison team to lead 2-3 weekly webinars for schools, communicating current guidance and timely updates
- One liaison to function as a point of contact with up to 7 CT staff from Maximus to assist schools with CT efforts
- Deploy school interface on website as a fully accessible resource
- Support District level COVID-19 mitigation plan through self attestation to PCHD guidance coupled with PCHD review and feedback
- Support school distance learning with health enhancing instructional material



 **Mask Always On**

Guiding Principles for Re-opening

- Equitable outcomes for all students, staff, and faculty regardless of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or their need to refrain from in-person activities due to concerns about COVID-19
- Returning safely to in-person instruction decisions based on state and local public health guidance and school-specific information
- Integration of emerging scientific based evidence in decision making
- Ability to ensure appropriate isolation of symptomatic students/staff and protocols in place for transportation to location for quarantine or isolation
- Protection of individuals in community, and their family members, who are vulnerable to severe COVID-19 disease, or to harassment or discrimination
- Consideration of harmful effects due to school closure (e.g. social-emotional effects of quarantine/isolation; widening disparity in educational attainment; reduced access to meals; increase in substance misuse, domestic violence, anxiety/depression).

Guiding Principles for Re-opening

- Equitable outcomes for all students, staff, and faculty regardless of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or their need to refrain from in-person activities due to concerns about COVID-19

Guiding Principles for Re-opening

- Returning safely to in-person instruction decisions based on state and local public health guidance and school-specific information

Guiding Principles for Re-opening

- Integration of emerging scientific based evidence in decision making

Guiding Principles for Re-opening

- Ability to ensure appropriate isolation of symptomatic students/staff and protocols in place for transportation to location for quarantine or isolation

Guiding Principles for Re-opening

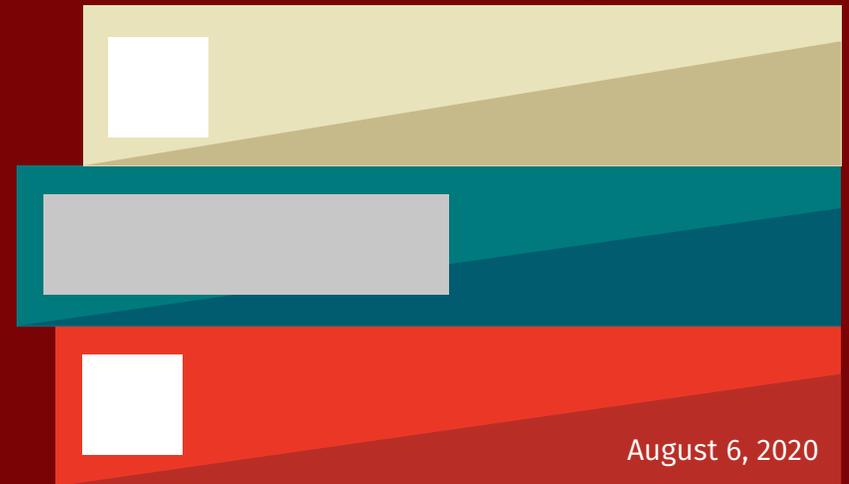
- Protection of individuals in community, and their family members, who are vulnerable to severe COVID-19 disease, or to harassment or discrimination

Guiding Principles for Re-opening

- Consideration of harmful effects due to school closure (e.g. social-emotional effects of quarantine/isolation; widening disparity in educational attainment; reduced access to meals; increase in substance misuse, domestic violence, anxiety/depression).

Discussion of Principles

Safely Returning to In-Person Instruction



ARIZONA DEPARTMENT
OF HEALTH SERVICES

August 6, 2020

Introduction

Aside from a child's home, no other setting has more influence on a child's health and well-being than their school. The school environment helps with the following:

- Provides education instruction;
- Supports the development of social and emotional skills;
- Creates a safe environment for learning;
- Addresses nutrition needs;
- And facilitates physical activity.

After the early closure of schools during the 2019-2020 school year in response to the COVID-19 pandemic, local education agencies (LEAs), schools, and universities have been preparing to reopen schools for in-person instruction. The Arizona Department of Education (ADE) and Arizona Department of Health Services (ADHS) have partnered in the development of guidance to support the safe reopening of school buildings. The [Roadmap for Reopening Schools](#), released in June 2020, provides LEAs and schools the guidance necessary to create plans to reopen schools while reducing the risk of transmission among students and staff. This document, Benchmarks for Safely Returning to In-Person Instruction, is designed to be used in conjunction with the Roadmap for Reopening Schools.

The level of COVID-19 transmission in the community is an important factor in determining when it is safe to begin in-person instruction. The experiences of other countries have indicated that reopening schools may be low risk in communities with low transmission rates. Despite children having similar viral loads in their upper airways as adults, there appears to be a lower risk that children under 10 with COVID-19 will transmit to household members, compared to children 10 or older and adults. Both large-scale epidemiological surveys and smaller analyses of household clusters suggest that younger children are less likely to infect the adults in their household with COVID than vice versa. Based on contact-tracing studies performed early in the epidemic, little evidence has been found of efficient transmission in school settings. While children, particularly those under 10, may not amplify transmission within the school setting, special attention should be given to prevent staff-to-staff transmission.

Schools are required to begin distance learning at the beginning of their academic calendar. Developed at the request of the education community, the benchmarks included herein should be used as a guide, in consultation with [Local Health Departments](#), to determine when it is safe to return to in-person instruction. As communities begin meeting benchmarks, school districts should follow the health protocols set forth in the [Roadmap for Reopening Schools](#). Reopening schools is complicated, as is providing helpful guidance for a virus we are still learning about. What each school decides must be specific to its needs and circumstances. Guidance to schools may change as our understanding of the virus evolves, and more scientific evidence becomes available.

Benchmarks

There are two key components to reopening school buildings for in-person instruction. First is the quality of the school’s mitigation plan, or the “how”. This plan outlines strategies the school will implement to reduce the spread of COVID-19 among students and staff upon reopening school buildings regardless of the building is open for [onsite support services](#) or in-person instruction. This plan must be adopted, implemented, and posted on the LEA’s website before onsite support services may begin. The second is the level of spread occurring within the community, or the “when”. Both the school’s individual mitigation plan as well as degree of community spread are equally important in determining when it is safe to reopen a school building.

The CDC defines community spread as follows:

Minimal community spread: Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting

Moderate Community Spread: Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases

Substantial Community Spread: Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)

The ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

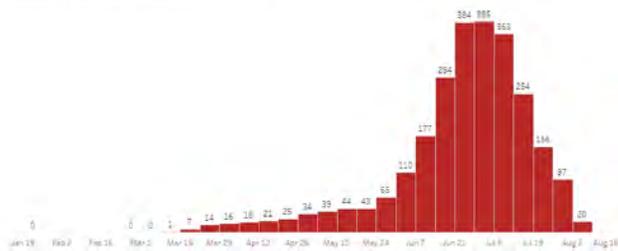
Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

Understanding the Benchmarks

Cases

Benchmark: Two weeks below 100 cases per 100,000 (not including the current week)

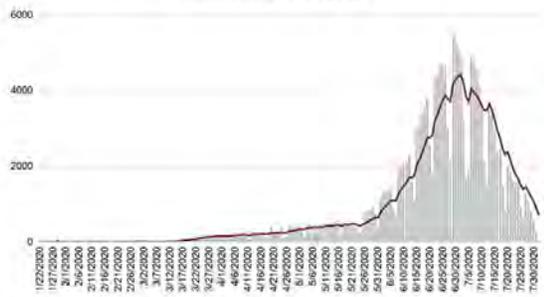
Rate of COVID-19 cases per 100,000 population by week



OR

Benchmark: A decline in weekly average cases for two consecutive weeks (not including the current week)

COVID-19 Cases by Day



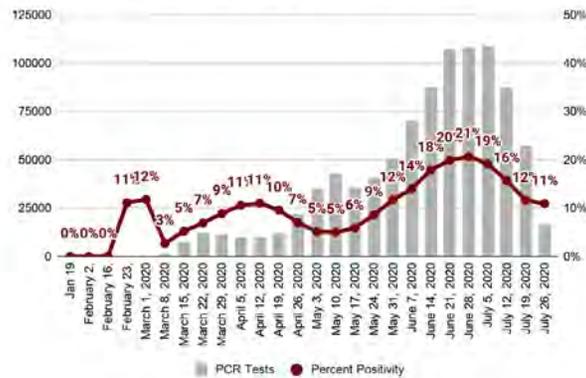
Data Source: ADHS MEDSIS Confirmed and Probable Cases

Available by: County

Percent Positivity

Benchmark: Two weeks with percent positivity below 7% (not including the current week)

Percent Positivity in PCR Test Results



Data Source: ADHS Electronic Laboratory Data

Available by: County

COVID-like Illness

Benchmark: Two weeks with hospital visits due to COVID-like illness below 10%



Data Source: BioSense Syndromic Surveillance Platform

Available by: BioSense Region

- **Northern:** Apache, Coconino, Navajo, Yavapai Counties
- **Central:** Gila, Maricopa, Pinal Counties
- **Southeastern:** Cochise, Graham, Greenlee, Pima, Santa Cruz Counties
- **Western:** La Paz, Mohave, Yuma Counties

Additional Considerations for Offering In-Person Instruction

The ADHS recommends county-specific public health benchmarks fall within the moderate or minimal spread category in all three benchmarks for two weeks in order to provide Hybrid learning (some students in physical buildings and some students distance learning). Specifically, ADHS recommends the following benchmarks be met prior to offering any in-person learning:

-  Cases: a two week decline in the number of cases or two weeks with new case rates below 100 per 100,000
-  Percent positivity: two weeks with less than 7% positivity
-  COVID-like Illness Syndromic Surveillance: two weeks with hospital visits due to COVID-like illness below 10%
-  In addition, the Local Health Department may modify a specific benchmark.



Community Spread Levels & Schools

School reopening plans should encompass four scenarios:

- Traditional - All students in physical buildings
- Hybrid - Some students in physical buildings and some students distance learning
- Virtual - All students distance learning with onsite support services
- Intermittent - Intermittent distance learning based on emergency closures as defined by state and local health departments

The following table combines levels of community spread with the mitigation strategies outlined in the [Roadmap to Reopen Schools](#). This is not a comprehensive list and LEAs should consult the roadmap to ensure their plans include the strategies that will best protect the students, staff, and teachers within their school(s).

Community Spread Level	Delivery Model	Hand Hygiene & Respiratory Etiquette	Enhanced Cleaning	Proper Ventilation (buildings and Buses)	Monitor Absenteeism	Symptom Screening	Physical Distancing (6 feet)	Cloth Face Coverings	Cohorting	Field Trips & Large Gatherings Canceled	Communal Spaces Closed
No to Minimal	Traditional	X	X	X	X						
Minimal to Moderate	Hybrid	X	X	X	X	X	X	X	X	X	X
Substantial	Virtual w/ onsite support services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Using the Benchmarks to Inform Reopening

LEAs may use the following checklist when considering to reopen school buildings. As outlined with this document as well as the Roadmap for Reopening Schools, ADHS encourages LEAs to meet all criteria listed below:

Initial Reopening Checklist

- Reopening buildings for on site services or in-person instruction is consistent with applicable state and local orders
- Consulted the local health department to confirm all three benchmarks are within the **minimal** or **moderate** spread category for two weeks. LEAs and local health departments may use additional considerations for initial reopening as outlined above.
 - Cases: <100 cases/100,000 or a two week decline in number of cases
 - Percent Positivity: <7%
 - COVID Like Illness: <10%
- The adopted mitigation plan includes strategies for traditional, hybrid, virtual, and intermittent models
- The adopted mitigation plan has been posted on the LEA's website

The ADHS recommends schools work with their local health department. Schools should start preparing for virtual learning when one or more of the benchmarks are in the **substantial** spread category.

Using the Data Dashboard

The ADHS dashboard will be updated every Thursday for the data covering the two-week period ending 12 days earlier. The table below provides examples using the August and September dashboard updates with the data time period. Dashboard updates will continue beyond the dates in the table.

