



Cairo American College

COVID-19 Operational Manual

2021-2022 School Year

DOCUMENT PURPOSE

Keeping our community safe is the primary goal of all our pandemic mitigations. CAC uses the guidance from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Egyptian Ministry of Health, and other infectious disease experts to guide School Operations during the Pandemic.

During the school year 2020-2021, closely abiding to the multi-layered mitigation approach in this document facilitated safe and effective pandemic schooling. This revision updates CAC's mitigation management measures against COVID-19 for the 21-22 school year taking into account the most recent science on the pandemic, and the recent CDC guidance for those fully vaccinated [Click Here](#). If at any time there is evidence of substantial or high transmission of the Delta or other variant in our community, fully vaccinated individuals will also be required to wear masks when indoors at CAC. CAC will continue to respond to changes in the pandemic with our phased mitigation approach to ensure safety is our number 1 priority.

This document serves to demonstrate that the school is doing its due diligence and ensuring compliance as well as serving as a central repository for our reference materials and COVID-19 related operational decisions. Revisions of the COVID-19 operational manual will be made as new information becomes available from infectious disease experts.

Egypt currently has minimal reported positive cases according to the Ministry of Health and other metrics that CAC monitors. Current active cases as reported by the Ministry are the lowest weekly average since the start of the pandemic in March 2020. Other local sources also support the current low active case count across the country. The number of individuals in our school community fully vaccinated against COVID-19 continues to increase and is documented in the health office.

This document is fluid, and will be modified as needed to respond to changing pandemic conditions globally, nationally, and in our local community. CAC is currently in phase 3 as supported by metrics listed in our phased mitigation rubric.

SCOPE

These procedures apply to all staff, students, parents, contractors, visitors, delivery personnel, or any other persons involved in school projects and/or entering CAC premises.

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ARRIVAL

- Students, faculty, staff, parents and visitors arrive to and exit campus through the front or back gate wearing masks

CLASSROOM MANAGEMENT

- Social distance will be maintained
- In all grades a seating chart is maintained, and submitted to the administration, to ensure effective contact tracing
- To allow additional ventilation in classrooms, windows will be kept open, and the classroom door ajar. *On poor air quality days, classrooms will continue to keep windows and doors ajar for ventilation*
- All classrooms on campus have air purifiers as recommended by the CDC and WHO
- Classrooms are provided with adequate supplies to support healthy hygiene including soap where sinks are available, hand sanitizer, paper towels, tissues, and disinfectant wipes

COMMUNICATIONS

- Communication with the school community is maintained via emails, newsletters, social media, and the website.
- Covid-19 Updates are posted on the CAC website under the Covid-19 tab and/or via email

DISMISSAL

- Faculty, staff, students, parents, and visitors depart school from the front or back gate wearing masks

EDUCATION OF STAFF AND STUDENTS

- General Services staff receive training on hygiene and cleaning standards.

- Students are frequently reminded to practice good personal hygiene and follow health and safety measures.
- Administration will update the faculty and staff on viral transmission in the local community as a response to changing conditions

EDUCATION OF CONTRACTORS

- All on campus contractors follow the same mitigation strategies in place for staff and students.
- Contractors are required to wear face masks at all times.
- The CAC Operations Manager will ensure all contractors are briefed on COVID-19 health and safety measures as well as respiratory etiquette, hygiene practices and appropriate social distancing. These measures include:
 - Avoiding physical contact with others and maintaining a safe distance from other individuals,
 - Appropriate cleaning practices (i.e., washing hands frequently with soap and water, using alcohol-based hand sanitizer)
 - The proper way to cover coughs and sneezes.
 - Alternatives to shaking hands upon entry, and the importance of workers not touching their own faces (mouth, nose, eyes).
 - The importance of staying home if they are sick.
 - Proper use of masks

ENTRY TO CAMPUS

- Community members, parents, and visitors are allowed on the school premises following mitigation protocols
- Masks are required for each person entering and exiting campus
- Mask wearing is required for every individual not fully vaccinated when indoors
 - Mask requirements will change if transmission of new covid-19 variants are substantial or high in our School and/or local community
- Sanitizers are placed at entry points.

FACILITIES EXPECTATIONS

- Community members' use of the pool and weightroom is open for community hours
- Frequent cleaning and disinfecting of commonly touched surfaces is in place to kill viruses such as doorknobs, desks, PE equipment, sink handles, light switches, elevator buttons and bathroom facilities
- Windows and doors are left ajar to increase circulation of outdoor air
- Air purifiers are to remain on in all indoor spaces

GUIDELINES FOR REFERENCE

- CAC uses the guidance from the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), and Egyptian Ministry of Health to inform School Operations during the Pandemic.

