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Appendix A- NN COVID-19 Safe Schools Framework- full document
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The Department of Diné Education (DODE) and the Navajo Health Command Operations Center (NHCOC) collaborated to create the Navajo Nation School Reopening Plan (hereafter referred to as “Plan”) to guide the reopening of schools on the Navajo Nation in the midst of the COVID-19 pandemic. DODE is delegated to implement the procedures, policies, directives, and guidance as approved by the Navajo Nation Board of Education (NNBOE) regarding both the enforcement of Navajo Nation laws and the education of children on the Navajo Nation. The Navajo Nation Department of Health (NDOH) is delegated to ensure the health care and public health services provided within the Navajo Nation are quality, comprehensive, and culturally relevant. The Health Command Operations Center under NDOH is assigned to respond to the COVID-19 public health emergency.

Under the Plan, schools located within the Navajo Nation shall create their own comprehensive and detailed COVID-19 policies and procedures, which will provide regulations to implement safe practices to prepare administrators, staff, and students when they return to in-person operations. Schools shall create, submit and implement a School Reopening Plan and complete an accompanying Reopening Readiness Assessment Attestation form to DODE prior to providing in-person services. School policies and procedures shall not conflict with this Plan, Navajo Nation Public Health Emergency Orders (PHEOs) Executive Orders from the Navajo Nation Office of the President and Vice President (OPVP), or any resolutions passed by the NNBOE. This Plan is enacted to ensure the safety of all students on the Navajo Nation. As new data and research become available, this Plan may be updated to better meet the needs of our schools and students.

Schools shall develop their reopening plans to address the needs of the schools, the students, and the communities they serve, and those plans shall be approved by the local school board. Local school board members should also ensure that the local schools’ reopening plans comply with NNBOE and Navajo Nation Council resolutions, as well as Navajo Nation PHEOs and executive orders. DODE will monitor schools and ensure compliance with this Plan and the above authorities.
Criteria to Safely Reopening

All Schools are expected to have consulted with parents and families (through surveys and other outreach methods) to determine the best setting for their children.

All schools will continue to abide by current Navajo Nation Executive Orders and Navajo Nation Public Health Orders.

Individual School Reopening Plans

- Schools must have three plans in place: Remote, Hybrid, and In Person Learning
- Schools will follow Navajo Nation COVID-19 Safe Schools Framework. Please see Appendix A and the DODE School Reopening Readiness Assessment.
- All schools will incorporate CDC guidelines and appropriate state guidelines for safety protocols and procedures.

Reopening Readiness Assessment

All schools will complete the Reopening Readiness Assessment (RRA) Checklist at each of their school sites. The school or district will assemble a Readiness Assessment review team, with the recommended composition of five individuals: (see Appendix C- Glossary for definitions of each individual).

1. administrator
2. local health worker
3. educator
4. facility/maintenance representative
5. parent/guardian or community member

Although not required, the school may also invite additional members from their local Indian Health Service health facility or tribal health facility, school board members, Department of Diné Education staff, Navajo Department of Health (NDOH), or Navajo Health Command Operations Center (NHCOC)

The readiness checklist is aligned with CDC guidelines and can be found in accompanying document titled, “Navajo Nation School Reopening Readiness Assessment.” Once completed, the school will submit the readiness assessment document and Signature of Attestation to the Department of Dine Education at schoolreopening@nndode.org. The school is also encouraged to share with their stakeholders.
Reopening Readiness Assessment

Visual Process of Readiness Assessment

School creates a Reopening Readiness Team

Team completes physical walk through of building, documenting findings on checklist

Team debriefs and generates recommendations (based on review of plan and walk through) on checklist.

If other state or tribal entity, fire marshall, or other recognized safety team completed walk-through, schools may submit that documentation in lieu of walk through.

Signed attestation statement and completed checklist with recommendations are submitted to DODE, school administration, and school board.

All team members sign attestation statement included with checklist. Team will come to a consensus for recommendation for reopening.