Dashboard Update	Date Time Period
August 6, 2020	07/12 - 07/18 07/19 - 07/25
August 13, 2020	07/19 - 07/25 07/26 - 08/01
August 20, 2020	07/26 - 08/01 08/02 - 08/08
August 27, 2020	08/02 - 08/08 08/09 - 08/15
September 3, 2020	08/09 - 08/15 08/16 - 8/22
September 10, 2020	08/16 - 08/22 08/23 - 08/29
September 17, 2020	08/23 - 08/29 08/30 - 09/05
September 24, 2020	08/30 - 09/05 09/06 - 09/12

SUN	MON	TUE	WED	THU	FRI	SAT
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

SUN	MON	TUE	WED	THU	FRI	SAT
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Reading the Dashboard

The County-Level School Benchmarks page on the ADHS dashboard (shown below) is used to determine the level of community spread of COVID-19 in Arizona and assist with the decision making for the types of delivery model schools may consider. Users may select a county to filter the data. The [dashboard](#) includes easy to read, color coded indicators.

Select a county to filter the data.



What is this dashboard?

ADHS County-Level School Benchmarks
This dashboard is used to determine the level of community spread of COVID-19 in Arizona and assist with decision making for the types of delivery model schools may consider.

Time Frame
This dashboard does not look at the past two weeks due to potential lags in data.

Hover over the icon to get more information on the data in this dashboard.



Showing data for **All Counties**

1) Decline in cases or less than 100 cases per 100,000 individuals for two consecutive weeks: **Benchmark Met**



2) Two consecutive weeks with percent positivity below 7%: **Benchmark Not Met**



3) Two consecutive weeks with hospital visits for COVID-like illnesses in the region below 10%: **Benchmark Not Met**



Responding to COVID-19 in Schools

The importance of staying home when sick cannot be emphasized enough. Schools should encourage all students/parents, staff, and teachers to self monitor for symptoms at home prior to leaving for school. Symptoms include:

- Fever (greater than or equal to 100.4 F or 38 C)
- Subjective chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

COVID-19 symptoms may present differently in children than in adults. For example, children are less likely than adults to have fever with COVID-19 and more likely to present with non-respiratory symptoms such as nausea and diarrhea. It is important to recognize many common illnesses have similar symptoms. In an abundance of caution, any person experiencing symptoms should remain home.

What to do When Someone on Site has COVID-19 Symptoms

Schools should set a low threshold for sending students or staff members home if illness is suspected and encourage the collection of backup emergency contacts. Any of the symptoms listed above that are not related to an already diagnosed condition or illness (as known by the school healthcare personnel) could be COVID-19. The student or staff member should not physically attend school until clearance from [isolation criteria](#) have been met or an alternative diagnosis is made.

As with other infectious diseases, if a student or staff member develops any symptoms at school, they should be immediately removed from any group setting. They should be placed in a separate room with a face covering on, as tolerated. If a separate room is not available, place the sick student or staff member in a location where they can be at least 6 feet away from others.

Staff tending to the care of the sick individual should use appropriate personal protective equipment (PPE) including surgical mask, gloves and eye protection (goggles or face shield). If they are in direct contact with the sick individual they should wear a gown. Contact the emergency contact for the individual to be picked up from school as soon as possible, ideally within 1 hour. Call 911 if the individual is exhibiting any serious symptoms, including difficulty getting enough air, change in alertness or responsiveness, bluish lips or face.

What to do When Someone on Site has COVID-19 Symptoms *continued*

All household members of someone confirmed or suspected to have COVID-19 should not physically attend school and quarantine at home for 14 days. Keep in mind, siblings may be at the same school or at another school (age dependent). Should a student become sick, families should notify the schools of any household contact. If a sick student's household contact is in school, the contact's school should be notified and they should be removed from the classroom and sent home as soon as possible, even if not displaying symptoms. If the household contact is also sick, follow steps as above.

It is important to note that release from isolation DOES NOT require a provider's note and DOES NOT require repeat testing or a negative test. Verifying that a student or staff member meets criteria for release from isolation will be up to the school medical staff or administration. The following dates should be collected for verification:

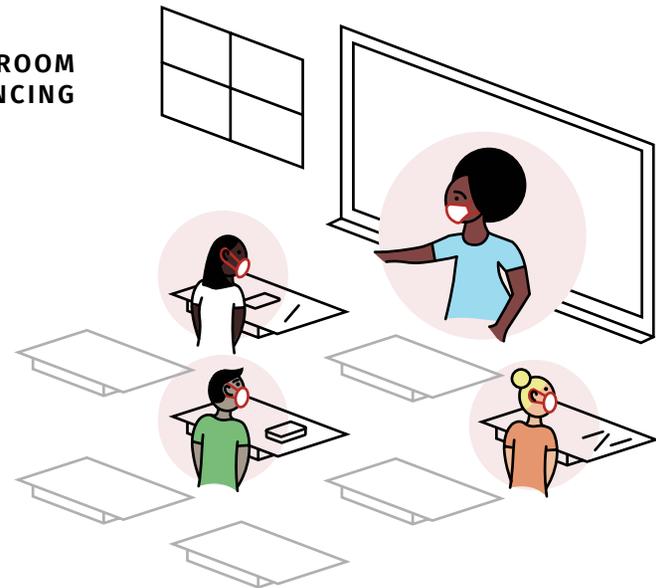
- Date of test collection (if tested);
- Date of onset of symptoms; and
- Date of resolution of fever.

Quarantining Classes or Closing School Buildings

Schools must report any outbreaks of COVID-19 to their local health department. Having more than one case within a school does not constitute an outbreak. 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.

Similar to determining when to reopen school buildings, the decision to quarantine a class, close a portion of the school, or close the school entirely should be made in close coordination with your [local health department](#). Both the context of local spread as well as the school's mitigation practices should be considered. Schools should begin preparing for virtual learning when one or more benchmark categories fall within the **substantial** spread category.

CLASSROOM DISTANCING



Supplemental Materials

How to Wear a Mask

How to Wash Your Hands

Symptoms of COVID-19

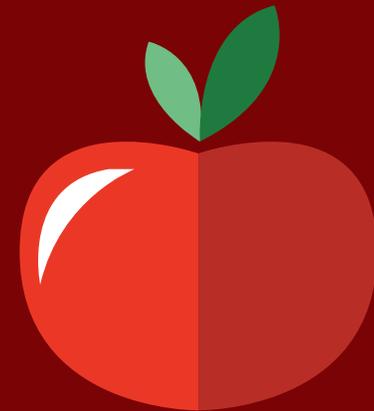
Physical Distancing

COVID-19 Continuum of School
Learning Scenarios

A New School Day

Cloth face Masks

Opening Arizona Schools:
Benchmarks



How to Wear a Mask

Who should wear a mask?

Everyone over the age of 2 should wear a mask in public. It is one of the best tools you have to protect yourself, your family, and others from COVID-19.

✓ DO'S



Wash or sanitize your hands before and after touching your mask.



Wear the cloth face covering snugly but comfortably over your nose and mouth. If it hurts your ears, try one that ties behind your head instead of looping over your ears.



Keep it on over your mouth and nose when speaking with others or when on the phone.



Wear the cloth face covering in public until you need to eat or drink, then make sure to keep it clean and uncontaminated.

✗ DON'TS



Don't let the mask sit under your nose. If it gapes open, it's not doing its job.



Don't touch your cloth face covering when wearing it.



Don't adjust your mask too much, and refrain from pulling on or touching the front of your mask.

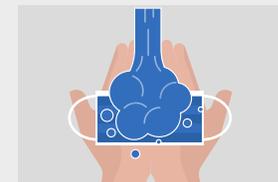
REMOVING AND STORING A MASK



1. Make sure you are more than 6 feet from others and then remove the mask by touching the ear loops or ties only.



2. Place your mask in a clean paper bag, container, or on a designated surface.

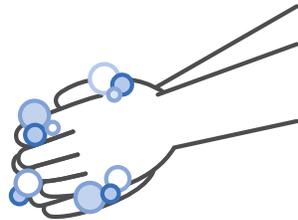


3. Wash your mask after each day's use and store it in a clean bag or container.

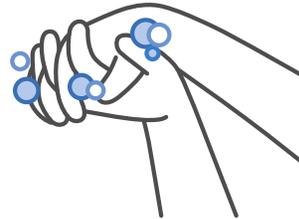
How Nurses and Doctors Wash Their Hands



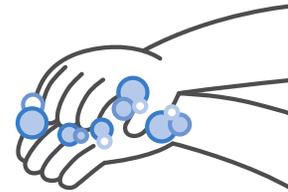
1. Wet & Soap



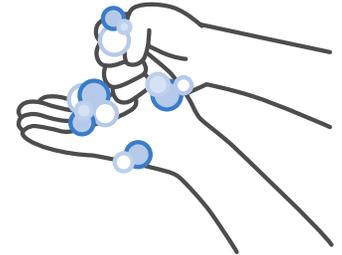
2. Palms



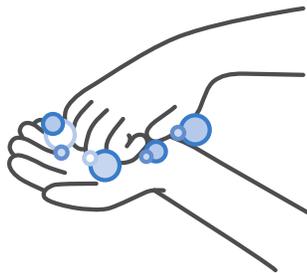
3. Between Fingers



4. Back of Fingers



5. Thumbs



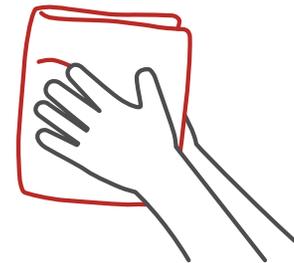
6. Fingernails



7. Wrists



8. Rinse & Dry



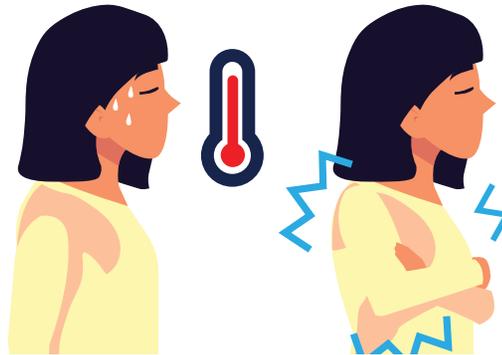
9. Use Towel to Turn Off Faucet & Open Door

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Cough, shortness of breath or difficulty breathing



Fever or chills



Muscle or body aches



Vomiting or diarrhea



New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

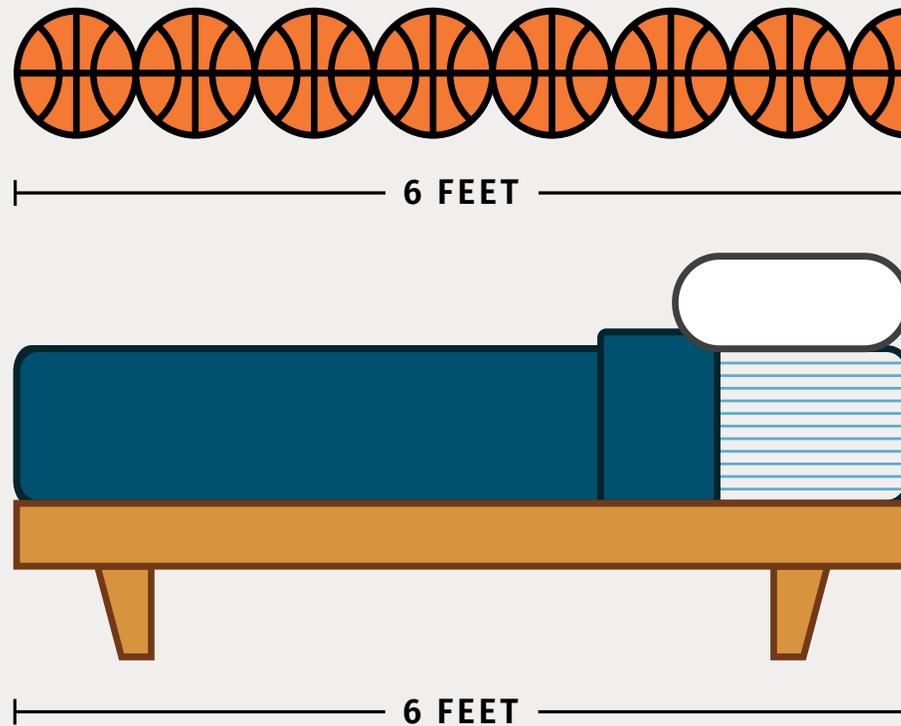
Seek medical care immediately if someone has **emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

