

SONORAN SCHOOLS

STEM EDUCATION, COLLEGE PREPARATION



COVID-19 MITIGATION PLAN

PARAGON SCIENCE ACADEMY
SONORAN SCIENCE ACADEMY DAVIS-MONTHAN
SONORAN SCIENCE ACADEMY-EAST
SONORAN SCIENCE ACADEMY-PEORIA
SONORAN SCIENCE ACADEMY-PHOENIX
SONORAN SCIENCE ACADEMY-TUCSON

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OVERVIEW

This plan outlines the strategies the school will implement to reduce the spread of COVID-19 among students and staff upon reopening school buildings, regardless of whether the building is open for onsite support services or in-person instruction.

This school has developed a plan to support student learning, uninterrupted, throughout the 20-21 school year, by operating three instructional models concurrently.

This plan not only supports uninterrupted learning, it also supports, by running three instructional models concurrently, minimizing the number of students on campus until such time as it is declared safe for all students to return to on campus learning.

The school's reopening plans 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 were used to guide this Mitigation Plan:

Arizona Department of Education (ADE) Consideration for Leaders in Reopening Schools document

Arizona Department of Education (ADE) Roadmap for Reopening Schools

Arizona Department of Health Services (ADHS) Safely Returning to In-Person Instruction Public Health Benchmarks

Centers for Disease Control and Prevention (CDC) Operating Schools During COVID-19

Centers for Disease Control and Prevention (CDC) Preparing for a Safe Return to School

Centers for Disease Control and Prevention (CDC) Considerations for K-12 Schools: Readiness and Planning Tool

TRAINING

Prior to students returning to campus, all staff will be trained on the implementation of the protocols in this Mitigation Plan. Training will include the proper use of Personal Protection Equipment (PPE) and supplies; cleaning and disinfecting protocols; and all COVID-19 mitigation measures established at the school site. Staff will also be trained in hand hygiene, respiratory etiquette, and correct use of cloth face coverings/masks.

Upon return to school, students will be trained by staff in hand hygiene, respiratory etiquette, the correct use of cloth face coverings/masks, and social distancing mitigation.

COMPLIANCE

Students who refuse to comply with safety protocols for in-person learning will be offered the opportunity to participate in the distance learning model.

DESIGNATED STAFF

The Dean of Students shall coordinate physical distancing protocols that pertain to facility set-up. The Dean of Students shall also coordinate implementation of cleaning protocols with the Chief Operating Officer or his designee.

The Principal shall oversee coordination of staff and students schedules as they pertain to these policies.

Specific staff shall be designated by the school's administration for management of the Isolation Room. Said staff will be trained accordingly.

HOMEBOUND OR CHRONIC ILLNESS SERVICES

Normal procedures for students who qualify for homebound or chronic illness services apply. The ESS Director for Sonoran Schools will coordinate with school-based staff to ensure that the needs of these students are being met in the context of these mitigation measures.

SPECIAL EDUCATION and SPECIAL NEEDS STUDENTS

The ESS Director for Sonoran Schools will coordinate with school-based staff to ensure that the needs of special education students and students with special needs are being met in the context of implementation of these mitigation measures.

COMMUNICATIONS

The Chief Executive Officer of Sonoran Schools and designated administrative staff will determine and coordinate messages and messaging to students, parents, staff, and the community regarding COVID-19 related information.

Prior to students returning to campus, parents will receive a copy of the portions of these mitigation measures that relate to students and visitors.

The Principal or a designated administrator will be the COVID-19 point of contact. This will be communicated to parents prior to the first day of school. The Principal will be responsible for answering parent questions regarding implementation of COVID-19 mitigation measures.

The school will share with staff, students, and families the link to the Centers for Disease Control webpage <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html> that is constantly being updated by the CDC that defines **at risk groups and factors**. This link will be prior to any students returning to campus and regularly throughout the school year.

At the school, signage will include, but not be limited to:

- Posters at each entrance will remind individuals not to enter when sick or at-risk, and clearly indicate symptoms which preclude entry to the campus
- Posters at entrances notifying all individuals that cloth face coverings/masks are required on campus
- Posters for specific spaces listing maximum capacity to maintain mitigation measures
- Posters at each entrance will state that non-essential visitors are currently not permitted on campus
- Posters will be located throughout the campus with COVID-19 hygiene reminders, including posters in bathrooms that remind users of proper handwashing techniques
- Posters will be placed that remind students and staff to wash hands with soap and water for at least 20 seconds or use hand sanitizer:
 - Upon arrival at school
 - After being outside for student physical activity
 - Before and after lunch
 - Upon leaving a classroom/arriving in a classroom
 - After sneezing, coughing, or blowing nose
 - After physical contact with another individual

DAILY HEALTH SCREENING: STUDENTS AND STAFF

HOME is the first point on the screening continuum for staff and families.