Safe Reopening of School Buildings to Students

Checklist and recommendations require more time to meet criteria before reopening

All documentation can be sent to: schoolreopening@nndode.org

Note: There is an exception of schools that have already met all criteria and can supply documentation and evidence to show readiness in all areas of readiness assessment.

Approved by the Navajo Nation Board of Education on 6/16/2021
Navajo Nation COVID-19 Safe Schools Framework

The Navajo Nation COVID-19 Safe Schools Framework establishes that K-12 Schools and Headstart will be open for in-person learning across all phases with core prevention strategies in place. Administrative personnel can reference the framework to identify required core prevention strategies and determine if conditional prevention measures are necessary. This document can be found in full as Appendix A, and has been incorporated into this Navajo Nation School Reopening Plan to ensure alignment of support. It is the expectation of DODE that all schools follow both the Safe Schools Framework and the School Reopening Plan.

The Safe Schools framework safety measures are categorized in two main areas of prevention strategies: Core Prevention Strategies and Conditional Prevention Strategies.

"Core prevention" refers to the basic core set of COVID-19 prevention practices that should be always in place. These are detailed in Table 1. of this document.

Prevention practices include parent options for hybrid and/or virtual learning, masks, physical distancing, student cohorting, hygiene, cleaning and ventilation, diagnostic testing, contact tracing, and reporting. An exception falls under the critical/very high transmission (purple phase) where in-person learning may be restricted to selected students.

1. “Conditional prevention” refers to additional strict prevention strategies that will be implemented in phases with higher transmission according to Navajo Nation Gating Criteria.

Conditional prevention measures are strict prevention strategies that include screening testing. These prevention strategies may be implemented in other phases at the discretion of the school.

While the framework color-coded system is consistent with the color-coded system the NN HCOC uses in the Navajo Nation Gating Measures, the COVID-19 Safe Schools Framework provides requirements and recommendations to support continuous in-person learning.

Guidance for activities not outlined in this document will be evaluated on a case-by-case basis and released through a Navajo Nation Public Health Emergency Order and/or Executive Order.
COVID-19 Safe Schools Framework-
Core Prevention Strategies

The core prevention strategies are required prevention practices that are present in each color-coded phase of reopening outlined below.

Table 1: Core Prevention Strategies.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Schools OPEN for In-Person Learning</td>
<td>Selected Students</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Parent Options</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Masks</td>
<td>Universal and Correct Use</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Student Cohorting</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Physical Distancing</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Hygiene, Cleaning and Ventilation</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Diagnostic Testing</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Contact Tracing</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Reporting Required</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>COVID-19 Vaccination</td>
<td>Strongly encouraged (✪) for eligible staff and students</td>
<td>✪</td>
<td>✪</td>
<td>✪</td>
<td>✪</td>
</tr>
</tbody>
</table>

For more detailed guidance on these strategies, refer to the School Reopening Readiness Assessment.
Conditional prevention measures are strict prevention strategies that include screening testing. These prevention strategies may be implemented in other phases at the discretion of the school.

Table 2. Conditional Prevention Strategies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Setting &amp; Description</th>
<th>Frequency based on transmission level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Testing</td>
<td>Testing of select groups of unvaccinated teachers, staff, and students</td>
<td>Recommended 1-2x per week for teachers/staff/students, Optional 1x per week</td>
</tr>
<tr>
<td></td>
<td>Classroom</td>
<td></td>
</tr>
<tr>
<td>Note: vaccinated</td>
<td></td>
<td>Optional 1x per week for teachers/staff</td>
</tr>
<tr>
<td>individuals are</td>
<td></td>
<td></td>
</tr>
<tr>
<td>exempt from</td>
<td></td>
<td></td>
</tr>
<tr>
<td>screening testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Low and Intermediate Risk</td>
<td>Recommended 1x per week, Optional 1x per week</td>
</tr>
<tr>
<td></td>
<td>Sports</td>
<td></td>
</tr>
<tr>
<td></td>
<td>High Risk</td>
<td>Recommended 2x per week, Optional 1x per week</td>
</tr>
</tbody>
</table>
INTRODUCTION:

The Navajo Nation COVID-19 Safe Schools Framework has been developed to guide the reopening of all schools and Head Start across the Navajo Nation. This framework offers in-person learning recommendations with core and conditional prevention strategies, based on Centers for Disease Control and Prevention (CDC) guidelines.