- CAC operations during the pandemic take into account the local community pandemic conditions, school-specific characteristics, school's ability to mitigate risk while on campus, access to health care in the local community, and have contingency plans to enable fluid movement to hybrid models
- CAC continually reviews covid-19 mitigation protocols at independent and public schools world-wide with similar community characteristics

HEALTH SCREENING ON CAMPUS

Health screening occurs daily for students and staff in school. Health and safety guidelines include:

- Parents are required to take temperatures in the morning before students come to school, and to keep a record
- Students will be sent to the health office if appearing sick
- Sanitizers are available at all entrances
- Suspected cases at school will be sent to the health office, and placed in an isolation area before departing campus. The health office maintains close communication with such cases until approved to return to campus

INTERNAL CONTACTS AND ORGANISATION

- Elementary School (grades PK-5) questions please address to the ES Principal Julie Jin-Jackson at jjackson@cacegypt.org
- Middle School (grade 6-8) questions please address to the MS Principal Courtney Bailey at cbailey@cacegypt.org
- High School (grades 9-12) questions send to the HS Principal Andrew Buckman at abuckman@cacegypt.org
- High School questions about the IB Diploma program to Niall Williams at nwilliams@cacegypt.org
- High School questions about course selection, transfer credits, college applications to Claudia Bean at cbean@cacegypt.org
- Questions related to admissions, withdrawal, document requests, campus IDs to Danya Amin at damin@cacegypt.org
- Health related questions pertaining to health forms, physicals, COVID-19 to Claire Gallagher at cgallagher@cacegypt.org

MASKS AND FACE COVERINGS

Wearing of Masks will be guided by the CDC, WHO, and GoE requirements/recommendations. Changing pandemic conditions and/or local community transmission will result in immediate changes to mask wearing requirements

- Faculty, students, staff, parents and community members are required to enter and exit campus wearing a mask and to have a back-up mask. CAC does not provide masks
- Masks with exhalation ports/vents are not allowed
- All individuals must wear masks when indoors, unless fully vaccinated
- Unvaccinated faculty and staff may remove masks when working alone in either an enclosed office or classroom

- Both the nose and mouth must be covered by the mask at all times
- Consult the CDC and WHO websites for specific information about how to properly wear a mask
- Masks may be either fabric or cloth

MEDICAL SUPPORT & PROCEDURES

- Egypt requires all individuals entering the country to be fully vaccinated (14 days since the second dose) or to present a negative molecular RT-PCR test result
- CAC will continue to provide plans to support students and staff/faculty who are in and out of school with illness
- Suspected or confirmed cases of COVID-19 are immediately sent home from the health office for quarantine or self-isolation
- CAC is prepared to shift fluidly to e-learning when required
- Do not come to school if you are unwell

MEETINGS

- To avoid crowding, no large (over 100 individuals) gatherings/meetings will be held on campus until further notice. Special mitigated meetings in the theater or outdoors with over 100 individuals may be approved by the administration.
- Divisional faculty and staff meetings can occur
- Large school events will be via Zoom/Google/Webex (i.e back to school nights)
- Social distancing and hygiene protocols are enforced at all events

OVERSEAS TRAVEL

- CAC is closely monitoring global travel regulations at this time as they are rapidly changing. We are hopeful that some overseas school travel will be allowed this school year. Based on international travel restrictions, it is likely that overseas travel, if approved, would be limited to those fully vaccinated (currently also avoids required quarantine when a close contact [Click Here](#))

PARENT EXPECTATIONS

- Monitor your child's health and **ALWAYS** keep them home from school if they appear ill.
- Take your child's temperature every morning and record in a temperature log.
- Teach and model good hygiene practices for your children
 - Wash your hands with soap and safe water frequently. If soap and water are not readily available, use an alcohol-based hand sanitizer.
 - Cough and sneeze into a tissue or your elbow and avoid touching your face, eyes, mouth, nose.
- Encourage your children to ask questions and express their feelings with you, their teachers, and their school counselors. Remember that your child may have different reactions to stress; be patient and understanding.
- Prevent stigma by using facts and reminding students to be considerate of one another.

- Coordinate with the school to receive information and ask how you can support school safety efforts (through the PTO)

PHASED MITIGATION RUBRIC

- The school year will begin on phase 3, which is informed by the current country and local pandemic metrics
- Please see in the appendix D

PHYSICAL EDUCATION & SPORTS

- The athletic and activity programs are in place with any required mitigation
- Physical Education is held outdoors when possible.