Physical Distancing

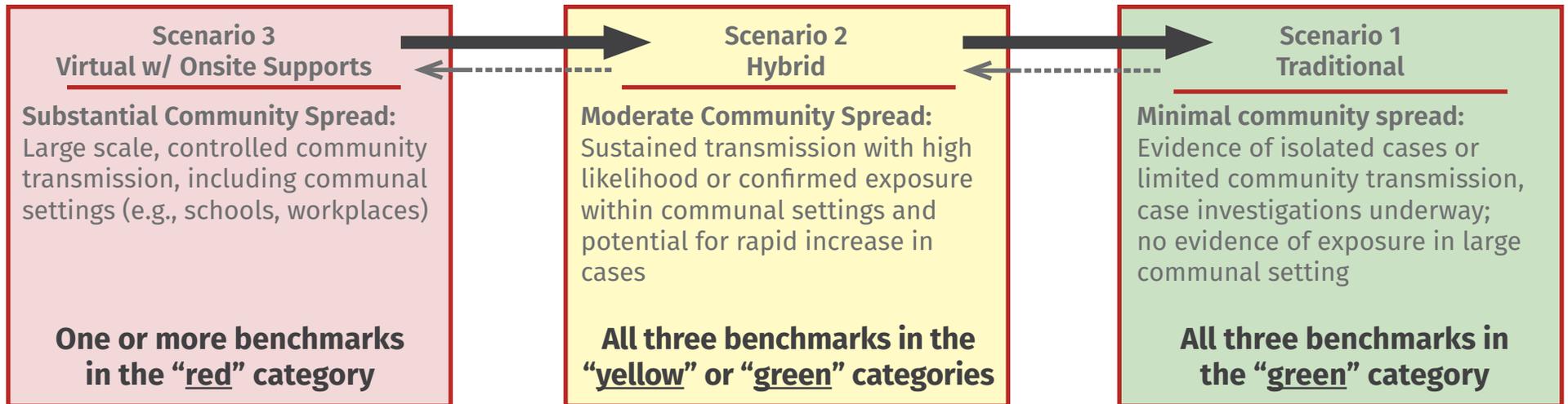
Physical distancing helps to slow down or stop the spread of COVID-19. You can help by keeping 6-feet of space between you and others.



Remember to wash your hands for 20 seconds with soap and water and try not to touch your face.

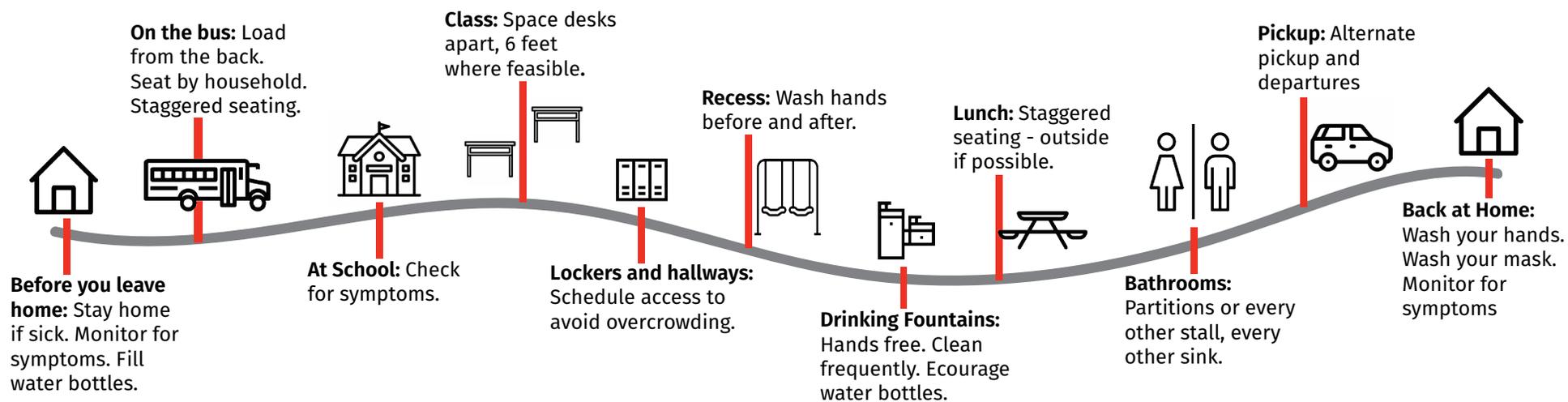
COVID-19 Continuum of School Learning Scenarios

LEA's and schools reopening plans include information for operating within all scenarios outlined in Arizona's [Roadmap for Reopening Schools](#).



Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID Like Illness	<5%	5-10%	>10%

A New School Day



 **Mask Always On**

Free Cloth Masks

ADHS, in partnership with ADOA and other state agencies, has created a program to provide free cloth masks to vulnerable populations across the State of Arizona. This program is being expanded to allow Arizona parents and school staff to order cloth reusable masks.

Order cloth masks on our [online request form](#) or by phone at 602-542-8664.

These cloth masks will be shipped directly to residential addresses in Arizona. Five (5) cloth masks will be shipped per order, free of charge.

Please visit our [FAQs website](#) for more information or call Hanes 1-800-503-6698 Monday through Friday from 6:00 am - 2:00 pm Arizona time for questions regarding the mask itself or shipping.

Mask Usage Information

- Masks should be utilized when in public settings and when around people who don't live in your household. The CDC recognizes that there are specific instances when wearing a cloth mask may not be feasible. In these instances, adaptations and alternatives should be considered whenever possible.
- Masks should not be placed on children younger than two years old, anyone who has trouble breathing or is unconscious, anyone who is incapacitated or unable to remove the mask without assistance, or students with certain disabilities or health conditions.
- Masks should fit snugly on the face. The masks provided as part of this program are not recommended for use by elementary school-aged children, as the mask may not fit small children snugly enough. Parents are responsible for determining the fit and suitability of the mask for their child, based on considerations specific to each child.
- The masks provided are not recommended for use in a surgical or clinical setting where significant exposure to liquid, bodily or other hazardous fluids may be expected or infection risk level through inhalation exposure is high.
- Do not use in the presence of a high-intensity heat source or flammable gas.
- These masks should not be used in a clinical setting where the infection risk level through inhalation exposure is high.
- The fabric over the breathable area of the mask is manufactured with 100% cotton.
- Mask may contain silver and/or copper. If irritation develops, discontinue use.
- The following washing instructions are recommended: Machine wash warm. Do not use fabric softener. Use only non-chlorine bleach if needed. Tumble dry high.
- This product has not been FDA cleared or approved.



- This product has been authorized by the US Food and Drug Administration (FDA) under an Emergency Use Authorization (EUA) for use by healthcare professionals as a source control to help prevent the spread of infection or illness in healthcare settings and by the general public to help slow the spread of the virus during the COVID-19 pandemic.
- This product is authorized only for the duration of the declaration that circumstances exist justifying the authorization of the emergency use of medical devices, including alternative products used as medical devices, during the COVID-19 outbreak, under section 564(b)(1) of the Act, 21 U.S.C. Section 360bbb-3(b)(1) unless the authorization is terminated or revoked sooner.

No Warranties or Assurances

- According to the CDC, a cloth face-covering may not protect the wearer, but it may help prevent a wearer who has COVID-19, including wearers who are asymptomatic or pre-symptomatic, from spreading the virus to others. Additionally, the CDC states that wearing a cloth face-covering may help protect people around you.
- The CDC guidelines do not claim that wearing cloth face-coverings may protect the wearer from contracting the virus. Additionally, the State of Arizona does not make any express or implied warranties regarding the cloth face-coverings.



ARIZONA DEPARTMENT OF HEALTH SERVICES

Safely Returning to In-Person Instruction



Cases

New cases per 100,000 population

Minimal: less than 10

Moderate: 10 - 100

Substantial: greater than 100



Percent Positivity

Percent of positive COVID-19 tests

Minimal: less than 5%

Moderate: 5 - 10 %

Substantial: greater than 10%



COVID-Like Illness

COVID-19 ER visits & hospitalizations

Minimal: less than 5%

Moderate: 5 - 10%

Substantial: greater than 10%



Initial Opening

ADHS recommends schools or school districts meet all 3 benchmarks at the county level in moderate or minimal transmission category for two weeks in order to begin hybrid learning.

Are new cases in minimal or moderate transmission category for two weeks?

or

Is there a two-week decline in the number of new cases?

↓ YES

Is the percent of positive COVID-19 tests less than 7% for two weeks?

↓ YES

Are ER visits and hospitalizations for COVID-19 in minimal or moderate transmission for two weeks?

↓ YES



**Opening benchmarks met
Consider Hybrid learning model**

NO ↗



Substantial transmission:
Maintain virtual learning

NO ↗



Substantial transmission:
Maintain virtual learning

NO ↗



Substantial transmission:
Maintain virtual learning



Monitoring Benchmarks

ADHS recommends schools work with their local health departments. After transitioning to a hybrid model, schools should consider resuming virtual learning when one or more benchmark categories are in substantial transmission.

COVID-19 School Benchmarks

By Arizona County

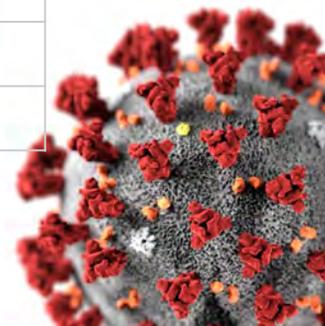
The Arizona Department of Health Services (ADHS) recommends county-specific public health benchmarks to be in the **moderate** or **minimal** transmission category in all three benchmarks for two weeks in order to provide Hybrid (virtual and in-person) learning. The [ADHS Schools Toolkit](#) defines community spread levels with the thresholds outlined below.

- **CASES:** a two-week decline in the number of cases can be used to meet this benchmark or two-week of a case rate of less than 100 cases per 100,000 population;
- **PERCENT POSITIVITY:** for initial opening, two weeks of percent positivity less than 7% within the county; and
- **COVID-LIKE ILLNESS (CLI):** two weeks with hospital visits due to CLI below 10%.

	Cases	% Positivity	CLI
Apache	✓	✗	✓
Cochise	✓	✗	✓
Coconino	✓	✗	✓
Gila	✗	✗	✗
Graham	✓	✗	✓
Greenlee	✗	✗	✓
La Paz	✗	✗	✓
Maricopa	✓	✗	✗
Mohave	✓	✗	✓
Navajo	✓	✗	✓
Pima	✓	✗	✓
Pinal	✓	✗	✗
Santa Cruz	✓	✗	✓
Yavapai	✓	✗	✓
Yuma	✓	✗	✓

For additional information & the schools dashboard, visit azhealth.gov/schoolsCOVID19

Updated: 8/6/2020





MEMORANDUM

Date: August 6, 2020

To: Pima County Back to School Committee

From: Dustin Williams
Pima County Superintendent of Schools

Dr. Terry Cullen
Public Health Director, Pima
County Health Department

Re: **Back to School Committee August 10, 2020 Meeting Agenda Item 5**

We are currently reviewing the guidance issued by the Arizona Department of Health Services to inform the safe return to in-person, face-to-face classroom instruction, and will supplement this with local guidance. The Pima County Health Department (PCHD) has been researching what other states and localities are doing across the country, and has developed a list of public health principles of decision making for schools regarding re-opening, operating and closing during this pandemic. The PCHD is using these principles to inform our guidance to schools regarding not only the timing of re-opening, but also the development of prevention plans for each school or school district. We look forward to discussing these with you at Monday's Committee meeting.

Public Health Principles of Decision Making for Schools Regarding Re-opening, Operating and Closing During the Pandemic

1. Equitable outcomes for all students, staff, and faculty regardless of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or their need to refrain from in-person activities due to concerns about COVID-19.
2. Returning safely to in-person instruction decisions based on state and local public health guidance.
3. Integration of emerging scientific based evidence in decision making.
4. Ability to ensure appropriate isolation of symptomatic students/staff and protocols in place for transportation to location for quarantine or isolation.
5. Protection of individuals in community, and their family members, who are vulnerable to severe COVID-19 disease, or to harassment or discrimination

6. Consideration of harmful effects due to school closure (e.g. social-emotional effects of quarantine/isolation; widening disparity in educational attainment; reduced access to meals; increase in substance misuse, domestic violence, anxiety/depression).