TRANSPORTATION is the second point for students using the bus.

SCHOOL is the final point on the screening continuum for staff and students.

Parents will be informed and reminded via email and phone that they should:

- screen their student(s) for COVID-19 symptoms each morning before leaving the house,
- should self-report symptoms to the school,
- that they must keep students at home if any symptoms are present.

As part of this process, the symptoms for which parents must screen each morning will be communicated, as well as the expectation that students will not be sent to school or placed on the bus if they are exhibiting any symptoms. Parents will be required to acknowledge that they and their student have reviewed and agree to the school's mitigation measures. This will be achieved as part of the annual student-parent acknowledgements survey in August.

Parents will be assured that students will have the opportunity to make up work missed due to symptoms of COVID-19.

STUDENT HEALTH SCREENING AT SCHOOL

Upon arrival at school, students will be temperature-checked with a non-contact thermometer by a staff member wearing appropriate PPE, before being allowed to enter the first period class. Any student with a temperature at or above 100.4 degrees Fahrenheit, or with visible symptoms of runny nose, cough, shortness of breath, or vomiting, will be sent to the school's designated isolation room.

STAFF HEALTH SCREENING

Staff are required to self-evaluate for COVID-19 symptoms before leaving home each morning, should notify the school's administration if they are sick, and stay home until they are well.

Upon arrival at school each day, each staff member is required to check their temperature using a no-contact thermometer provided by the school. The staff member is required to sanitize the thermometer after use. The school shall ensure that adequate and appropriate sanitizing supplies are maintained at the temperature check location.

Teachers will take their own temperature in their classroom. Other staff members will take their temperature at a designated location (e.g. Lobby Guard desk or Staff Room). Any staff member who has a fever of 100.4 degrees F or higher must notify their supervisor and go home.

Staff will also be regularly reminded that they will not be allowed to work onsite if they exhibit any of the following symptoms:

- Fever of 100.4 degrees Fahrenheit or higher;
- Subjective chills;

- Shortness of breath or difficulty breathing;
- Muscle or body aches;
- Sore throat;
- Headache;
- Fatigue;
- Congestion or runny nose;
- Cough;
- Nausea or vomiting;
- Diarrhea;
- New loss of taste or smell.
- Any other COVID-19 related symptoms as defined by the CDC or Arizona Department of Health Services (ADHS)

ISOLATION ROOM

The school has a designated Isolation Room or large space where students and staff can be re-checked for fever or symptoms, and where students can wait to be picked up. The room or space must be large enough to ensure appropriate physical distancing can be maintained. Ideally, it should be staffed by a designated staff member and equipped with a phone and a computer. Staff tending to the care of a sick individual **must** use a face covering/mask and should use appropriate PPE including gloves, and eye protection (face shield) and, if they are in direct contact with the individual, they should wear a gown. The staff member in charge of the Isolation Room must maintain a log (first name/last name).

For students who are sent to the Isolation Room:

- Those with a fever must have their temperature taken twice, at 15-minute intervals. If a fever of 100.4 degrees F or higher is confirmed, the parent will be contacted for pick-up.
- Those with a runny nose - the school must contact the parent and ask whether the student has had any other symptoms or whether there has been COVID-19 exposure in the home. If the parent answers no, the student may be sent back to class.
- Those who have a health condition, such as asthma, on file - the school must contact the parent and ask whether the student has had any other symptoms or whether there has been COVID-19 exposure in the home. If the parent answers no, the student may be sent back to class.
- Those who are vomiting, the parent will be contacted for pick-up.

For a sick student, per ADHS recommendations, parents will be asked to pick their child up ideally within 1 hour. If they cannot do so, parents should be asked if anyone else could pick up the child.

For a sick student who is a school bus rider, that student will not be able to ride the bus home so the parent (or designee) must pick the student up, even if that is not until the end of the day.

The school must plan for students who, for whatever reason, cannot be picked up until the end of the day. For children who cannot be picked up, the school must make every effort to provide an opportunity for students in the Isolation Room to participate in online learning.

PROCEDURES FOR COVID-19 SYMPTOMS OR A POSITIVE TEST

The school Principal shall immediately notify the Chief Operating Officer of any reported case of COVID-19 among the school population.

The school Principal or designated administrator shall daily check student and staff absences and immediately notify the Chief Operating Officer if the total absent rate is more than “normal” or if there appears to be a cluster of respiratory-related illnesses.