PHYSICAL SPACES - LIBRARY, THEATER, MAKER SPACE

- Furniture is rearranged to allow MS/HS students to continue to use this space for study/research safely. Capacity control and study appointments are followed in MS/HS library.
- Library community use will be limited to Saturdays.
- Community use of the weightroom and swimming pool is available during community hours
- Additional hand washing/sanitizing stations are located:
 - At each entrance/exit to campus
 - In each classroom
 - In the library, theater, and maker space
 - Located in hallways throughout campus

RESPONDING TO POSITIVE CASES ON CAMPUS

- Students/staff are immediately sent home if they exhibit any symptoms of COVID-19.
- If symptoms are identified upon arrival, the individual must wait in the designated isolation room in the health office until picked up.
- Students/staff who have had 'close contact' (as defined by the CDC and WHO) with someone with COVID-19 must inform the Health Office and self-quarantine for 10 days before returning to school following the CDC guidelines, unless fully vaccinated [Click Here](#). Depending on the data gathered during contact tracing the Health Office may require either shorter or longer quarantines depending on specific case circumstances
- The Health Office will implement a track and trace protocol for positive COVID-19 cases that were on campus. In addition, CAC has a contact tracing team of administrators. All 'close contacts' are notified within 24 hours of the positive case identification, and are informed of the required quarantine procedure.
- Positive cases of COVID-19 must self-isolate at home for at least 10 days following the CDC guidelines.

- Flexible leave/attendance policies will be applied to students, faculty, and staff required to quarantine or isolate due to COVID-19 exposure/infection. Each leave case is reviewed on a case by case basis.
- Positive COVID-19 cases that were on campus will be carefully reviewed by the contact tracing team taking into account multiple variables to determine the extent of required quarantines. Confidentiality will be maintained for any individual testing positive for COVID-19.
 - If a student in a class is confirmed to have COVID-19, those not fully vaccinated seated within 1m of the positive case may be required to quarantine at home. Comprehensive mitigation (ventilation, air purification, distancing, masks for those not fully vaccinated, hygiene) in each classroom is in place. Each situation will be carefully reviewed by the Health Office and the contact tracing team.
 - E-learning will be implemented for the affected individuals or classes
 - If 5% of the students in a year level or a division test positive within a two week period, the whole year level (e.g. grade 10) or division (e.g. MS) may be required to quarantine for 10 days.
 - If a teacher is positive for COVID-19, those not fully vaccinated who were 'close contacts' will be required to quarantine following the Health Office guidance. If feasible the teacher will still conduct the e-learning, if not a qualified substitute teacher.

SCHOOL TRANSPORT

- Mandatory wearing of masks for all (bus drivers, monitors and students)
- School buses are frequently cleaned
- Assigned seating will be required for all bus riders to allow for contact tracing
- At the beginning of all bus routes, assigned seating will start in the back seats and end in the front seats. The first student on the bus route will be seated at the rear of the bus, and the last person entering the bus will be in the front row to limit contact with other riders
- AC units will only circulate outside air. Recirculation function will not be used
- Windows will be left slightly open to allow for increased ventilation

SCHOOL LUNCH

- Students are reminded to wash their hands specifically before and after meals
- Students are required to social distance during lunch and recess
- Lunch vendors are available on campus following mitigation protocols
- Shared food is not allowed
- Lunch breaks and recess are monitored by faculty and staff
- Students are encouraged to eat lunch outdoors in the open air

SCHOOL FIELD TRIPS

- Field trips will follow strict social-distancing and hygiene protocols when allowed

SIGNAGE

- Posters are provided to support the teaching of healthy habits
- Signage and floor decals in place to maintain social distancing and to promote personal hygiene. One way traffic not currently required

STAFF EXPECTATIONS

- Monitor your temperature and stay home if you are ill.
 - Teach and model good hygiene practices for your students
 - Wash your hands with soap and safe water frequently. If soap and water are not readily available, use an alcohol-based hand sanitizer.
 - Cough and sneeze into a tissue or your elbow and avoid touching your face, eyes, mouth, nose.
 - Wear a mask indoors if not fully vaccinated
 - Encourage students to ask questions and express their feelings with you or their parents. Be patient and understanding.
 - Prevent stigma by using facts and reminding students to be considerate of one another.
 - Wear face masks at all times when indoors if not fully vaccinated
 - Adhere to social distancing.
 - Frequently remind students not to touch their face and to wash their hands.
 - Have a positive and friendly influence on students and colleagues
-

APPENDIX A

Q AND A ABOUT MASKS AND FACE COVERINGS

What is the difference between a face covering and a face mask?