Pima County Health Department Guidance under These Principles

1. Timing of opening and closing for face to face instruction

The Pima County Health Department's recommendations to schools for the timing of school re-opening, and possible closures after re-opening, will be based on the following:

- a. Arizona Department of Health Services guidance
- b. Current Pima County COVID-19 Progress Report (Attached dated 8.5.2020)
- c. The latest scientific information available

2. Development of School Specific Prevention Plan

PCHD also recommends the development of a written, worksite-specific, COVID-19 prevention plan for every school district or facility. This plan should include a comprehensive risk assessment of all work areas and work tasks. PCHD has been developing a guidance document to assist schools with developing their prevention plans. Each site is strongly encouraged to designate a person or team to implement the plan as developed. This individual or team will be provided contact information for a liaison at PCHD. The liaison will be available to assist with technical aspects of this document, communicate rapidly evolving information about COVID-19, and relay potential outbreak information among students or staff.

Attachment

CHH/dr

- c: C.H. Huckelberry, County Administrator
Jan Leshner, Chief Deputy County Administrator
Dr. Francisco Garcia, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Nicole Fyffe, Executive Assistant to the County Administrator
Diana Durazo, Special Projects Manager, County Administrator's Office

COVID-19 Progress Report and Local Recommendations

As of August 5, 2020 (No change since last update)

[Español](#)

Disease Data

Tracking information about cases and deaths helps us understand changes to the activity of COVID-19 in Pima County. These measures may indicate when COVID-19 spread is slowing in the community – whether naturally or as a result of the actions being taken to prevent the spread of the disease.

	Criteria not met	Progress	Criteria met
Decreasing cases over two consecutive weeks			
Decreasing COVID-19 related deaths over 14 days			
Decreasing hospitalizations			

Disease Data criteria for changing RED to GREEN

Healthcare System Availability

Understanding our healthcare system's ability to identify new cases of COVID-19 AND the ability of healthcare facilities to safely and responsibly provide care for patients should a surge in COVID-19 cases occur is important. Our healthcare system's capacity to provide testing for anyone with symptoms, care to patients, and Personal Protective Equipment (PPE) makes it possible for our community to respond to future cases of COVID-19.

	Criteria not met	Progress	Criteria met
Lab Testing Availability and Utilization			
Adequate hospital bed capacity to care for 2X the current COVID cases (+ surge) – Statewide			
Sufficient Personal Protective Equipment (PPE) for Emergency Responders			

Healthcare System Availability criteria for changing RED to GREEN

Public Health Tracking and Prevention

This set of tracking points helps us understand the capacity of our local public health system's ability to quickly identify, investigate, and conduct surveillance of new cases and outbreaks of COVID-19 in our community and provide appropriate follow-up care to hospitalized patients.

	Criteria not met	Progress	Criteria met
Timely case investigation			
Testing of symptomatic contacts within 48 hours			
Facilities/support for patients who can't be discharged home – Statewide			

Public Health Tracking & Prevention criteria for changing RED to GREEN



MEMORANDUM

Date: July 31, 2020

To: The Honorable Chairman and Members
Pima County Board of Supervisors

From: C.H. Huckelberry
County Administrator 

Re: **County Provision of Personal Protective Equipment (PPE) to School Districts and Schools**

The County Health Department is providing PPE to a large number of schools and school districts beginning next week. The equipment being provided includes cloth masks, 3-ply masks, gloves, hand sanitizer and face shields.

The costs of this distribution of PPE to schools and school districts next week is approximately \$167,000. This cost will be paid through Pima County's CARES Act funding.

CHH/anc

Attachment

c: Jan Leshar, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
John Voorhees, Assistant County Administrator
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department
Spencer Graves, Public Health Emergency Preparedness Program Manager, Pima
County Health Department

School Name	cloth masks	3 ply Masks	Gloves	Hand Sani	face shields	cost of masks	cost of gloves	cost of hand sanitizer	cost of faceshield	Cost Total
Amerischools academy		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Arizona College Prep Academy		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Casa Ninos School of Montessori		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Faith Community Academy		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
First Southern Christian School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Green Fields School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Highland Free School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Imago Dei Middle School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Immaculate Heart High School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Ironwood Hills School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Lamb's Gate Christian School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Pima Vocational High School		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Southern Arizona Community Academy		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Tanque Verde Lutheran Preschool & Kindergarten		300	1000	1		\$ 72.00	\$ 20.00	\$ 20.00		\$ 112.00
Accelerated Elementary and Secondary Schools		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Castlehill Country Day School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Charter Valencia		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Desert Christian		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Eastpointe High School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Great Expectations Academy		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Hermosa Montessori Charter School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Immaculate Heart Academy		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
International School of Tucson		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Our Mother of Sorrows		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Santa Cruz School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Sonoran Science Academy Davis- Monthan		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
St. Joseph Catholic School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Tucson Waldorf School		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Tucson Youth Development		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Veritas Academy of Tucson		600	2000	2		\$ 144.00	\$ 40.00	\$ 40.00		\$ 224.00
Academy of Tucson		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
Khalsa Montessori School		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
Presidio School		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
Saints Peter and Paul Catholic School		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
Sonoran Science Academy Tucson Middle/High		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
Sonoran Science Academy-East		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
St. Elizabeth Ann Seton		900	300	3		\$ 216.00	\$ 6.00	\$ 60.00		\$ 282.00
CITY Center for Collaborative Learning		1200	4000	4		\$ 288.00	\$ 80.00	\$ 80.00		\$ 448.00
Heritage Elementary School		1200	4000	5		\$ 288.00	\$ 80.00	\$ 100.00		\$ 468.00
San Miguel High School		1200	4000	6		\$ 288.00	\$ 80.00	\$ 120.00		\$ 488.00
St. Cyril School		1200	4000	7		\$ 288.00	\$ 80.00	\$ 140.00		\$ 508.00
St. Michael's School		1200	4000	8		\$ 288.00	\$ 80.00	\$ 160.00		\$ 528.00
The Gregory School		1200	4000	9		\$ 288.00	\$ 80.00	\$ 180.00		\$ 548.00
La Paloma Academy Lakeside		1500	5000	5		\$ 360.00	\$ 100.00	\$ 100.00		\$ 560.00
Rose Management Group		1500	5000	5		\$ 360.00	\$ 100.00	\$ 100.00		\$ 560.00
Southgate Academy		1500	5000	5		\$ 360.00	\$ 100.00	\$ 100.00		\$ 560.00
Tucson Country Day School		1500	5000	5		\$ 360.00	\$ 100.00	\$ 100.00		\$ 560.00
Tucson International Academy		1500	5000	5		\$ 360.00	\$ 100.00	\$ 100.00		\$ 560.00
Pusch Ridge Christian Academy		1800	6000	6		\$ 432.00	\$ 120.00	\$ 120.00		\$ 672.00
Salpointe Catholic High School		3600	12000	12		\$ 864.00	\$ 240.00	\$ 240.00		\$ 1,344.00
Leman Academy of Excellence		4800	16000	16		\$ 1,152.00	\$ 320.00	\$ 320.00		\$ 1,792.00
San Fernando District	20		200	5	4	\$ 40.00	\$ 4.00	\$ 100.00	\$ 14.00	\$ 158.00
CAPE District	25		250	6	5	\$ 50.00	\$ 5.00	\$ 120.00	\$ 17.50	\$ 192.50
Baboquivari District	100		1000	25	20	\$ 200.00	\$ 20.00	\$ 500.00	\$ 70.00	\$ 790.00
Continental District	100		1000	25	20	\$ 200.00	\$ 20.00	\$ 500.00	\$ 70.00	\$ 790.00
Altar Valley District	105		1000	26	20.8	\$ 210.00	\$ 20.00	\$ 520.00	\$ 72.80	\$ 822.80
Pima JTED District	110		1100	27	22	\$ 220.00	\$ 22.00	\$ 540.00	\$ 77.00	\$ 859.00
Ajo District	220		2200	55	44	\$ 440.00	\$ 44.00	\$ 1,100.00	\$ 154.00	\$ 1,738.00
Tanque Verde District	265		2650	66	53	\$ 530.00	\$ 53.00	\$ 1,320.00	\$ 185.50	\$ 2,088.50
AZ School for the Deaf and Blind District	400		4000	100	90	\$ 800.00	\$ 80.00	\$ 2,000.00	\$ 315.00	\$ 3,195.00
Flowing Wells District	620		6200	155	124	\$ 1,240.00	\$ 124.00	\$ 3,100.00	\$ 434.00	\$ 4,898.00
Cat Foothills District	645		6450	161	128.8	\$ 1,290.00	\$ 129.00	\$ 3,220.00	\$ 450.80	\$ 5,089.80
Sahuarita District	860		8600	215	172	\$ 1,720.00	\$ 172.00	\$ 4,300.00	\$ 602.00	\$ 6,794.00
Sunnyside District	1700		17000	425	340	\$ 3,400.00	\$ 340.00	\$ 8,500.00	\$ 1,190.00	\$ 13,430.00
Marana District	1775		17750	443	354.4	\$ 3,550.00	\$ 355.00	\$ 8,860.00	\$ 1,240.40	\$ 14,005.40
Amphitheater District	2100		21000	525	420	\$ 4,200.00	\$ 420.00	\$ 10,500.00	\$ 1,470.00	\$ 16,590.00
Vail District	2200		22000	550	440	\$ 4,400.00	\$ 440.00	\$ 11,000.00	\$ 1,540.00	\$ 17,380.00
Tucson Unified School District	7700		77000	1925	1540	\$ 15,400.00	\$ 1,540.00	\$ 38,500.00	\$ 5,390.00	\$ 60,830.00
Totals	18,945	45,000	320,500	4,899	3,798	\$ 48,690.00	\$ 6,410.00	\$ 97,980.00	\$ 13,293.00	\$ 166,373.00



Pima County Back to School Committee

Friday August 14, 2020
2:00 PM – 4:00 PM
County Administration East, Board Hearing Room
130 W. Congress, 1st Floor
Tucson, Arizona

Members may participate remotely via the video conference information provided. The public may view the meeting via Facebook at <https://www.facebook.com/pimacountyarizona/> or Channel 96.

Mission:

To develop local public health guidance for the safe return to in-person classroom instruction.

Co-Chairs:

Pima County School Superintendent Dustin Williams

Pima County Health Department Director Dr. Theresa Cullen

AGENDA

1. CALL TO ORDER
Superintendent Dustin Williams
2. ROLL CALL
Superintendent Dustin Williams
3. AFFIRMATION OF PUBLIC HEALTH PRINCIPLES PRESENTED TO GUIDE DECISION MAKING AND PLANNING FOR IN-SCHOOL LEARNING
Dr. Theresa Cullen
4. DISCUSSION AND AFFIRMATION OF PUBLIC HEALTH CRITERIA TO BE MET PRIOR TO TRANSITIONING TO A HYBRID MODEL OF IN-SCHOOL LEARNING
Dr. Francisco Garcia and Dr. Theresa Cullen
5. HEALTH DEPARTMENT RESOURCES AND ASSISTANCE AVAILABLE TO SCHOOLS FOR DEVELOPING SCHOOL MITIGATION PLANS
Dr. Theresa Cullen

Note: Correspondence and background materials sent to the Committee are available at www.pima.gov/backtoschool.



Overarching COVID-19 Guidance for Development of School Mitigation Plans

Many schools are considering re-opening this fall depending on their community's educational priorities and perspectives. The purpose of this guidance is to help K-12 school administrators and employees prepare for learning options. School districts will determine the most appropriate instructional model, considering the needs of their students and staff, and their available infrastructure. Instruction options include: all on-line instruction; all on-line instruction with transition to an on-campus instruction, when there is less community transmission; hybrid models, with some students on-line and some students on campus; and all students on campus. School officials should consult relevant authorities such as local, state, tribal governments, Office of the Governor, Arizona Department of Education, and your school and district leadership for orders or legislation that may supersede these guidelines.