If a person becomes sick with COVID-19 symptoms or reports a positive COVID-19 test, the procedures listed below should be followed:

- Immediately report the situation to the Chief Operating Officer ONLY.
Confidentiality must be maintained to the greatest extent possible.
- If an employee develops COVID-19 symptoms at work, separate the employee from all other students, staff, or visitors, then make arrangements to send the employee home in a safe manner. If the employee is able to self-transport, have the employee leave the site. If the employee is not able to safely self-transport, contact a family member, friend, or other method of transport to get the employee home or to a health care provider. If the employee appears to be in medical distress, call 911.
- If a student develops COVID-19 symptoms at school, separate the student from all other students and staff, with the exception of one staff member to supervise the student (send the student to the Isolation Room). Staff tending to the care of a sick individual **must** use a face covering/mask and should use appropriate PPE including gloves, and eye protection (face shield) and, if they are in direct contact with the individual, they should wear a gown. They should maintain a distance of at least 6 feet from the student at all times, unless there is an emergency. Immediately notify a parent or emergency contact to pick up the student, and call 911 if the student appears to be in medical distress.
- Any areas that were exposed to the symptomatic employee or student for a prolonged period will be sanitized immediately and will be sprayed electrostatically that night.
- Determine whether other employees or students may have been exposed to the symptomatic individual. Close contact for COVID-19 is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from 2

days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the patient is isolated. If so, notify those individuals (or, in the case of students, their parents) of the potential exposure. DO NOT disclose the name of the individual who has become sick. Notification should recommend that exposed individuals monitor their health closely, contact their health care provider if possible, and self-quarantine if any symptoms develop.

RETURN TO SCHOOL POLICY

All individuals should not physically attend school until clearance from **isolation criteria** (see addendum: ADHS Guidance Release from Isolation and Quarantine) have been met or an alternative diagnosis is made.

Should a student become sick, families should notify the school 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.

This information will be shared with families and staff prior to school re-opening and regularly throughout the year.

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 the county 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.

PHYSICAL DISTANCING

DROP-OFF/PICK-UP

Drop-off and pick-up may be staggered to reduce the opportunity for large groups of students to congregate.

Pull-forward protocols and distance markings for vehicles to ensure appropriate physical distancing between families may also be implemented.

The school will control pick-up by systematically moving students to designated pick-up areas.

For the first week of school, parents of kinder students will need to park in a designated area of school if they wish to walk their child to the building entrance.

TRANSPORTATION

Prior to the re-opening of school, parents will be provided with detailed information on bus sanitizing and bus arrangements, such as seating.

All buses will have clearly visible signage communicating to parents that students should not enter the school bus with any of these symptoms:

- Fever of 100.4 degrees Fahrenheit or higher;
- Subjective chills;
- Shortness of breath or difficulty breathing;
- Muscle or body aches;
- Sore throat;
- Headache;
- Fatigue;
- Congestion or runny nose;
- Cough;
- Nausea or vomiting;
- Diarrhea;
- New loss of taste or smell.

All bus riders will be required to wear a cloth face covering/mask.

At this time, we believe that seating will be assigned with one student per bench seat, although this rule may be waived for siblings, who may be seated as a family group.

LUNCH

Staff

The preferred option is that staff eat in their individual classroom/workspace. Staff rooms may be used by staff for lunch on a first-come, first-served basis, with the capacity for appropriate physical distancing to be maintained determined by the square footage of the room, and that capacity must be posted on the entrance door(s).

Students

The gym/MPR/cafeteria will be used for lunch at all Sonoran Schools. Students will be assigned a specific seat that they are to use daily. Students will eat facing the same direction, socially distanced to the greatest extent possible.

Where students need to queue to receive a lunch, there should only be one class lined up at a time and markings must be placed on the floor to indicate where students must stand to maintain appropriate physical distancing.

Students will be monitored and prohibited from sharing lunch items with one another.

Students who bring their own lunch will need to keep the lunch at their desk/in their backpack and carry their lunch to the lunchroom (no communal lunch baskets allowed).

RECESS/PLAYGROUND (including field areas)

Recess time will continue at the school. However, while playground/outdoor spaces may be used, the use of playground equipment, static or portable, is prohibited, and student groups cannot exceed a maximum of 10 students.

The school will encourage staff to be creative in employing techniques to maintain physical distancing during unstructured time.

Students and staff must wash their hands at the end of the outdoor session.

Students will be encouraged to bring their own water bottle to minimize use of water fountains.

BATHROOM USE

Students will not be able to use the bathroom during the passing period. They can only use the bathroom once class starts and the teacher approves for them to go. No hall passes are to be used and teachers may only allow one student at a time.

Staff and students will be trained to use and enforce a Knock, Ask, and Enter Policy with the maximum capacity of each bathroom posted on the wall by the entrance. Floor markings will indicate the appropriate distance for any student who must queue to use the bathroom and floor marking in the bathroom area will do likewise.

The main entrance door to a bathroom area may be removed at school locations where that is possible, to eliminate a high-touch surface.