- A face mask is designed and manufactured to be used in a healthcare setting.
- A face covering is not designed for the same uses and is made from fabric or cloth and should cover your mouth and nose while allowing you to breathe comfortably.
- CAC will use the words 'mask' and 'face covering' interchangeably.
- A face shield is a piece of clear plastic attached to a headband that covers the face.
- With the exception of healthcare workers treating active cases of COVID-19 there is little evidence to support the need to wear both a mask and face shield.

Will CAC provide a mask or face covering for students, faculty, and staff?

- As it is expected that all members in our community are wearing masks or face coverings on a daily basis to help slow the spread of COVID-19, CAC is not able to provide a continual supply for the school community.

- It is the responsibility of our individual community members and parents of students to provide a mask/face covering on a daily basis. ES students need to have two extra-masks in a ziploc bag labeled with the child's name.

Can I use a bandana or scarf as a face covering or mask?

- No, please use a mask or face covering. Masks with an exhalation valve should not be worn by anyone with a suspect case of COVID-19.

How long do I have to wear each mask before changing to a new one?

- There is no set time, nor recommended number of masks/face coverings you should use each day. It all depends on what you are doing.
- However, if your mask gets dirty, wet or damaged, or if you touch the inside of it, then you should change to a new one. Single-use masks should be disposed of in a garbage can.
- Every member of our community on campus should have at least one spare mask/face covering, ES students two spare masks in a labeled ziploc bag.

I have a health condition and don't want to wear a face mask. What do I need to do?

- In most cases face coverings and masks are safe for anyone to wear. The exception being that no child under the age of two should be required to wear a face covering or mask and for individuals with breathing problems.

How do I stop a face covering from fogging up my glasses?

- Make sure the face covering is fitted and pinched on your nose if possible. Put your glasses on after the mask. Wash your glasses with detergent and water to create a film to prevent fogging. Or put a folded tissue across the bridge of your nose, then put your mask on and your glasses on top.

Do I need to take the face covering/mask off when I go to the bathroom?

No, you should keep on when going to the bathroom. The bathroom is a communal location, so always keep masks on.

How often should I clean my mask or face covering?

You should clean after every wearing. This reduces the risk of spreading the coronavirus or other germs.

How do I clean my mask/face covering?

- Masks made of fabric, such as cotton, can be washed in your regular laundry using hot water.
- Disposable, blue surgical masks cannot be laundered or cleaned and should be thrown away in a garbage can when it is visibly soiled or damaged.
- After laundering your fabric masks, tumble dry them in the dryer on a high setting.
- You might consider using a non-scented laundry detergent if you are sensitive to perfumes so it is easier to wear the masks.
- You can also hand wash your mask, using hot, soapy water. Scrub the mask for at least 20 seconds, and dry them on high heat in the dryer.

How do I know when it is time to get a new cloth mask?

Each cloth mask will be constructed differently, therefore there is no specific 'shelf life' of a cloth mask. However, the following are signs that your cloth mask may no longer be offering you the same level of protection it once was:

- your cloth mask does not fit snugly on your face (e.g. you can feel your breath coming out of the sides of the mask)
- your cloth mask keeps falling off or sliding down
- there are holes in your cloth mask
- you need to keep adjusting your cloth mask
- the material has started to wear thin or fray.

References

- Centers for Disease Control and Prevention
- Germany Federal Ministry of Health COVID-19 Resources
- Government of Canada Coronavirus Disease(COVID-19) Resources
- Government of U.K. Coronavirus(COVID-19) Resources
- Government of the Netherlands COVID-19 Resources
- Johns Hopkins University Medicine
- World Health Organization

CONTACT TRACING PROCEDURES

Checklist of Steps for Each *Case*

Step 1: Introductions

- ☐ Identify your organization.
- ☐ Confirm the case's identity.
- ☐ Check whether the case has received their COVID-19 test result (*if not, deliver result*).
- ☐ Describe the importance of the call.
- ☐ Confirm that the call is confidential.
- ☐ Check in about length and safety of call.