Implementation of this guidance, as well as decisions on school opening and closures, will depend on public health conditions as guided by Arizona Department of Health Services (ADHS) as well as local County input ([Executive Order 2020-51](#)). PCHD currently recommends inclusion of the current COVID-19 metrics that are found on the [Pima County COVID-19 dashboard](#) as a factor in re-opening schools. As of August 4, 2020, Pima County metrics includes *disease transmission*, *healthcare system status* and *public health system status* as benchmarks for the current status of the pandemic. Note that these current metrics will be utilized in conjunction with Arizona State Health Department guidance and other scientific and official information. Pima County Health Department (PCHD) recommendations on the closing and re-opening of schools will continue to be updated based on the changing pandemic situation.

Additional recommendations include the development of a written, worksite-specific, COVID-19 prevention plan for every school district or facility. This plan should include a comprehensive risk assessment of all work areas and work tasks. These documents will serve as the foundation for a COVID-19 prevention plan. Each site is strongly encouraged to designate a person or team to implement the plan as developed. This individual or team will be provided contact information for a liaison at PCHD. The liaison will be available to assist with technical aspects of this document, communicate rapidly evolving information about COVID-19, and relay potential outbreak information among students or staff.

This document draws on multiple sources including: the expertise of local and state health officials, guidance issued by the Centers for Disease Control and Prevention, and plans from other states (e.g. California, North Carolina, Wisconsin). We note that the scientific knowledge base about COVID-19 is changing rapidly and will continue to change for the foreseeable future. As a result, this guidance is subject to change. New data may suggest change to policies and practices. Interpretation and application of new data as it applies to our local populations and conditions will be ongoing and communicated in a timely manner through multiple mediums. These guidelines and considerations are based on the best available public health data at this time, international best practices currently employed, and the practical realities of managing school operations. Guidelines may not reflect the full scope of issues that school communities will need to address related to COVID-19 learning and health issues.

(Cont.)

(Cont.)

We recommend school districts use this guidance in addition to other sources including:

- Arizona Department of Education <https://www.azed.gov/>
- Arizona Department of Health Services <https://www.azdhs.gov/>
- Centers for Disease Control and Prevention <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
- Maricopa County Health Department <https://www.maricopa.gov/5460/Coronavirus-Disease-2019>
- Pima County Health Department
<https://webcms.pima.gov/cms/One.aspx?portalId=169&pageId=527452>

SCHOOL RE-OPENING QUICK REFERENCE GUIDE

This can be used as a quick reference guide. Additional information is included in the detailed guidance¹.

CRITICAL READINESS ASSESSMENT (CDC)	
Are you compliant with state and local public health orders about school closures (e.g. from the Governor’s Office, Tribal Nations, Arizona Department of Health Services, and/or Local health departments)?	If NO: Do not open ALL YES 
School ready to protect children and employees at high risk for severe illness? (e.g. remote learning plans) PDF Guide	

HEALTH, SAFETY, AND MONITORING PREPARATIONS ASSESSMENT	
School ready to screen employees upon arrival for symptoms and history of exposure?	
School has a process for daily reminders or another process to remind parents/guardians to report child screening and history of exposure.	
School has adequate PPE supplies	If NO: ADDRESS FIRST ALL YES 
School will comply with masks requirement for all persons five years and older	
School will implement a plan for social distancing on campus	
School plan to clean, disinfect, and ventilate are consistent with CDC and PCHD recommendations	
Ability to follow CDC and PCHD guidance for COVID- 19 positive employees or students	
All employees have been trained on health and safety protocols	
School regularly communicates that anyone who is sick should stay home	
School able to monitor student and employee absences with absentee log	
School has written flexible leave policies and practices that do not require medical notes	
School able to regularly update their policies and procedures for cases, contacts and exposures	
School has a plan to communicate changes to local public health authorities, employees, and families	
School is ready to consult with the local health authorities if there are cases in the facility or an increase in cases in the local area	
School considers developing a mechanism to keep track of positive cases and contacts in conjunction with the local public health authority	

1. Sources: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf>; https://dpi.wi.gov/sites/default/files/imce/sspwitpdf/Reopening_School_Building_Risk_Assessment_Tool.pdf; National Academies of Sciences, Engineering, and Medicine (2020)

COVID-19 PLANNING: STAFF AND STUDENTS

This guidance suggests plans schools may need to re-open. It is not meant to be an exhaustive list. School plans will require ongoing monitoring and may change as needed.

The school has...

GENERAL	
...identified or created COVID-19 guidance for learning, health and safety for the school that addresses the elements in this and other relevant documents	
...an opening and potential closing plan	
... a strategy for ongoing checking of their plans with most recent local and state public health department guidance, Arizona Department of Education Guidance, and other sources (e.g. CDC)	
HEALTH	
...a plan and procedures for student and employee COVID-19 screening	
...a plan to decrease health risks and address learning needs for students (e.g. address IEP and learning needs)	
...a plan to decrease health risks for employees (e.g. distance learning instruction or alternate work responsibilities)	
EMPLOYEES/STUDENTS AT ELEVATED RISK <ul style="list-style-type: none"> ● People with weakened immune systems ● People with medical conditions ● People that may not understand need or be able to wear a face covering, or comply with hand hygiene or social distancing ● People that may have trouble reporting symptoms ● People over age 65 	EMPLOYEES/STUDENTS THAT MAY NEED EXTRA PRECAUTIONS <ul style="list-style-type: none"> ● Racial & ethnic minority groups ● People living in rural communities ● People experiencing homelessness ● Pregnant and/or breastfeeding ● People with disabilities ● People with developmental and behavioral disorders ● People with individual support providers
CALENDAR	
...considered calendar changes: e.g. varying starting times due to local health conditions or reducing group sizes	
...flexibility of the annual calendar in response to Influenza and COVID 19 resurgence	
STAFFING	
...a staffing plan to address a) instructional needs and b) health needs due to staff absences related to illness, quarantine or isolation	
... developed flexible leave policies and practices	
...identified staff: a) to respond to employee, student and parent COVID-19 questions; b) to communicate with the health department as needed; c) to coordinate response, documentation, reporting, and communications needed regarding confirmed cases to the identified liaison at the health department	
ATTENDANCE	
...a plan to monitor student and staff absences and reasons (i.e. experiencing COVID symptoms, isolation and reasons for isolation: possible exposure, confirmed exposure, confirmed case)	
... created flexible attendance policies that encourage sick employees and students to stay home; has clearly communicated these policies to employees, parents/guardians and students	
LEARNING	
...a plan to address various online learning barriers	

STUDENT AND EMPLOYEE COVID-19 SCREENING

SCREENING RESULTS

IF STUDENTS OR STAFF SCREEN POSITIVE:

- Students or staff who screen positive or who have suspected COVID-19 should be immediately placed in an appropriate area or room for isolation and separated apart from other students and staff.

School has plan in place for how students and staff with respiratory symptoms will be triaged to the health room and separated from injured or other ill students.

IF SYMPTOMATIC:

- Establish procedures for students or staff who have symptoms of COVID-19 or are feeling unwell to be sent home and/or isolated from others until picked up.
- **Keep face covering on while in the school**
- Symptomatic students and staff should be instructed to seek out COVID-19 testing and stay home for at least 10 days
- Follow cleaning and disinfecting protocols (mitigation strategies) suggested by your local health department

IF BEEN IN CONTACT WITH A COVID-19 CASE:

- Students and staff who have been in contact with a COVID-19 case, stay home for 14 days after last day of contact exposure.
- Staff with suspected or confirmed COVID-19 should notify their supervisor.

IN ADDITION:

- Confirmation of an infected student or staff should result in short-term dismissal of the cohort of students and staff for 14 days beginning from the point of contact with the confirmed case
- Follow cleaning and disinfecting protocols (mitigation strategies) suggested by your local health department
- Monitor students and staff absences, these may indicate increased infection
- Process and personnel in place to notify public health authorities in case of a positive COVID-19 case (see [School Communicable Disease Report](#))
- When possible, school will keep a list of symptomatic students, staff, and their close contacts, to assist contact tracing efforts
- It is strongly recommended that a school nurse or health aide be on campus at all times
- It is strongly recommend that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help:
 - Protect the school community
 - Reduce demands on health care facilities
 - Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the school and public health authorities

STUDENT AND EMPLOYEE COVID-19 SCREENING NEW CDC

PREPARATION: If in-person screening:

- All points of entry should be staffed with screening personnel
- Screener should be masked and maintain social distance from people being screened
- If students or staff screens positive, follow directions below
- Designated location prepared for students or staff if Section 1 and 2 have a “YES”
- Trained nurse or health aide prepared to support care for ill students or staff if identified at school
- If checking temperatures (optional), use a no-touch thermometer

DAILY: Develop a screening plan for use within the school environment consistent with CDC guidance at the current time. ASK staff, students, or parents/guardians of student:

	N	Y	
<p>SECTION 1: Do you/Has the child/children: have any of the following <u>symptoms</u>:</p> <ul style="list-style-type: none"> ● Fever $\geq 100.4^{\circ}\text{F}$ or chills ● Cough (for students with chronic allergic/asthmatic cough, a change in their cough from baseline) ● Shortness of breath or difficulty breathing ● Fatigue ● Muscle or body aches ● Headache (new onset) ● New loss of taste or smell ● Sore throat ● Congestion or runny nose ● Nausea or vomiting ● Diarrhea or abdominal pain 			<p>IF YES to SECTION 1 + NO to ALL SECTION 2: Follow school policies on typical illness management</p> <p><u>School</u></p> <ul style="list-style-type: none"> ● Stay masked and isolate immediately in designated space [isolate in a non-threatening manner, within sight of adults for as short a time.as possible] until can leave/be picked up ● Stay home unless to go to medical care, monitor symptoms, seek medical care as needed (call first) ● Discuss need for test with healthcare provider ● Notify parents/guardians, and designated school personnel about student or staff absence and health status ● <u>May return to school when:</u> Fever-free for 24 hours without fever-reducing medication, AND symptoms have improved, AND no-one in household has a confirmed case or is experiencing symptoms consistent with COVID-19 <p>IF YES to SECTION 1 + YES to ANY SECTION 2:</p> <p><u>School</u></p> <ul style="list-style-type: none"> ● Stay masked and isolate immediately in designated space [isolate in a non-threatening manner, within sight of adults for as short a time.as possible] until can leave/be picked up ● Close off areas used by symptomatic and/or confirmed COVID-19 cases. Do not use the space before cleaning and disinfection. To reduce risk of exposure, wait 24 hrs. before you clean and disinfect. If it is not possible, wait as long as practicable ● Utilize appropriate PPE and ventilation while applying safe and correct application of disinfectants for cleaning ● Keep disinfectant products away from students <p><u>Home</u></p> <ul style="list-style-type: none"> ● Follow guidance on isolation or quarantine according to ADHS ● Call healthcare provider to obtain COVID-19 viral test ● Stay home unless to go to medical care, monitor symptoms, seek medical care as needed (call first) ● Separate (isolate) from other family members if possible; avoid sharing household items, clean high-touch surfaces. ● Wear a mask around others, cover coughs and sneezes and clean hands often using soap and water and scrubbing for 20 seconds ● <u>May return to school when:</u> at least 10 days since symptoms first appeared AND fever-free for 24 hours without fever-reducing medication, AND symptoms have improved (20 days if person is immunocompromised)*
<p>SECTION 2. Have you had close contact (less than 6 feet for > 15 minutes) in the last 14 days with:</p> <ul style="list-style-type: none"> ● Someone that has a confirmed case of COVID-19 case OR ● A person with symptoms of COVID-19 OR ● Someone that traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases OR ● Someone who lives in areas of high community transmission. <p><u>Other Considerations:</u></p> <ul style="list-style-type: none"> ● Has a medical professional referred you for a COVID-19 test? ● Has a health official, from a hospital, or the health department advised you to isolate or quarantine due to a possible exposure? ● Since last present at school have you or student had a positive test for COVID-19? 			

COVID-19 HYGIENE AND SANITATION GUIDANCE

PLANNING	Y/N
School has safety and infection control plan and a schedule so products are used safely (i.e. not over-used).	
Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.	