The CDC School Operational Strategy document (updated 5/15/21) states that schools should be the highest priority in-person essential service (i.e. last to close, first to open). This is because the benefits of in-person school are critically important to promote child development, education, and physical and mental health. This is especially true among communities such as the Navajo Nation that have been severely impacted by the COVID-19 pandemic.

GENERAL GUIDELINES FOR COVID-19:

Continual Best Practices to Prevent Spread of COVID-19 The general guidelines are for everyone living on or visiting the Navajo Nation for the duration of the COVID-19 pandemic.

1. Get fully vaccinated for COVID-19 for best protection for yourself and for unvaccinated children or high-risk family and co-workers.

2. Wear a well-fitting face-mask when in public.

3. Socially (physically) distance yourselves. Keep at least six-feet apart from others in public.

4. Avoid crowded indoor spaces with poor ventilation where COVID germs can more easily spread through the air and physical distancing is not possible.

5. Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing, or having been in a public place. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.

6. Avoid touching your face, nose, eyes, and mouth.

7. Avoid close contact with people who are sick or have been exposed to someone with COVID-19.
The Safe Schools Framework includes core and conditional prevention strategies that will allow the Navajo Nation to safely resume critical essential services for children and families. These guidelines apply to Head Start and Pre-K through 12th Grade.

The decision to move between the phases will be dependent upon the rate of new COVID-19 cases, availability of testing, and hospital capacity. Before advancing to a less-restrictive status, the Navajo Health Command and Operations Center (NHCOC) will determine whether or not certain “gating criteria” have been satisfied. The gating criteria are based on the “Guidelines for Opening up America Again” issued by the White House and CDC.

If there is high transmission, schools should enhance the frequency and implementation of the prevention strategies set forth in this document.

If you feel sick, get tested for COVID, then stay home and do not go to work or school. Contact your medical provider for advice.

Continue to follow the local health department, state, and Centers for Disease Control and Prevention (“CDC”) guidelines.

The FRAMEWORK:

1. “Core prevention” refers to the basic core set of COVID-19 prevention practices that should be always in place. See Table 1.

2. “Conditional prevention” refers to additional strict prevention strategies that will be implemented in phases with higher transmission according to Navajo Nation Gating Criteria.

3. Guidance for schools to implement COVID-19 prevention strategies can be found at https://www.navajonationdode.org/navajoschoolreopening/

4. All schools must develop, implement and submit a School Reopening Plan and a completed Reopening Readiness Assessment Attestation form to the Department of Diné Education prior to reopening for in-person learning. Reopening plans and completed forms can be emailed to: schoolreopening@nndode.org.

These guidelines establish that schools should be open for in-person learning across all phases, with core prevention strategies including washing hands, masking, physical distancing, and contact tracing.
# TABLE 1: CORE PREVENTION STRATEGIES

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Setting &amp; Description</th>
<th>Frequency based on transmission level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Schools OPEN for in-person learning</strong></td>
<td>Selected students</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Parent Options</strong></td>
<td>For hybrid and/or virtual learning</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Masks</strong></td>
<td>Universal and Correct Use</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Physical Distancing</strong></td>
<td>At least 3-6 feet between students in classroom</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Student Cohorting</strong></td>
<td>Divide students into smaller groups by classrooms and buses</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Hygiene, Cleaning and Ventilation</strong></td>
<td>Handwashing, Maintain healthy facilities</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Diagnostic Testing</strong></td>
<td>Referral of symptomatic or exposed individuals to health care facility for testing</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Contact Tracing</strong></td>
<td>Timely Isolation &amp; Quarantine, and contact with local health care facility</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>Reporting Required</strong></td>
<td>To local health care facility HCOC exposure portal, and weekly public notification</td>
<td>Critical/Very High: ✓, High: ✓, Substantial: ✓, Moderate: ✓, Low: ✓</td>
</tr>
<tr>
<td><strong>COVID-19 Vaccination</strong></td>
<td>Strongly encouraged (★) for eligible staff and students</td>
<td>Critical/Very High: ★, High: ★, Substantial: ★, Moderate: ★, Low: ★</td>
</tr>
</tbody>
</table>