Step 2: Inquire about Infectious Period

✓ Ask if they had common symptoms	When did symptom begin?	When did symptom end?
- Fever (temperature over 100.4°F/38°C)	-	-
- Tiredness (fatigue)	-	-
- Muscle pain (myalgia)	-	-
- Cough	-	-
- Loss of taste or smell	-	-
- Difficulty breathing	-	-
- Headache	-	-
- Sore throat	-	-

Step 3: Identify Contact(s) Based on Infectious Period

Contacts include but are not limited to people who had the following types of interactions with the case during the case's infectious period; that is, anyone who:

- ☐ Lives with the case.
- ☐ Was face-to-face and within 6 feet (1.8 meters) of the contact for 15+ minutes.
- ☐ Had direct physical contact with a case, such as kissing.
- ☐ Had direct physical contact with a case's secretions, such as touching the case's used tissues.

Step 4: Instruct How to Isolate

- ☐ Explain isolation in simple terms:
 - ☐ **Isolation** means that you should try to not have contact with other people, except if you need to see a doctor. If you live with other people, you might try to find another place to stay. Or you might use your own bedroom and bathroom. If you can't avoid being around other people, you should wear a mask at all times. The mask should completely cover your nose and mouth.
 - ☐ Isolation keeps sick people (restricted to home or hotel or a separate place in a hospital) separate from healthy people for the duration of **infectiousness**, which is two days before

onset and at least 10 days after onset of illness. Isolation can end when symptoms are improving, and the sick person has not had fever within the past three days without using fever-reducing medication.

- ☐ Help them make a plan to isolate.
- ☐ Identify challenges that may stop the case from following your isolation instructions.
- ☐ Offer resources to improve the case's chances of following your isolation instructions.
- ☐ Answer the case's questions.
- ☐ Make a plan to follow up.

Step 5: Initiate Contact Tracing

- See *Checklist of Steps for Each Contact*.

Step 6: Implement Regular Check-Ins

- ☐ Have the case's symptoms improved or worsened?
- ☐ Has the case had new contacts?
- ☐ Support the case in continuing to isolate (see Step 4).

Quick Reminders

Symptoms Requiring Immediate Emergency Care

- Bluish lips or face.
- Faster breathing.
- Trouble breathing.
- Persistent pain or pressure in the chest.
- New confusion or difficulty waking up.

The Infectious Period for Patients with Symptoms

- **Infectious period starts:** 48 hours prior to the first symptom.
- **Infectious period ends:** when it's been at least 10 days after the first symptom, and they have no fever for at least 72 hours without medications and their other symptoms have improved.

Phrases for Building Rapport

- *This is a difficult time.*
- *Everything is happening so fast.*
- *I hear you.*
- *I hear you when you say ...*

Active Listening Techniques

Paraphrasing: repeating what was just said to you, in your own words.

- *What I'm hearing is ...*
- *It sounds like ...*
- *You said ...*

Restating: putting words to the emotions being expressed to you.

- *You're scared/worried/angry.*

Silence: being quiet so that the other person can finish talking or thinking.

APPENDIX C

CONTACT TRACING TEAM

All members of the contact tracing team have been trained by the successful completion of the Johns Hopkins Contact Tracing Course. The team is made up of the health office and the administrative team.

APPENDIX D

CAC PHASED MITIGATION RUBRIC

The CAC operational rubric is a fluid document that is updated as the scientific community and health experts learn more about COVID-19 and school operations. With this being said, there are still a wide variety of mitigation recommendations and opinions across the world. The most important mitigation steps continue to focus on are getting vaccinated, mask wearing indoors if not fully vaccinated, distancing, ventilating closed spaces, excellent hygiene, avoiding large events in areas of high incidence rates, and increasing mitigation when active case rates substantially increase. CAC effectively demonstrated during the 2020-2021 school year that we can safely and effectively have face to face learning following our phased mitigation protocols. When case incidence rates increase more restrictive measures are put in place (e.g. phase 1), when cases are stable or low less restrictive measures will be in place (e.g. phase 3)

CAC's phased mitigation rubric implements strategies across four key areas to reduce or prevent COVID-19 transmission on campus: promoting behaviors that reduce viral spread (e.g. social distancing, washing hands, and wearing masks), maintaining healthy environments (e.g. ventilation, cleaning and disinfecting frequently touched surfaces), maintaining safe operations (e.g. modified schedules, reduced student density in classrooms, screening at entrances, & testing), and being prepared for infections on campus (isolation room, contact tracing). In all four areas CAC's planning has erred on the side of taking extra precautions. The Administration has completed a course offered by Johns Hopkins University on COVID-19 contact tracing.