SUPPLIES	Y/N
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer	
When choosing disinfecting products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA) approved List “N” and follow product instructions	
To reduce the risk of asthma and other health effects related to disinfecting, programs should select disinfectant products on List “N” with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program and avoid products that contain peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds	
Follow label directions for appropriate dilution rates and contact times. Provide workers training on the chemical hazards, manufacturer’s directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.	
School has trained custodial staff that can implement increased daily cleaning needs	

PPE FOR CLEANING	Y/N
Custodial staff and any other workers who clean and disinfect the school site equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children’s reach and stored in a space with restricted access.	

COVID-19 TESTING	Y/N
If considering COVID-19 testing at the school, consult with local health departments for guidance.	

GENERAL CLEANING AND SANITATION	Y/N
Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products	
Take steps to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water.	
All frequently touched surfaces at school (e.g. door handles, light switches, sink handles, bathroom surfaces, tables, student desks, chairs) cleaned at least daily and if possible, more frequently	
Wipe down frequently touched surfaces and or shared objects in classrooms and common areas at least every 3 hours using approved products	
Desktop disinfection between classroom rotations or at specified times	
Intensify building cleaning and disinfection with appropriate supplies	

LAYERED MITIGATION STRATEGIES

HEALTH FUNCTIONS	Y/N
School maintains typical health functions in addition to COVID-19-related functions including checking immunization status	
Strongly recommend that all students and staff be immunized each autumn against influenza unless contraindicated by personal medical conditions, to help: <ul style="list-style-type: none"> ● Protect the school community ● Reduce demands on health care facilities ● Decrease illnesses that cannot be readily distinguished from COVID-19 and would therefore trigger extensive measures from the school and public health authorities 	
Trained nurse or health aide prepared to support care for ill students or staff if identified at school	

HAND HYGIENE	Y/N
Post signs encouraging good hand and respiratory hygiene practices	
Scheduled timed handwashing/hand sanitizer at least every 3 hours	
Consider portable handwashing stations throughout a site and near classrooms to minimize movement and congregations in bathrooms to the extent practicable	
Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application. Soap products marketed as “antimicrobial” are not necessary or recommended	
School has preference for soap and water over alcohol-based hand sanitizer. Hand sanitizer is only used when soap and water are unavailable.	
Hand sanitizer available: bathrooms, classrooms, halls, entrances, exits. <i>Sanitizer must be rubbed into hands until completely dry.</i> <i>Note: frequent handwashing is more effective than the use of hand sanitizers</i>	
Children under age 9 should only use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.	
Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.	
Do not use hand sanitizers that may contain methanol which can be hazardous when ingested or absorbed.	

PERSONAL ITEMS	Y/N
All students’ personal items are stored separately and brought home each evening.	
School has social distancing policies for accessing personal items	

SHARED SPACES AND EQUIPMENT	Y/N
Students do not share items or supplies unless necessary. Process in place to sanitize non-disposable shared equipment between uses	
Consider suspending or modifying use of site resources that necessitate sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.	
Limit use and sharing of objects and equipment, such as toys, games, art supplies and playground equipment to the extent practicable. When shared use is allowed, clean and disinfect between uses.	

HEALTH SPACES	Y/N
Isolation space for symptomatic employees/students has hard surfaces that can be sanitized. Space is cleaned after each person has occupied the space.	

PHYSICAL DISTANCING	Y/N
School has implemented staggered arrival and drop-off times and/or locations	
Students are encouraged to remain in their classrooms. If students leave their classrooms, they wear a cloth face covering, perform hand hygiene, limit movement in the building, and perform physical distancing.	
Establish policy for limited mixing between groups	
Smaller teacher-student ratios	
School encourages physical distancing by limiting the number of students in a classroom at one time to the amount that can fit while spaced 6 feet apart and limited mixing between groups, if feasible.	
Goal of small groups less than ten when feasible	
Consider assigned seating	
Desks all face same direction or students sit on only one side of tables	
Stagger recess/breaks and lunch breaks	
Consider limiting mixing of classes for school and after school activities using 'cohorts'	
School continues to offer virtual learning opportunities for students who are not present in the classroom.	
Where possible, school has closed break rooms and common areas. All staff are reminded to practice physical distancing when in any common areas that remain open	
Teachers/Aides remain with the same cohort or block or come to the classroom	
6 feet between desks/sitting areas (when social distancing cannot be maintained, consider physical barriers in addition to masks)	
Use of acceptable physical barriers when unable to maintain six feet apart; these are usually made out of acrylic plexi-glass or polycarbonate plastics	
School has determined what changes to physical infrastructure are required to support physical distancing and has submitted any necessary budget requests to pay for such modifications	

VENTILATION	Y/N
School has worked with an HVAC specialist to ensure their ventilation systems operate properly and have been modified to increase the circulation of outdoor air as much as possible in accordance with ASHRAE guidance for COVID-19.	
Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality.	
If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons using the facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).	
Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.	

COVID-29 HEALTH GUIDANCE FOR ADDITIONAL SCHOOL FUNCTIONS

SCHOOL BUSES	Y/N
Buses should be thoroughly cleaned and disinfected daily and after transporting any individual ill. Drivers should be provided disinfectant wipes and disposable gloves to support disinfection of frequently touched surfaces during the day.	
Implement social distancing on school buses (one child/row and skip rows); family groups can sit together	
One masked child per bus seat	
Make hand sanitizer available on bus and provide guidance and signage for use	
Identify and implement accommodation for students with disabilities	
Encourage parental transportation	

MEALS/FOOD PREP	Y/N
School has stopped communal dining with multiple classrooms and serves individually plated meals in classrooms to students who did not bring their own meal from home while ensuring the safety of any students with food allergies.	
Safe preparation of meals if prepared on site	
In-classroom meals where feasible	

RECESS, SPORTS AND NON-CLASS ACTIVITIES	Y/N
Ability to adjust activities to adhere to latest public health recommendations. After-school activities only occur with physical distancing and mask use in groups of no more than X (the class size)	
School implements outdoor activity and instruction when possible	
Staggered/cohort recess to minimize contact with other class cohorts where possible	
School has developed and implemented strategies to restructure activities to support physical distancing	
Increased frequency of cleaning in sports facilities	
One-way circulation of athletes through facilities	
Non-contact sports can implement transmission risk-mitigation protocols that must address <ol style="list-style-type: none"> 1. Hygiene 2. Disinfection of equipment 3. Distancing between practice and competition 4. Number of participants 	
Only non-contact physical education with physical distancing and/or mask use Contact Sports: Ability to maintain distance during contact sports	
School has stopped activities that involve mixing groups or external groups inside the building and field trips outside of the building	
School has stopped field trips outside of the building	
No interscholastic athletic or other events or competitions	

ONGOING OPERATIONAL CONSIDERATIONS

PICK-UP, VISITORS OR NONESSENTIAL PERSONS AT SCHOOL	Y/N
School restricts all nonessential visitation (e.g. volunteers, guest speakers, parent-teacher conference) and uses online methods for these interactions when possible.	
Essential visitors, e.g. substitute teachers, screened prior to entry about symptoms and potential exposure. If positive, the visitors may not be enter the school.	
Schools should have a student drop-off and pick-up procedure so that parents/guardians or guardians wait outside or in their car for students to be dismissed. Social distancing is encouraged between families and students at pick-up and drop-off. Staggered arrival and drop-off may be implemented. If necessary, staff members in face coverings can monitor pick-up or escort younger children out of the building for appointments.	
Mail carriers and other delivery people do not need to be screened	
Permitted visitors on school grounds should be instructed to follow face covering, social distancing and hand hygiene guidance and limit movements to the area they were approved to visit.	
School has provided alternative methods for visitation.	
School has posted signs at entrances to the building advising that no visitors may enter the building.	
School determines whether school facilities may be used by external organizations. If yes, then these organizations must follow all guidance in this document including all hygiene and sanitation guidance.	

SCHOOL CLOSURE CONSIDERATIONS	Y/N
School has worked with local health officer to forecast situations in which schools may be required to close in the future based on the potential number of contacts, distribution of cases throughout the school, size of the school, and vulnerability of the population, along with other factors.	
School has plan to move to distance or virtual learning in the event of intermittent closures.	
School has created communication system to notify staff and families of closure.	
School has developed a plan to reopen after an intermittent closure and has developed communication to notify staff and families of reopening.	

COVID-19 HEALTH EDUCATION STRATEGIES

	Y/N
<p>School has provided education <u>to students, staff and families</u> about the importance of social distancing outside of school-time</p>	
<p>School has provided education to <i>students</i> about:</p> <ul style="list-style-type: none"> ● COVID-19 (e.g. symptoms, transmission, prevention) ● What to do if they are feeling sick ● Importance of the three W's to prevent illness: <ul style="list-style-type: none"> ○ Wearing a face covering ○ Walking 6 feet apart ○ Washing hands ● Reasons for changes in school routines (e.g. cohorting, meals, gatherings, activities and visitors) 	
<p>School has provided training to <i>staff</i> about:</p> <ul style="list-style-type: none"> ● COVID-19 (e.g. symptoms, transmission, prevention) <ul style="list-style-type: none"> ○ Proper use, removal and cleaning of face coverings and how to assist students with these actions ○ Policies for enforcing social distancing ○ How to teach/model/monitor: hand washing/use of sanitizer; use/disposal of tissues for coughing, sneezing and wiping noses ● Response if they or a student: is ill, has a possible exposure, has a confirmed exposure, has a positive test, and if the school has an outbreak (<i>defined as two or more cases that are linked within 14 days</i>) ● How the school will address illnesses for students and staff, and reporting requirements to the school and public health authorities ● Employee policies (e.g. leave) ● Reasons for changes in school routines (e.g. cohorting, meals, gatherings, activities and visitors) ● State and local mitigation efforts ● Employee role in health, hygiene and sanitation practices in the classroom and/or at school 	
<p>School has provided education/materials to <i>families</i> about:</p> <ul style="list-style-type: none"> ● COVID-19 (e.g. symptoms, transmission, prevention) ● COVID-19 screening and how school will respond to if a student: is ill, has a possible exposure, has a confirmed exposure, has a positive test, and if the school has an outbreak ● What to do if someone in their home gets sick ● Proper use, removal and cleaning of face coverings and how to assist children with these actions ● School health, hygiene and sanitation practices ● School policies on: Wearing a face covering, Walking 6 feet apart, Washing hands 	

COVID-19 SCHOOL COMMUNICATION

	Y/N
School has identified and trained personnel to communicate regularly about COVID-19 health and school policy issues and questions for multiple audiences: staff, students, and families	
School has a process for gathering updated COVID-19-related information from the CDC, the local and state health department, AZ Department of Education, and other relevant organizations to update policies and procedures as necessary	
School has designated staff and a process for tracking and managing information about: <ul style="list-style-type: none"> ● Screening ● Reports from staff, parents/guardians, and students about: possible exposures or confirmed cases ● Absences or symptom patterns that may be an outbreak <ul style="list-style-type: none"> ○ so illness may be tracked internally at the school and reported to: a) those in contact with possible or confirmed cases at school and b) relevant external organizations as directed by the health department 	
School has a process, compliant with FERPA and other applicable regulations and reviewed by school and district officials, as to how and when to notify: <ul style="list-style-type: none"> ● Students ● Families ● Employees ● Local health department about COVID-19 cases, exposures, and updates to policies and procedures within a specified time. 	
School has communicated with parents/guardians and students about: <ul style="list-style-type: none"> ● Procedures if the student has positive symptoms, a possible exposure or a confirmed exposure ● Criteria to return to school if exposed or after possible or confirmed illness ● Criteria for dropping off and picking up the student from school ● How remote learning will be managed if the student must isolate at home ● All other relevant policies and procedures (e.g. sports, activities, meals, transportation) 	
School has established processes for ongoing communication with state and local public health departments regarding school-based case reporting as well consultation and coordination	
School has established processes for ongoing communication with other schools in and out of district for coordination and information-sharing	



Use of Face Coverings in the School Setting

This guidance outlines infection control and personal protective equipment (PPE) recommendations, in response to coronavirus disease-2019 (COVID-19).

W – Wear a face covering **W** – Walk 6 feet apart **W** – Wash your hands

For this document, “face covering” refers to a well-fitting reusable or disposable face covering that fully covers a person’s nose and mouth. CDC does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings.