The maximum number of stalls, urinals, and sinks that can be used will be 50% of normal with appropriate blocking off of sinks, urinals, and stalls.

Where possible, no touch soap dispensers are preferred which eliminates another high-touch surface common to bathrooms.

Students in classrooms that have a restroom in them may use that restroom. The same health and safety protocols apply.

Single use bathrooms at schools should be restricted staff and certain students.

HALLWAYS

Hallways will be marked with tape or other floor signage, as well as wall signage that directs students to stay on one side of the hallway and follow the signage.

All hallway traffic plans ensure physical distancing to the extent possible and plans focus on one-way **circulatory** traffic as the optimal method of maintaining appropriate distancing, while ensuring hallway traffic moves quickly and efficiently.

Floor and wall markings to show the flow of traffic will be installed, as needed, and staff managing the traffic, especially in the first few weeks, is critical to the success of hallway traffic management.

CLASSROOMS

Students will not be permitted to physically group together to work on group projects. Instead, teachers will use technology to facilitate group work and group learning, where appropriate.

To the greatest extent possible, physical distancing will be maintained with desks set up in staggered rows and no student directly in front of or behind another student.

Students will be assigned individual desks and desks not being used will be labeled clearly so that students do not use them.

To the greatest extent possible, when class is over, students will be dismissed in small, pre-determined groups to avoid large groups and encourage social distancing in the hallways.

Teachers will approve bathroom usage, with the one at a time rule to be followed, and only during class time. This is to avoid large groups trying to use the bathrooms during passing periods.

All teachers are responsible for sanitizing their classrooms throughout the day with school-provided, industry-approved, sanitizing spray. The spray is specially formulated to kill viruses and only needs spraying and leaving. Teachers do not need to wipe down any surfaces.

K-5 will sanitize during lunch and after school over the entire classroom. They will also sanitize high touch points throughout the day, as needed, including door handles.

6-12 will sanitize their classrooms every 2 hours or after every other class rotation.

SPECIALIZED CLASSES

Some classes, such as science labs, P.E., etc., may only continue with alternative lesson plans that limit contact and the sharing of supplies. The plans for such classes must be reviewed and approved by the Chief Operating Officer or his designee.

GYM/MPR/CAFETERIA

The gym/MPR/cafeteria space will be used for lunch service. The gym/MPR/cafeteria should also be considered the preferred location for the school's Isolation Room. Non-traditional Physical Education courses may be held in the gym. The plans for such classes must be reviewed and approved by the Chief Executive Officer or his designee.

The use of gym/MPR/cafeteria bathrooms must follow the same protocol as bathrooms in classroom areas. This means a designated staff member must give permission for a student to use the bathroom and use should be restricted to in-class time, so that physical distancing protocols are not violated during passing periods.

RECEPTION AREA

Until further notice, any non-essential visitors to the school are not permitted. All essential visitors will be routed immediately to the staff member they are visiting. Staff must be trained in this mitigation measure. Nobody will be allowed to sit and wait in the front office. The only exception to this are students who are sent to the office for minor injuries or for their medications. There must be limited, designated seating for such students and front office staff must sanitize chairs between uses.

Capacity of the reception area must be determined by square footage. A notice must be posted at the entrance (gate or door) where the security buzzer is located, indicating the maximum capacity of the reception area and that the intercom will be used to notify people if they need to wait outside until capacity allows entry. A face covering/mask is required of all visitors to campus.

Front office staff areas have plexiglass barriers that protect them from parents, staff, students, and visitors and the floors must be marked with appropriate physical distancing indicators. Front office staff work areas should maintain social distancing, to the greatest extent possible, between individual staff members. While hand sanitizer will be available throughout the campus, it is particularly important that all visitors and staff in the reception area have constant access to hand sanitizer.

The school will work with the Chief Operating Officer or his designee to adapt routines, such as signing in tardy students or signing a student out for an appointment, so that no-touch methods are employed and physical distancing protocols are maintained. Modified routines must incorporate tardy students being temperature-checked, using a no-contact thermometer, by front office staff.

VISITORS

Until further notice, any non-essential visitors to the school are not permitted. All essential visitors will be routed immediately to the staff member they are visiting. Staff must be trained in this protocol. Nobody will be allowed to sit and wait in the front office.

Vendors and other essential visitors will be temperature screened in the reception area, using a no-contact thermometer. Anyone refusing to be temperature screened will not be allowed on campus. Anyone with a fever of 100.4 degrees Fahrenheit or higher will not be allowed on campus. Note: As weather and other variables may affect a visitor's temperature, a visitor should be temperature checked 3 times before the visitor is denied access to campus. A face covering/mask is required of all visitors.

Schools will not allow parents to come into the school to pick up any children at the end of the school day.