# TABLE 2: CONDITIONAL PREVENTION STRATEGY

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Setting &amp; Description</th>
<th>Frequency based on transmission level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Screening Testing</strong></td>
<td>Regular testing of teachers, staff, and students</td>
<td>Critical/Very High: Recommended 1-2x per week for teachers/staff/students, High: Optional 1x per week for teachers/staff, Substantial: Optional 1x per week</td>
</tr>
<tr>
<td>Classroom</td>
<td>Low and Intermediate Risk</td>
<td>Recommendations for teachers/staff/students: Recommended 1x per week, Low and Intermediate Risk: Optional 1x per week</td>
</tr>
<tr>
<td><strong>Sports</strong></td>
<td>High Risk</td>
<td>Recommendations for teachers/staff/students: Recommended 2x per week, Low and Intermediate Risk: Optional 1x per week, High Risk: Optional 1x per week</td>
</tr>
</tbody>
</table>

(Options are in the Additional Information section)
SCREENING TESTING:

Screening testing is an option for schools to use as part of their conditional prevention strategies. Screening testing is highly recommended to be conducted by trained individuals at the school through a contractor or from the local health facility. There are various testing options available for schools. HCOC will issue separate guidance on Screening Testing for schools.

SUPPLEMENTAL DOCUMENTS:

More specific guidance on each of these topics is outlined in supplemental documents from Department of Diné Education available at: https://www.navajonationdode.org/navajoschoolreopening/.

1. Navajo Nation School Reopening Plan
2. Navajo Nation School Reopening Readiness Assessment Attestation form
3. Navajo Head Start Roadmap for Teachers

GLOSSARY:

1. Cleaning and Ventilation – Maintaining a healthy environment through routine cleaning and disinfection and proper ventilation for improved indoor air quality.
2. Cohorting – Involves creating groups of students that are separated from other groups by at least 6 feet through the entire day. Cohorts can reduce the number of people exposed to COVID-19 if someone tests positive, meaning fewer students and staff would need to be quarantined if there is a positive case.
3. Contact Tracing – Part of the process of supporting patients and warning contacts of exposure to stop chains of transmission. Contact tracers inform people if they have been exposed to COVID-19 and to monitor their health for signs and symptoms of COVID-19, get tested, and to self-isolate if they have COVID-19 or were in close contact with someone who tested positive.
5. Diagnostic Testing – Intended to identify current infection in individuals and is performed by a health care facility when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to someone with COVID-19.
6. HCOC – Health Command Operations Center of Navajo Nation
7. High Risk Sports – sports that cannot be done outdoors or with masks.
8. Low and Intermediate Risk Sports – sports that can be conducted outdoors, or indoors with masks.
9. Navajo Nation Gating Criteria – measures including the rate of new COVID-19 cases, availability of testing, and hospital capacity used by the NHCOC to determine the current color phase/status of the Navajo Nation.
10. Physical Distancing – Keeping space between oneself and other people outside of one’s home.
11. Public Notification – Providing on campus COVID-19 lab confirmed positive case frequency to parents and the community via public-facing website, newsletter, or other timely communication method.
12. Reporting – School administrators report COVID-19 lab confirmed positive cases to local health care facility, HCOC exposure portal, and weekly public notification while maintaining confidentiality per applicable laws and regulations.
   o Link to HCOC exposure reporting portal: https://docs.google.com/forms/d/e/1FAIpQLSfXNhCvzncLJa0lexpZ0hdpnEFEdj-VQQQZju-y9ZzafCkxw/viewform
13. Screening Testing – Testing individuals without symptoms or known contact. Frequency of testing can vary. Additional details in the Additional Information section.
14. Selected Students – Limited targeted populations as determined by schools (such as special needs students who need special education services according to their Individualized Education Program (IEP) where certain types of instructional needs and services may best be accomplished in person).
Introduction

Screening testing is intended to identify infected people without symptoms (or before development of symptoms) who may be contagious so that measures can be taken to prevent further transmission. Screening testing is particularly valuable in areas with moderate, substantial, and high levels of community transmission. It is not a requirement for schools to reopen.