REQUIRED:

- All students five (5) years and older, staff and visitors must wear face coverings.
- Wear face coverings when inside school buildings, anywhere on school grounds, and at school- related activities, whether indoor or outdoor.
- Face coverings must be worn by students and staff on buses or other public transportation vehicles.
- The face covering must cover both the nose and mouth. Always keep it in place. Students and staff should not touch the eyes, nose, or mouth when removing or adjusting a face covering. Wash hands or use hand sanitizer immediately after removing or adjusting the face covering.
- Share guidance and information with staff, students, and families on the proper use, wearing, removal, and cleaning of cloth face coverings, such as [CDC's guidance on wearing and removing cloth face masks](#).

Exceptions

Exceptions are applicable under the following circumstances:

- The individual has a medical or behavioral condition or disability and cannot wear a face covering (including, but not limited to, any person who has trouble breathing, or is unconscious or incapacitated, or is otherwise unable to put on or remove the face covering without assistance)
- When actively eating or drinking
- When seeking to communicate with someone with hearing loss in a way that requires the mouth to be visible
- When working at home or when in a vehicle alone or with household members

- An individual may temporarily remove a face covering for identification purposes or medical services
- Children under five (5) years of age should not wear a face covering

SPECIAL POPULATIONS

Deaf and Hard of Hearing people often use lip reading to help understand what those around them are saying. Other communication strategies that can be used in this situation include:

- A cloth face covering that has a clear plastic area that allows the lips to be visible
- Writing notes back and forth using different writing utensils
- Writing on a white board to communicate
- Using a free speech to text app on mobile device
- Gesturing

If needed, ensure adequate physical distance (minimum 6 feet), removing cloth face covering long enough to communicate. RECOMMEND use of a clear plastic face shield if this method is necessary. This method should not be used for prolonged periods of time.

Individuals with a medical or behavioral condition or disability may be unable to wear a cloth face covering. Be sure to take other steps to help avoid unnecessary exposure. Other mitigation strategies include physical distancing of greater than 6 feet, a physical barrier or face shield. At least one individual should wear a face covering in such situations.

CONSIDERATIONS

- Cloth Face Coverings
 - Ideally cloth face coverings should be washed when they become wet or visibly soiled and at least daily. Have a bag or bin available to keep your cloth face coverings in until you can wash them. Launder the face coverings with detergent and hot water and dry on a hot cycle. If you must re-wear your cloth face covering before washing, wash your hands immediately after putting it back on and avoid touching your face.
 - Discard cloth face coverings that:
 - No longer cover the nose and mouth
 - Have stretched out or damaged ties or straps
 - Cannot stay on the face
 - Have holes or tears in the fabric
- Face Shields
 - Plastic face shields that wrap around the sides of the wearer's face and

extend to below the chin are an allowed substitute **ONLY** for individuals who are unable to wear a cloth face covering.

- [Per CDC](#) - It is not known if face shields provide any benefit as source control to protect others from the spray of respiratory particles. CDC **does not recommend use of face shields for normal everyday activities or as a substitute for cloth face coverings**. Some people may choose to use a face shield when sustained close contact with other people is expected. If face shields are used without a mask or cloth face covering, they should wrap around the sides of the wearer's face and extend to below the chin. Disposable face shields should only be worn for a single use. Reusable face shields should be cleaned and disinfected after each use. Plastic face shields for newborns and infants are NOT recommended.

Back 2 School Committee

Friday August 14, 2020

2:00 PM – 4:00 PM

Agenda

1. CALL TO ORDER
Superintendent Dustin Williams
2. ROLL CALL
Superintendent Dustin Williams
3. AFFIRMATION OF PUBLIC HEALTH PRINCIPLES PRESENTED TO GUIDE DECISION MAKING AND PLANNING FOR IN-SCHOOL LEARNING
Dr. Theresa Cullen
4. DISCUSSION AND AFFIRMATION OF PUBLIC HEALTH CRITERIA TO BE MET PRIOR TO TRANSITIONING TO A HYBRID MODEL OF IN-SCHOOL LEARNING
Dr. Francisco Garcia and Dr. Theresa Cullen
5. HEALTH DEPARTMENT RESOURCES AND ASSISTANCE AVAILABLE TO SCHOOLS FOR DEVELOPING SCHOOL MITIGATION PLANS
Dr. Theresa Cullen

Guiding Principles for Re-opening

- Equitable outcomes for all students, staff, and faculty regardless of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity, or their need to refrain from in-person activities due to concerns about COVID-19
- Returning safely to in-person instruction decisions based on state and local public health guidance and school-specific information
- Integration of emerging scientific based evidence in decision making
- Ability to ensure appropriate isolation of symptomatic students/staff and protocols in place for transportation to location for quarantine or isolation
- Protection of individuals in community, and their family members, who are vulnerable to severe COVID-19 disease, or to harassment or discrimination
- Consideration of harmful effects due to school closure (e.g. social-emotional effects of quarantine/isolation; widening disparity in educational attainment; reduced access to meals; increase in substance misuse, domestic violence, anxiety/depression)

Arizona State School Reopening Guidance

- “Local Education Agencies (LEAs) should consult with their Local Health Department in assessing if physical school buildings should reopen.” ~ADHS *When to Consider Reopening*

The ADHS further defines community spread levels with the thresholds outlined below. These thresholds are consistent with the national standards set by the Coronavirus Task Force.

Benchmarks	Minimal	Moderate	Substantial
Cases	<10 cases/100,000	10-100 cases/100,000	>100 cases/100,000
Percent Positivity	<5%	5-10%	>10%
COVID-like Illness	<5%	5-10%	>10%

Select a county to filter the data.

Showing data for **Pima County** (Southeastern Region)

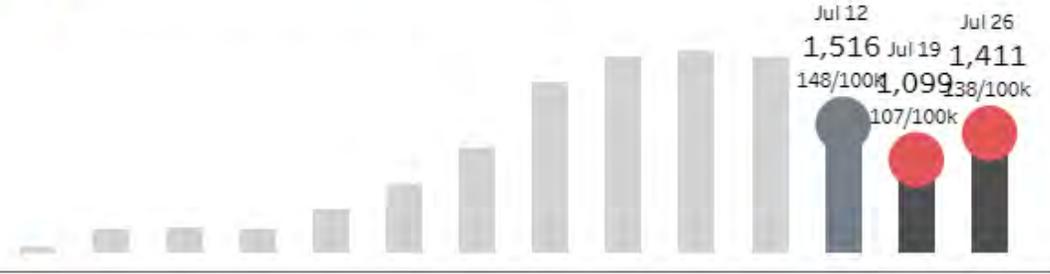
ADHS Data for Pima



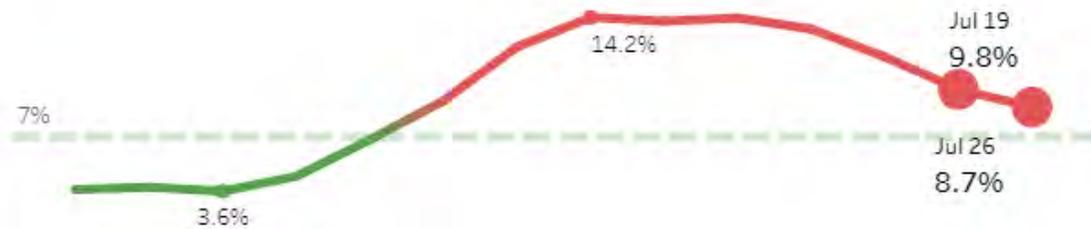
Benchmark Not Met

1 a) **✗** Decline in cases **Not Met** or

1 b) **✗** less than 100 cases per 100,000 individuals for two consecutive weeks:



2) **✗** Two consecutive weeks with percent positivity below 7%: **Benchmark Not Met**



3) **✓** Two consecutive weeks with hospital visits for COVID-like illnesses in the region below 10%: **Benchmark Met**



What is this dashboard?

ADHS County-Level School Benchmarks
This dashboard is used to determine the level of community spread of COVID-19 in Arizona and assist with decision making for the types of delivery model schools may consider.

Time Frame
This dashboard does not look at the past two weeks due to potential lags in data.

Hover over the icon to get more information on the data in this dashboard.



Past PCHD Recommended Return to Business Used for Return to School Criteria

1. Disease Criteria

	Criteria not met	Progress	Criteria met
Decreasing cases over two consecutive weeks	Criteria not met	Progress	Criteria met
Decreasing COVID-19 related deaths over 14 day	Criteria not met	Progress	Criteria met
Decreasing hospitalizations	Criteria not met	Progress	Criteria met

2. Healthcare Capacity Criteria

	Criteria not met	Progress	Criteria met
Lab Testing Availability and Utilization	Criteria not met	Progress	Criteria met
Adequate hospital bed capacity to care for 2X the current COVID cases (+ surge) - Statewide	Criteria not met	Progress	Criteria met
Sufficient Personal Protective Equipment (PPE) for Emergency Responders	Criteria not met	Progress	Criteria met

3. Public Health Capacity Criteria

	Criteria not met	Progress	Criteria met
Timely case investigation	Criteria not met	Progress	Criteria met
Testing of symptomatic contacts within 48 hours	Criteria not met	Progress	Criteria met
Facilities/support for patients who can't be discharged home - Statewide	Criteria not met	Progress	Criteria met

Aligning Metrics

- 7 out of 9 PCHD criteria align with ADHS benchmarks
 - **Disease criteria shared one metric with State metrics**
 - **Cases**
 - **Healthcare Capacity Criteria will remain unchanged**
 - **Public Health Capacity Criteria will remain unchanged**
- Propose to modify “Disease Data” to align with ADHS benchmarks and include:
 - **Percent Positivity**
 - **COVID-like illness**

Updated Disease Criteria

1. Disease Criteria

	Criteria not met	Progress	Criteria met
Cases over two consecutive weeks (with complete reporting of data)	Criteria not met	Progress	Criteria met
★ Percent Positivity	Criteria not met	Progress	Criteria met
★ COVID-like Illness	Criteria not met	Progress	Criteria met

2. Healthcare Capacity Criteria

	Criteria not met	Progress	Criteria met
Lab Testing Availability and Utilization	Criteria not met	Progress	Criteria met
Adequate hospital bed capacity to care for 2X the current COVID cases (+ surge) - Statewide	Criteria not met	Progress	Criteria met
Sufficient Personal Protective Equipment (PPE) for Emergency Responders	Criteria not met	Progress	Criteria met

3. Public Health Capacity Criteria

	Criteria not met	Progress	Criteria met
Timely case investigation	Criteria not met	Progress	Criteria met
Testing of symptomatic contacts within 48 hours	Criteria not met	Progress	Criteria met
Facilities/support for patients who can't be discharged home - Statewide	Criteria not met	Progress	Criteria met

CASES over two consecutive weeks (with complete reporting of cases)

- **Not Met** – The number of new positive cases is more than 100 cases/100,000/week for two weeks in a row
- **Progress** – The number of new cases is between 10-100 cases/100,000/ week for two weeks in a row
- **Criteria Met** – The number of new cases is less than 10 cases/100,000/week for two weeks in a row; if new case number goes above 10 cases/100,00, category will return to 'progress'.
- **Tracking Source** – [PCHD Cases by MMWR Week](#) . See latest "Case, Death, and COVID-19 Like Illness Report." Confirmed with AzDHS data. This measure will lag behind by 12 days due to lag time in acquisition of data.

Percent Positivity

- **Not Met** – Two weeks with percent positivity above 10%
- **Progress** – Two weeks with percent positivity between 5 and 10%
- **Criteria Met** – Two weeks with percent positivity less than 5% If positivity begins to increase, the category will return to “Progress.”
- **Tracking Source** – AzDHS reporting. This measure will lag behind by 12 days due to lag time in acquisition of data.

COVID-like Illness

- **Not Met:** Two weeks with hospital visits due to COVID-like illness greater than 10%
- **Progress:** Two weeks with hospital visits due to COVID-like illness between 5 and 10%
- **Criteria Met:** Two weeks with hospital visits less than 5%; if case percentage increases, the category will return to “progress”.
- **Tracking Source** – [PCHD Cases by MMWR Week](#) . See latest "Case, Death, and COVID-19 Like Illness Report." Confirmed with AzDHS data. This measure will lag behind by 12 days due to lag time in acquisition of data.