TRIPS AND ACTIVITIES

Field trips are prohibited until further notice. Teachers should be encouraged to use virtual learning opportunities to enhance students' educational experiences.

Until further notice, school-wide assemblies, with students assembled in the same physical location, are prohibited. Schools should consider holding virtual school-wide assemblies.

Until further notice, **large-scale school events**, such as Back to School Night, are strongly discouraged and may only happen after submission and approval of the school's plan to maintain appropriate physical distancing to the Chief Operating Officer or his designee.

Until further notice, **small-scale school events**, such as Parent-Teacher conferences, are not to be held in person. They can use the phone or other electronic communications tools.

Until further notice, **extracurricular activities, including sports**, are prohibited.

The policy for all trips and activities will be reviewed at the end of quarter 1 of the 20-21 school year.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Face Coverings/Mask Policy:

Per Executive Order 2020-51, the school has adopted the following “mask” (face covering) policy. All staff, students over the age of five, and visitors are required to wear a cloth face covering/mask while on campus until the Arizona Department of Health Services determines that face coverings/masks are no longer necessary or recommended to contain the spread of the virus.

Exceptions to this policy are:

- Instances when staff and/or students can socially distance outside
- Instances when staff are alone in their room
- Any student who is incapable of physically removing a face covering/mask

For students who are not able to wear a cloth face covering/mask, staff and parents may discuss alternatives such as face shields.

The policy also acknowledges that cloth face coverings/masks should not be worn by anyone who has trouble breathing, is unconscious, incapacitated, or otherwise unable to remove the face covering/mask without assistance.

The policy includes a requirement that students shall be provided with break periods throughout the day to allow removal of face coverings/masks in a socially-distanced environment, outside or in a large space, such as a gym/MPR/cafeteria. The Dean of Students shall ensure that face covering/mask breaks occur, at minimum:

- One time mid-morning
- At Lunch time
- One time mid afternoon

Students will not be required to wear a face covering/mask when eating and drinking.

Dress code policy applies to face coverings/masks for staff and students.

Students are expected to bring their own cloth face coverings/mask to and from school. Schools will have a limited supply of face coverings/masks available to students who

cannot afford one or who occasionally forget to bring their face covering/mask. Such supply shall be available from the Dean of Students.

Staff are required to wear a face covering/mask, unless an accommodation has been requested and approved, when the location does not physically allow for maintenance of 6 feet of space between individuals and as required by Executive Order. If the staff member needs a reasonable accommodation due to a disability, he/she should contact the Human Resources Director.

Staff will be expected to provide their own face coverings/masks but will be issued a face covering/mask on days when they have forgotten to bring one. Face coverings/masks will be available from the Dean of Students.

NOTE: The CDC does **not** recommend the use of face shields for normal everyday activities or as a substitute for cloth face coverings/masks because of a lack of evidence of their effectiveness for source control.

Gloves will be made available to any staff member who requests gloves for use with all cleaning equipment or sanitizing solutions.

Plexiglass protectors have been installed in the school office/reception area to protect staff.

CLEANING AND DISINFECTING

Water Systems

Prior to reopening, water systems will be inspected to ensure they are safe for use after the prolonged closure.

Air Systems

Air quality will be maintained by ensuring all HVAC unit coils are cleaned and air filters changed on schedule. Where relevant, HVAC outside air dampers will be set to bring in outside air.

Sanitizing

- The designated, professional janitorial service will appropriately clean and sanitize all high traffic and high touch points overnight, Monday through Friday.
- The facilities staff at each campus will use an electrostatic sprayer to sanitize buildings. Locations will be rotated so that different areas of the campus are electrostatically sprayed to ensure the entire campus is sanitized on a regular basis.
- All teachers are responsible for sanitizing their classrooms throughout the day with school-provided, industry-approved, sanitizing spray. The spray is specially formulated to kill viruses and only needs spraying and leaving. Teachers do not need to wipe down any surfaces. K-5 will sanitize during lunch and after school over the entire classroom. They will also sanitize high touch points throughout

the day, as needed, including door handles. 6-12 will sanitize their classrooms every 2 hours or after every other class rotation.

- Facilities, custodians, or another staff member designated by the school will sanitize drinking fountains, restrooms, and all external door handles every 2 hours.
- All staff are responsible for sanitizing their own work areas prior to leaving each day and sanitizing all common areas they visit after each use.
- The user must clean items in the teacher lounge, copier room, or other common areas after use. This includes microwaves, coffee pots, refrigerators, chairs, etc.
- Hand sanitizer stations will be readily available throughout the campus, with hand sanitizer in each classroom, hallways, and common use areas.

The Data Sheets for the sanitizing cleaning products can be found in the addenda.