School-based testing should not be conducted without informed consent from the individual being tested (if an adult) or the individual’s parent or guardian (if a minor). Informed consent requires disclosure, understanding, and free choice and is necessary for teachers and staff (who are employees of a school) and students’ families to act independently and make choices according to their values, goals, and preferences.

The frequency of screening testing should be guided by local transmission, as outlined in Table 2 in the Safe Schools Framework. Screening testing options are shown in the table below.

<table>
<thead>
<tr>
<th>Screening Testing Options</th>
<th>Description</th>
<th>Platform</th>
<th>Administered by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1</td>
<td>Health care facility</td>
<td>Local health care facility testing platform (Rapid antigen or polymerase chain reaction, e.g., Cepheid, Sonora Quest, LabCorp, Abbott)</td>
<td>Health Care Facility</td>
</tr>
<tr>
<td>For select groups of teachers, staff, and students, as noted in Table 2</td>
<td>Self-testing at home or school</td>
<td>Rapid Antigen (e.g., Ellume, Abbott Binax Now)</td>
<td>Self or school staff</td>
</tr>
<tr>
<td>Option 2</td>
<td>Pooled testing at school</td>
<td>Polymerase Chain Reaction (e.g., Gingko)</td>
<td>Self or school staff</td>
</tr>
</tbody>
</table>

Types of Screening Tests

When considering which tests to use for screening testing, schools or their testing partners should choose tests that can be reliably supplied and that provide results within 24 hours.
Polymerase Chain Reaction (PCR) tests are high-sensitivity tests for detecting SARS-CoV-2 nucleic acid. PCR tests need to be processed in a laboratory with variable time to results (could be 1–3 days).

Antigen tests are generally less sensitive than PCRs, and most can be processed at the point-of-care with results available in about 15 minutes. Antigen test results might need confirmation with a PCR in certain circumstances, such as a negative test in persons with symptoms or a positive test in persons without symptoms. Schools should work with the health department to develop a confirmation and referral plan before implementing testing. The immediacy of results (test results in 15–30 minutes), modest costs, and feasibility of implementation of antigen tests make them a reasonable option for school-based screening testing. The feasibility and acceptability of tests that use nasal (anterior nares) swabs make these types of tests more readily implemented in school settings.

Pooled testing involves mixing several samples from different individuals together in a “batch” or pooled sample, then testing the pooled sample with a diagnostic test. This approach increases the number of individuals that can be tested and reduces the need for testing resources. This approach may be particularly helpful in schools using cohorts. Because of the complexities of acting on a positive result, pooled testing is best used in situations where the number of positives is expected to be very low.

**Reporting Tests Results**

Every COVID-19 testing site is required to report all diagnostic and screening test results to the appropriate state health department. Positive test results must also be reported to the local HIS/THO Service Unit. Schools that use antigen testing must apply for and receive a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver, and report test results to state or local public health departments as mandated by the Coronavirus Aid, Relief, and Economic Security (CARES) Act (P.L. 116-136).

**Considerations Before Starting School-based Testing**

Before implementing screening testing in their schools, K–12 school leaders should coordinate with public health officials to develop a testing plan that has key elements in place, including:

- Dedicated infrastructure and resources to support school-based testing.
- Use of tests that are authorized by FDA for the specific intended use (i.e., screening, pooling).
- CLIA certificate of waiver requirements to perform school-based testing with Emergency Use Agreement-authorized tests.
- A mechanism to report all testing results (both positive and negative) as required by the state or local health department.
- Ways to obtain parental consent for minor students and assent/consent for the students themselves.
- Physical space to conduct testing safely and privately.
- Ability to maintain confidentiality of results and protect student and staff privacy.
• Plans for ensuring access to confirmatory testing when needed through the state or local health department for symptomatic persons who receive a negative test result and asymptomatic persons who receive a positive test result.