Proposed PCHD Role

- Establish School Liaison team to lead 2-3 weekly webinars for schools, communicating current guidance and timely updates
- One liaison to function as a point of contact with up to 7 CT staff from Maximus to assist schools with CT efforts
- Deploy [school interface](#) as a fully accessible resource
 - PDF's for mitigation messaging
 - Planning tools and other helpful links
- Support District level COVID-19 mitigation plan through self attestation to PCHD guidance coupled with PCHD review and feedback
EOCEducation@pima.gov
- Support school distance learning with health enhancing instructional material

Planning Assessment and Tool

- 16 page checklist
- Condensed and robust assessment of mitigation strategies
- Intentioned as a foundation for planning for return

SCHOOL RE-OPENING QUICK REFERENCE GUIDE
This can be used as a quick reference guide. Additional information is included in the details.

CRITICAL READINESS ASSESSMENT (CDC)
Are you compliant with state and local public health orders about school closures (e.g. Governor's Office, Tribal Nations, Arizona Department of Health Services, and/or Local departments?)
School ready to protect children and employees at **high risk** for severe illness? (e.g. learning plans) [PDF Guide](#)

HEALTH, SAFETY, AND MONITORING PREPARATIONS ASSESSMENT
School ready to screen employees upon arrival for symptoms and history of COVID-19?
School has a process for daily reminders or another process to remind employees to wear masks?
School has adequate PPE supplies for all persons five feet apart?
School will comply with masks requirement on campus?
School will implement a plan for social distancing on campus?
School plan to clean, disinfect, and ventilate are consistent with CDC and PCHD guidance for COVID-19?
Ability to follow CDC and PCHD guidance for COVID-19?
All employees have been trained on health and safety protocols?
School regularly communicates that anyone with symptoms should stay home?
School able to monitor student and employee absences?
School has written flexible leave policies?
School able to regularly update the health and safety plan?
School has a plan to communicate with families?
School is ready to consult with local health departments?
School considers developing policies in the event of an increase in cases in the community?
School considers developing policies in the event of a conjunction with the local health department?

CALENDAR
...considered COVID-19?
...flexibility of calendar?

STAFFING
...a staff quarantine plan?
...developed flexible leave policies?
...identified staff: a) to monitor health and safety; b) to coordinate with the health department as needed regarding confirmed cases?

ATTENDANCE
...a plan to monitor student and staff absences?
...created flexible attendance policies that encourage communication?
...communicated these policies to employees, parents/guardians?

LEARNING
...a plan to address various online learning barriers?

COVID-19 PLANNING: STAFF AND STUDENT
This guidance suggests plans schools may need to re-open. It is not a checklist. Plans will require ongoing monitoring and may change as needed.

GENERAL
The school has...
...identified or created COVID-19 guidance for learning, health and safety, and other relevant documents
...an opening and potential closing plan
...a strategy for ongoing checking of their plans with local health departments, Arizona Department of Education Guidance, and other relevant agencies.

HEALTH
...a plan and procedures for student and employee health and safety?
...a plan to decrease health risks and address responsibilities?
...a plan to decrease health risks for employees?

EMPLOYEES/STUDENTS AT ELEVATED RISK
• People with weakened immune systems
• People with medical conditions that may not be able to wear masks
• People that may not be able to comply with hand hygiene
• People that may not be able to report symptoms
• People over 65

PPE FOR CLEANING
Custodial staff and any other workers who clean and disinfect the school site equipped with appropriate protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.

COVID-19 TESTING
If considering COVID-19 testing at the school, consult with local health departments for guidance.

GENERAL CLEANING AND SANITATION
Establish a cleaning and disinfecting schedule in order to avoid both under- and over-cleaning products.
Take steps to ensure that all water systems and fixtures (for example, drinking water fountains) are safe to use after a prolonged facility shutdown to avoid Legionnaires' disease and other diseases associated with water.

COVID-19 HYGIENE AND SANITATION GUIDANCE
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, paper towels, hand sanitizer, and face coverings. Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

SUPPLIES
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, paper towels, hand sanitizer, and face coverings. Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

PLANNING
School has safety and infection control plan and a schedule so products are used safely (i.e. not over-used).
Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

COVID-19 TESTING
If considering COVID-19 testing at the school, consult with local health departments for guidance.

GENERAL CLEANING AND SANITATION
Establish a cleaning and disinfecting schedule in order to avoid both under- and over-cleaning products.
Take steps to ensure that all water systems and fixtures (for example, drinking water fountains) are safe to use after a prolonged facility shutdown to avoid Legionnaires' disease and other diseases associated with water.

COVID-19 HYGIENE AND SANITATION GUIDANCE
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, paper towels, hand sanitizer, and face coverings. Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

SUPPLIES
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, paper towels, hand sanitizer, and face coverings. Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

PLANNING
School has safety and infection control plan and a schedule so products are used safely (i.e. not over-used).
Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.

Plug and Plan

- School District has contracted with (company) to provide appropriate supplies for staff and students to ensure healthy hygiene behaviors. Staff will be provided (number) masks every semester.
- Custodial staff are trained on chemical hazards, manufacturer's directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.

COVID-19 HYGIENE AND SANITATION GUIDANCE

	Y/N
PLANNING	
School has safety and infection control plan and a schedule so products are used safely (i.e. not over-used).	
Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.	
SUPPLIES	
Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer	
When choosing disinfecting products, use those approved for use against COVID-19 on the Environmental Protection Agency (EPA) approved List "N" and follow product instructions	
To reduce the risk of asthma and other health effects related to disinfecting, programs should select disinfectant products on List "N" with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program and avoid products that contain peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds	
Follow label directions for appropriate dilution rates and contact times. Provide workers training on the chemical hazards, manufacturer's directions, Cal/OSHA requirements for safe use, and as applicable and as required by the Healthy Schools Act.	
School has trained custodial staff that can implement increased daily cleaning needs	
PPE FOR CLEANING	
Custodial staff and any other workers who clean and disinfect the school site equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.	
COVID-19 TESTING	
If considering COVID-19 testing at the school, consult with local health departments for guidance.	
GENERAL CLEANING AND SANITATION	
Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products	
Take steps to ensure that all water systems and features (for example, drinking fountains and decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires' disease and other diseases associated with water.	

Executive Order 2020-51

Arizona Open for Learning

- Provides some potential funding
- August 17th must provide a “...place to go during the day...”
- Districts and charters may adopt procedures to ensure physical distancing and mitigation strategies (3c)
- Waiver may be applied for under circumstances (3d) of “outbreak” or adjacent tribal sovereign nation issuing “Stay at Home”
- Mitigation plan (4c) and mitigation policies (5a,b,c) are required

Executive Order 2020-51 (*Cont.*)

- PCHD will be working to develop further technical assistance on this order where overlap with health occurs

COVID-19 Progress Report and Local Recommendations

As of August 13, 2020

[Español](#)

Disease Data

Tracking information about cases and deaths helps us understand changes to the activity of COVID-19 in Pima County. These measures may indicate when COVID-19 spread is slowing in the community – whether naturally or as a result of the actions being taken to prevent the spread of the disease.

	Criteria not met	Progress	Criteria met
Cases over two consecutive weeks (with complete reporting of cases)	Criteria not met	Progress	Criteria met
Percent Positivity	Criteria not met	Progress	Criteria met
COVID-19 like illness	Criteria not met	Progress	Criteria met

Disease Data criteria for changing RED to GREEN

Healthcare System Availability

Understanding our healthcare system's ability to identify new cases of COVID-19 AND the ability of healthcare facilities to safely and responsibly provide care for patients should a surge in COVID-19 cases occur is important. Our healthcare system's capacity to provide testing for anyone with symptoms, care to patients, and Personal Protective Equipment (PPE) makes it possible for our community to respond to future cases of COVID-19.

	Criteria not met	Progress	Criteria met
Lab Testing Availability and Utilization	Criteria not met	Progress	Criteria met
Adequate hospital bed capacity to care for 2X the current COVID cases (+ surge) – Statewide	Criteria not met	Progress	Criteria met
Sufficient Personal Protective Equipment (PPE) for Emergency Responders	Criteria not met	Progress	Criteria met

Healthcare System Availability criteria for changing RED to GREEN

Public Health Tracking and Prevention

This set of tracking points helps us understand the capacity of our local public health system's ability to quickly identify, investigate, and conduct surveillance of new cases and outbreaks of COVID-19 in our community and provide appropriate follow-up care to hospitalized patients.

	Criteria not met	Progress	Criteria met
Timely case investigation	Criteria not met	Progress	Criteria met
Testing of symptomatic contacts within 48 hours	Criteria not met	Progress	Criteria met
Facilities/support for patients who can't be discharged home – Statewide	Criteria not met	Progress	Criteria met

Public Health Tracking & Prevention criteria for changing RED to GREEN



August 13, 2020

The Honorable Douglas Ducey, Governor
State of Arizona
1700 West Washington Street
Phoenix, Arizona 85007

Re: **State requirements for students returning to onsite services**

Dear Governor Ducey,

While we share your commitment to the safety of residents of Arizona as we face this pandemic, we are concerned that there is a disconnect between your stated policies and the requirements dictated by Executive Order 2020-51 which lays out the requirements for students returning to onsite services.

The primary problem with the State guidance related to at-risk youth returning to schools is that there is no recognition that there may be an actual limit on the number of students that can safely return to a particular school or school site, given physical distancing standards and other well-established principles to reduce the spread of COVID-19. This recognition should be stated in the guidance. Given the large number of at-risk students that may be attending some school districts, it is obvious that a prioritizing process among at-risk students must occur to accommodate students in district facilities that have physical space limitations. This simply means that once physical capacity is determined based on physical distancing requirements designed to minimize the spread of COVID-19, the district should undergo a process to rank their at-risk students to ensure those most at-risk can be accommodated within the available space. Clarity in your guidance would go a long way to eliminate the current concerns of school districts, particularly those that have high percentages of at-risk students in their respective districts.

As an example, the Nogales Unified School District (NUSD) is unable to meet the requirements of Executive Order 2020-51 and we ask that you revise the Executive Order.

While the Executive Order does allow for waivers, the benchmarks are so high that NUSD will essentially not be able to qualify for the waivers. With an enrollment of 5,600 students, the make-up of the student body is so diverse and at such high levels of need that in the end, even with the waivers, NUSD will still be required to onsite services, five days a week, for approximately 90% of the student body, or over 5,000 students.

The NUSD student body is comprised as follows: free and reduced population at 82%, students with disabilities at 11%, English learners at 21%, and foster students at

approximately 2%. We are hearing this situation is being repeated in district after district with low-income populations throughout the state.

Local governing school boards are committed to providing the best educational outcomes for the students in their district. But it is the local school boards that best know their capabilities and resources, along with in-depth knowledge of the facilities available at the schools, so they are best-equipped to define and implement the optimal plan to move forward during the pandemic. School boards are committed to fulfilling the educational requirements such as instruction time, while ensuring the safety of students, faculty and school community that includes the family members for each student.

Executive Order 2020-51 has tied the hands of school boards throughout the state and puts students, faculty and their families at risk of falling prey to COVID-19. Certainly, schools need more resources, but there must be consideration for the needs of poor districts. Many schools have a very high percentage of the student body that either lacks or has very low-quality broadband service. We ask for assistance from the State in helping provide greater access to broadband in order to integrate remote learning as part of the educational plan.

Our request is that local school boards be given flexibility in determining the best alternatives, protocols and systems to meet mandates for instruction time but with adherence to guidelines as dictated by the Centers for Disease Control.

The example of your Executive Order that permitted local governments to consider mandating the use of face coverings - an effort that has greatly contributed to the reduction in positivity rates statewide - shows that success comes with local jurisdictions determining the best way forward for their communities. We request that you provide that same consideration and allowance for our school districts and the education of our children.

Respectfully,

Arizona Border Counties Coalition



The Honorable Sharon Bronson
Pima County Representative
Arizona Border Counties Coalition



The Honorable Ann English
Cochise County Representative
Arizona Border Counties Coalition



The Honorable Bruce Bracker
Santa Cruz County Representative
Arizona Border Counties Coalition



The Honorable Tony Reyes
Yuma County Representative
Arizona Border Counties Coalition