ADDENDA

ALIGNED POLICIES

- COVID-19 Employee Social Distancing Policy (07-2020)
- COVID-19 Employee Face Covering/Mask Policy (07-2020)
- COVID-19 Employee Health Screening Policy (07-2020)
- COVID-19 Employee Teleworking Policy (07-2020)
- Families First Coronavirus Response Act (FFCRA) (07-2020)

GUIDANCE RESOURCES

- Arizona Department of Education (ADE) Consideration for Leaders in Reopening Schools document (06-2020)
- Arizona Department of Education (ADE) Roadmap for Reopening Schools (06-2020)
- Arizona Department of Health Services (ADHS) Safely Returning to In-Person Instruction Public Health Benchmarks (08-2020)
- Cdc.gov/coronavirus
 - Operating Schools During COVID-19 (last updated 05-19-2020)
 - Preparing for a Safe Return to School (last updated 08-01-2020)
<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/prepare-safe-return.html>
 - Considerations for K-12 Schools: Readiness and Planning Tool (07-01-2020)
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/community/School-Admin-K12-readiness-and-planning-tool.pdf>

SAFETY DATA SHEET

SECTION 1 : PRODUCT IDENTIFICATION



Product Name : Bioesque Botanical Disinfectant Solution

Product Use : Surface Disinfectant

Scent: Lemongrass Grapefruit

Supplier: Natureal, LLC

Address: 150 East Palmetto Park Road, Suite 150, Boca Raton, FL 33432

Telephone: 954-895-7867

Emergency phone: (866) 898-0697

E-Mail: info@bioesquesolutions.com

Web site: www.bioesquesolutions.com

SECTION 2 : HAZARD IDENTIFICATION

WHMIS Class : Exempt

TSCA: All the ingredients are listed or exempt from listing on the Chemical Substance Inventory.

SECTION 3 : COMPOSITION/INFORMATION ON INGREDIENTS

<u>Ingredients</u>	<u>CAS#</u>	<u>Wt %</u>	<u>TLV</u>	<u>LC₅₀</u>	<u>LD₅₀</u>
Thymol	89-83-8	0.23	N/A	N/A	980 mg/Kg (oral, rat)

SECTION 4 : FIRST AID MEASURES

Eye: Remove contact lenses. Rinse with plenty of water for several minutes, keeping eyelids open.

Skin: Rinse with water. Remove spoiled clothes and wash before wearing.

Inhalation : N/A

Ingestion: Seek medical attention if large quantities are ingested.

SECTION 5 : FIRE FIGHTING MEASURES

Flammability : No

Flash Point (ASTM D-93, °C) : >100

Hazardous Combustion Products: Carbon oxides, sulfur oxides.

Suitable extinguishing media: As per surrounding fire.

Special Fire Fighting Procedure: As per surrounding fire.

SECTION 6 : ACCIDENTAL RELEASE MEASURES

Leak and Spill Procedure: Stop leak, Rinse to drain or absorb with non-reactive adsorbent and dispose according to existing federal, state, provincial and municipal regulations. Resume cleaning by rinsing with water.

SECTION 7 : HANDLING AND STORAGE

Handling: Follow standard safe handling of materials. Keep out of reach of children.

Storage Requirements: Keep in original tightly closed containers, in a room below 30 °C.

SECTION 8 : EXPOSURE CONTROLS/PERSONAL PROTECTION

Follow standard safe handling of materials.

SECTION 9 : PHYSICAL/CHEMICAL CHARACTERISTICS

Boiling Point (°C) : 100
Vapor Pressure (mm Hg) : N/A
Vapor Density (Air = 1) : N/A
Solubility in water : complete
Physical State : liquid
Appearance: transparent to translucent
Odour: spicy scent

Density (g/mL): 0.999 at 23 °C
VOC (Wt %) : calculated approx. <1%
Evaporation Rate (Water + 1) : water like
pH (as supplied) : 7.0 to 8.5
Viscosity : water like
Odour Threshold (ppm) : N/A

SECTION 10 : STABILITY AND REACTIVITY DATA

Conditions for Chemical Instability: This product is stable under normal conditions. It does not polymerize.

Conditions to Avoid: Excessive heat.

Incompatible Materials: Strong oxidizing agents, strong alkalis, strong acids.

Hazardous Decomposition Products: The thermal decomposition can produce carbon and sulfur oxides and other organic substances.

SECTION 11 : TOXICOLOGICAL INFORMATION

Routes of Entry: Eyes, skin, ingestion, inhalation.

EFFECTS OF ACUTE EXPOSURE :

Acute Oral Toxicity: LD50:>5000 mg/Kg (EPA Category IV).

Acute Dermal Toxicity: LD50:>5000 mg/Kg (EPA Category IV).

Acute Inhalation Toxicity: LC50:>2.01 mg/L (EPA Category IV).

Acute Eye Irritation: Minimal, all effects cleared in 24 hours (EPA Category IV).