If these elements are not in place, schools may consider a referral-based testing strategy in collaboration with local health facilities and public health officials.

Taking into consideration the potential for limited availability of supplies for screening testing or feasibility of implementing screening testing, schools should consider a prioritization strategy.

• Schools and public health officials might consider prioritizing teachers and staff over students given the increased risk of severe illness among certain adults.
• In selecting among students, schools and public health officials might prioritize high school students, then middle school students, and then elementary school students, reflecting higher infection rates among adolescents compared to younger children.

Appendix B

As adopted in the Navajo Nation’s COVID-19 Safe Schools Framework:

- Schools will have the choice of reopening to in person instruction based on the collaboration with families and local communities.
- In-Person and Hybrid instruction is encouraged in every phase.
- Parents will have the choice to opt out of in-person learning.

Hybrid Model of Instruction

In a hybrid model, these are the options that exist in tandem and either on or off campus:

**In person learning** – small group with teacher in a classroom, often in cohorts that meet several times a week on campus and the rest of the week complete.

**Remote instruction** - students learn off campus through a virtual manner with teacher. (example, Zoom or google classroom. This learning is done in a synchronous and/or asynchronous manner.

**In person remote** - students may be on campus logged on to a virtual classroom through Zoom, google classroom, etc.

**Paper packets** - students who complete assignments on paper and turn in for grades and credit. Teachers support these students through phone, email, texts, etc.
Appendix C- Glossary

Cleaning and Ventilation – Maintaining a healthy environment through routine cleaning and disinfection and proper ventilation for improved indoor air quality. Refer to Navajo Nation School Safety Guidelines for recommendations.

Cohorting – Involves creating groups of students that are separated from other groups by at least 6 feet through the entire day. Cohorts can reduce the number of people exposed to COVID-19 if someone tests positive, meaning fewer students and staff would need to be quarantined if there is a positive case.

Contact Tracing – Part of the process of supporting patients and warning contacts of exposure to stop chains of transmission. Contact tracers inform people who have been exposed to COVID-19 and should monitor their health for signs and symptoms of COVID-19, get tested, and ask people to self-isolate if they have COVID-19 or self-quarantine if they are a close contact.

COVID-19 (Coronavirus Disease 2019) - a respiratory disease caused by the SARS-CoV-2 virus.

Capacity - The number of occupants for each room (classroom, office, library, etc.) that is determined by the fire code.

Diagnostic Testing - Intended to identify current infection in individuals and is performed by a health care facility when a person has signs or symptoms consistent with COVID-19, or when a person is asymptomatic but has recent known or suspected exposure to someone with COVID-19.

Epidemic/Outbreak - Epidemic refers to an increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area. Outbreak carries the same definition of epidemic but is often used for a more limited geographic area. Definition provided by CDC.

Essential Worker - Those employees identified by school administration deemed to be necessary to the continued operation of schools. They conduct a range of operations and services that are typically essential to continue critical school operations, including school personnel who support the education of pre-school, K-12, college, university, career and technical education, and adult education students, including professors, teachers, teach aides, special education, and special needs teachers, ESOL teachers, para-educators, apprenticeship supervisors, and specialists.

Exposure - an individual who has come into contact with a cause of, or possessing a characteristic that is a determinant of, a particular health problem.

Flexible Work Schedule - A departure from a normal work schedule. For purposes of COVID-19, a flexible work schedule is intended to reduce the number of employees at the workplace at one time. Therefore, the flexible work schedule might stagger employee work schedules.

HCOC – Health Command Operations Center of Navajo Nation

High-Risk Individual/Population - Individuals of age 65 years or older and those with underlying health conditions: (see list of underlying conditions applicable to COVID-19 here).