Acute Dermal Irritation: Slight, no erythema or edema at 72 hours (EPA Category IV).

Skin Sensitization: Not a sensitizer (EPA Category IV).

Classified as a Category IV by the U.S. Environmental Protection Agency (EPA) per toxicity profile Review for all routes of exposure: no signal words, no precautionary statements or first aid statements required on product label.

EFFECTS OF CHRONIC EXPOSURE :

Irritancy: Frequent prolonged contact may result in dry skin, redness and dermatitis.

Carcinogenicity/Mutagenicity: No, not predictable.

SECTION 12 : ECOLOGICAL INFORMATION

Biodegradability: Readily Biodegradable (OECD 301E)

Aquatic toxicity: Not toxic to aquatic life (IC50 > 100 mg/L, report EPS 1 / RM / 24)

Method: Microtox® Acute Toxicity Test

Test organism: *Vibrio fischeri*

Results:

CI 50-5 min	560mg/l
IC 95 %-5 min	500-600 mg/L
CI 50-15 min	660 mg/L
IC 95 %-15 min	540-780 mg/L

SECTION 13 : DISPOSAL CONSIDERATIONS

Waste Disposal: Dispose according to existing federal, state/provincial and municipal regulations. This product is biodegradable.

SECTION 14 : TRANSPORT INFORMATION

D.O.T. Not regulated as dangerous goods.

Not regulated for **IATA**.

SECTION 15 : REGULATORY INFORMATION

U.S. EPA registration: 87742-1-92595

California Proposition 65: No chemicals in this material are subject to the reporting requirements.

NSF Registration No. 157263

SECTION 16 : OTHER INFORMATION

SDS Date of preparation/revision: 2018-08-15

Prepared by: LABORATOIRE M2 Inc.

Phone : 1-866-898-0697



Disclaimer

Information for this material safety data sheet was obtained from sources considered technically accurate and reliable. While every effort has been made to ensure full disclosure of product hazards, in some cases data is not available and is so stated. Since conditions of actual product use are beyond control of the supplier, it is assumed that users of this material have been fully trained according to the mandatory requirements of WHMIS. No warranty, expressed or implied, is made and supplier will not be liable for any losses, injuries or consequential damages which may result from result from the use of or reliance on any information contained in this form. If user requires independent information on ingredients in this or any other material, we recommend contact with the Canadian Center for Occupational Health and Safety (CCOHS) in Hamilton, Ontario (1-800-263-8276) or CSST in Montreal (514-873-3990).



ARIZONA DEPARTMENT OF HEALTH SERVICES

'Release from Isolation and Quarantine' Guidance

Recommendations for [quarantine](#) and discontinuation of [isolation](#) precautions and home isolation, based upon a person's symptoms and clinical testing are below. In addition, the release from isolation flowchart can be found [here](#). CDC and ADHS **do not** recommend a test-based strategy to discontinue isolation. For people that previously tested positive for COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. The most recent updates to this document can be found [here](#).

- If a person is [symptomatic](#) and **awaiting**** COVID-19 test results:
 - Stay home away from others or under isolation precautions until results are available. If results are delayed, follow guidance for symptomatic and tested positive for COVID-19. Once results are available, follow the recommendations below based on results.
- If a person is [symptomatic](#) and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is [symptomatic](#) and **tested negative**** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is [symptomatic](#) and has **not been tested**** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If a person is **asymptomatic** and **awaiting**** COVID-19 test results:
 - No isolation is required while waiting for test results. Take everyday precautions to prevent the spread of COVID-19. Once results are available, follow recommendations based on results.

- If a person is **asymptomatic** and **tested positive** for COVID-19 by PCR or antigen testing, stay home away from others or under isolation precautions until:
 - At least 10 days* have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.
- If a person is **asymptomatic** and **tested positive**** for COVID-19 by serology:
 - No isolation is required since there is a low likelihood of active infection. Take everyday precautions to prevent the spread of COVID-19.
- If a person is **asymptomatic** and **tested negative**** for COVID-19 by PCR, antigen testing, or serology:
 - No isolation is required. Take everyday precautions to prevent the spread of COVID-19.
- If a person has other non-compatible symptoms and has not been tested for COVID-19, stay home away from others or under isolation precautions until:
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.

*A person who had [severe/critical illness](#) or is [severely immunocompromised](#) should:

- If symptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since symptoms first appeared; AND
 - At least 24 hours have passed since last fever without the use of medicine that reduces fevers; AND
 - Other symptoms have improved.
- If asymptomatic, stay home away from others or under isolation precautions until:
 - At least 20 days have passed since specimen collection of the first positive COVID-19 PCR/antigen testing while asymptomatic. If symptoms develop, follow guidance for symptomatic and tested positive for COVID-19.

Outside of these criteria above, extension of isolation is not routinely recommended if an individual is retested within 3 months of onset of symptoms or date of first positive test while asymptomatic. However, if a person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test has a new exposure to a person with suspected or confirmed COVID-19 and recovered from laboratory-confirmed infection and has met criteria to end isolation, but has or develops new symptoms consistent with COVID-19 within 14 days of the new exposure, consultation with a health care provider is recommended, and consultation with infectious disease or infection control experts may be necessary. If an alternative cause of the symptoms cannot be identified, retesting for SARS-CoV-2 infection may be warranted. In the absence of clinical evaluation to rule out SARS-CoV-2 reinfection, this person should be isolated following the recommendations above.

**A person who had known [close contact](#) with a confirmed COVID-19 case should [quarantine](#) for 14 days from their last exposure to the case. However, individuals may be eligible for the acceptable options to shorten quarantine outlined below. Individuals may use the alternatives only if the following conditions are met:

- Individual **does not** live in a congregate setting; AND
- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the entirety of quarantine up to the time at which quarantine is discontinued; AND
- Daily symptom monitoring continues through quarantine Day 14; AND
- Strict adherence to all recommended [non-pharmaceutical interventions](#) (e.g., correct and consistent mask use, physical distancing) continues through quarantine Day 14.

If symptoms develop, they should immediately self-isolate and contact the health department or their healthcare provider to report this change in clinical status.

The following options to shorten quarantine are acceptable alternatives if the conditions above are met:

- Quarantine can end on Day 11 without testing and if no symptoms have been reported during daily monitoring.
- Quarantine can end no earlier than Day 8 if a diagnostic specimen tests negative and if no symptoms were reported during daily monitoring. The specimen must be collected and tested no earlier than Day 6 (48 hours before) , and quarantine still cannot be discontinued earlier than Day 8.

However, if they test positive for COVID-19 by PCR or antigen testing, they should follow the relevant [isolation guidance](#).

Healthcare workers and critical infrastructure workers should follow guidance that includes special consideration for these groups. If you are a healthcare worker or critical infrastructure worker, please follow-up with your employer or HR for specific guidelines.

For a person previously diagnosed with COVID-19 who recovered from laboratory-confirmed infection and has met criteria to end isolation and remains asymptomatic, quarantine is not recommended in the event of close contact with an infected person within 3 months of symptom onset of their initial illness or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test. However, if a person is identified as a contact of a new case 3 months or more after symptom onset or since specimen collection (if asymptomatic) of the first positive COVID-19 PCR/antigen test, they should follow quarantine recommendations for contacts. Post acute care facilities should utilize the same quarantine criteria for patient admissions and readmissions.

Recent Updates to Guidance

The following changes were made to the guidance:

- Added guidance on options to shorten quarantine for individuals that meet certain conditions (e.g., individual does not live in a congregate setting).

Glossary of Terms

1. **Close contact*** for COVID-19 is defined as any of the following exposures to an individual during their infectious period:

- Individual who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period**
- Individual providing care in a household without using [recommended infection control precautions](#)
- Individual who has had direct physical contact (hugging or kissing)
- Individual who has shared eating and/or drinking utensils, and
- Individual who has been sneezed on, coughed on, or got respiratory droplets on them.

*Close contact does not include healthcare providers or EMS providers using appropriate PPE and implementing appropriate infection control practices.

**Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.

2. **Infectious period** is the timeframe an individual can transmit disease to others. For COVID-19, this starts from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to positive specimen collection) until the time the individual discontinues isolation.

3. **Isolation** separates sick people with a contagious disease from people who are not sick.

4. **Non-pharmaceutical interventions** that can be practiced by individuals include the following: correct and consistent mask use, physical distancing, hand and cough hygiene, environmental cleaning and disinfection, avoiding crowds, ensuring adequate indoor ventilation, and self-monitoring for symptoms of COVID-19 illness. These are also summarized [here](#).

5. **Quarantine** separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. For COVID-19, this means staying home or in a private room with a private bathroom for 14 days after last contact with a person who has COVID-19. However, individuals may be eligible for the acceptable options to shorten quarantine outlined [here](#).

6. **Severe/critical illness:** Illness due to COVID-19 that required any intensive care during hospitalization.

7. **Severely immunocompromised** means you have:

- Been taking chemotherapy for cancer recently;
- HIV and a CD4 T-cell count <200;
- An immunodeficiency disorder;
- Been taking high-dose steroids (like prednisone 20mg/day for >14days); OR
- Another condition that a healthcare provider has told you makes you severely immunocompromised.

8. **Symptomatic:** People with these symptoms may have COVID-19:

- Fever or 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

This list does not include all possible symptoms. Public Health will [continue to update](#) this list as we learn more about COVID-19.