High Risk Sports – sports that cannot be done outdoors or with masks.

Individualized Education Program (IEP) - Defined in IDEA at 34 CFR §300.22, as follows: Individualized education program or IEP means a written statement for a child with a disability that is developed, reviewed, and revised in accordance with §§300.320 through 300.324.

Low and Intermediate Risk Sports – sports that can be conducted outdoors, or indoors with masks.

Personal Protective Equipment (commonly referred to as “PPE”) - equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. PPE may include items such as gloves, gowns, facemasks, safety glasses/face shields, shoe covers, earplugs or muffs, hard hats, respirators, or coveralls, vests, and full body suits.
Physical Distancing – Keeping space between oneself and other people outside of one's home.

Place of Business - A physical venue at which people conduct “business”, which may include business for profit or non-profit, volunteer services, worship, and any other kind of activity bringing individuals in an enclosed space.

Plan- a planning tool to help school administrators prepare to respond if someone gets sick and to identify special considerations specific to their school community. Implementation should be guided by what is feasible, practical, acceptable, and tailored to the needs and context of each community. Definition provided by CDC.

Protective behaviors- Actions linked to decreasing risk factors for COVID-19 through the knowledge and implementation of CDC best practices such as hand washing, sanitizing, social distancing, mask wearing, etc.

Public Notification – Providing on campus COVID-19 lab confirmed positive case frequency to parents and the community via public-facing website, newsletter, or other timely communication method.

Reopening Readiness Assessment (RRA) Team Members - The following members are recommended to serve on the RRA to conduct a thorough assessment are defined as:

- **Administrator**: superintendent, principal, vice principal, counselor, or other employee that would act with the authority of the Principal/Superintendent in the event of their absence.
- **Local health worker**: school nurse (can be at school or from neighboring school if necessary), health educator, employee that has knowledge of public health and/or health safety best practices, employee that would manage a student medical safety emergency.
- **Educator**: teacher, librarian, paraeducators/paraprofessionals
- **Facility/maintenance representative**: facility department manager, BIE facilities maintenance person, employee knowledgeable of facility and maintenance systems, or custodial staff who are knowledgeable about facilities maintenance.
- **Parent/guardian or community member**: A parent/guardian who has at least one student attending the school or a community member, who has been a resident of the community for over a decade.

Reporting– School administrators report COVID-19 lab confirmed positive cases to local health care facility, HCOC exposure portal, and weekly public notification while maintaining confidentiality per applicable laws and regulations.

Link to HCOC exposure eporting portal: [https://docs.google.com/forms/d/e/1FAIpQLSfXNhCvznCLJa0lexpZ0hdprnEFEdj-VQQQZju-y9ZzafCkxw/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfXNhCvznCLJa0lexpZ0hdprnEFEdj-VQQQZju-y9ZzafCkxw/viewform)

Screening Testing – Testing individuals without symptoms or known contact. Frequency of testing can vary. Additional details in the Additional Information section.

Selected Students – Limited targeted populations as determined by schools (such as special needs students who need special education services according to their Individualized Education Program (IEP) where certain types of instructional needs and services may best be accomplished in person).

Social or Physical Distancing - also known as “physical distancing,” means keeping space between oneself and other people outside of one's home. For purposes of COVID-19, social / physical distancing requires keeping at least six feet between oneself and others.

Symptom screening- A screening tool made up of questions/checklists, to make decisions on when to seek testing and medical attention and/or to allow entry into a school building.

Synchronous & Asynchronous learning- Synchronous learning happens with all individuals are learning together at one time (example, a classroom meeting on an online platform or a live session). Asynchronous learning occurs online or offline, on the schedule of the learner and can be done through recorded videos, work packets, and other work provided by instructor.

504 Plan- Section 504 is a civil rights law and prohibits discrimination on the basis of disabling conditions by programs and activities receiving or benefiting from federal financial assistance. The plan that is created for a child who qualifies and attends a school receiving Federal funding. For more information, click here.