With the substantial global evidence that schools can operate safely during the pandemic, CAC continues to make adjustments to our school programs to ensure the fidelity of our programs and minimizing the possibility of viral transmission on campus. Pandemic mitigation recommendations by the CDC, WHO, & other country Health Departments continue to disaggregate positive case numbers by localities to guide mitigation response, rather than aggregate country-wide data. Country-wide data is still reviewed as a secondary indicator for required mitigation.

The most important metrics that CAC closely monitors to guide our phased approach are the R-Value, the active case number, and the severity of our CAC cases. In addition, we still continue to monitor other metrics like overall reported positive cases in Egypt, Maadi transmission rates, and health center capacities for emergencies. CAC's Health Office works closely with parents to document, record, and lead the contact tracing team when positive cases have been on campus. During contact tracing any close contacts are informed within 24 hours.

Globally the most important step that all of us can take according to infectious disease experts is to be fully vaccinated against COVID-19. Even though vaccination does not prevent COVID-19 infection 100%, the benefits for all are substantial. In addition, it is paramount that we remain flexible with increasing and decreasing pandemic restrictions that impact mask wearing, gatherings, and other personal preferences.

¹

¹ Revised on September 15, 2020, October 18th, January 10, 2021, March 15, July 28

Phase is defined by the <u>combination</u> of the following indicators	Campus Access	Program Delivery	CAC gatherings/ community access/other Events	School Operations	CAC Personnel	Emergency Care	Other factors
Phase 1: Very Restrictive							
Primary Indicators 94% of CAC community not reporting active case Active community cases more than 5% Many CAC positive cases reported as severe and requiring hospitalization Verified Covid-19 transmission happening at CAC	Students, faculty, staff, and essential personnel allowed on campus Parents and visitors on campus by appointment only Multiple assigned gates are used to enter and exit campus per school division Temperatures checked at entrances	Modified program delivery to ensure social distancing and decrease student density on campus. After-school activities and athletics cancelled Pre-season athletic conditioning and skills allowed Students depart campus immediately after school	Community Campus Hours before and after school only allowed by appointment system and 25% density No school wide gatherings or events	Strict and regular disinfecting throughout the school day Classrooms utilize extra ventilation and outdoor learnings spaces No food vendors on campus. Greco allowed with only coffee Drinking fountains are closed All school-wide meetings and parent events are held virtual Limited busing	All faculty and staff report to work following health and safety procedures Faculty and staff may stay on campus after school for essential job related tasks.	Anyone on campus feeling unwell reports to health office immediately Those with COVID-19 symptoms kept in Health Office isolation room until able to depart campus If positive for COVID-19 contact tracing implemented Close contacts of a confirmed positive case required to self-quarantine at home, unless fully vaccinated, for 10 days or 7 days with a negative PCR test on day 5 Positive cases cannot return to school until 10 days pass & symptom free for three days	At any time, CAC may return to a campus closure with only e-learning The primary viral transmission data that CAC uses to influence mitigation protocols is the CAC community R-Value, severity, and number of cases Concurrently with the phased operational indicators, CAC also uses a 5% threshold positive case rate on campus to shift a class, grade, or division to e-learning
Secondary Indicators Uncontrolled community transmission of COVID-19 in Maadi Reported positive cases in Egypt at rapid acceleration ICU's at capacity	Masks required on campus outdoors and indoors	Flexible attendance policies due to COVID-19					

Phase is defined by the combination of the following indicators	Campus Access	Program Delivery	CAC Community Gatherings/ Other Events	School Operations	CAC Personnel	Emergency Care	Other factors
Phase 2: Moderately Restrictive							
Primary Indicators COVID-19 vaccinations are difficult to acquire locally 96% of CAC community not reporting active case Active community cases 3-5% Few CAC positive cases reported as severe and requiring hospitalization Possible Covid-19 transmission at CAC Secondary Indicators ICU's at more than 75% of capacity Moderate community Covid-19 transmission in Maadi Reported positive cases in Egypt stable w/ fluctuations	Fully vaccinated parents allowed on campus without appointment Masks required indoors for every person Only CAC ID holders allowed on campus	Modified program delivery to ensure 1m of social distancing Modified athletics and activities allowed after school as specified by divisions	Community Campus Hours before and after school allowed only by appointment system and 50% density No school-wide gatherings or events Divisional Faculty meetings allowed with social distancing	Strict and regular disinfecting throughout the school day Drinking fountains closed Decreased number of food vendors on campus with strict ordering and social distancing protocols Classrooms require ventilation, air purification, distancing, cleaning, and take advantage of outdoor spaces Critical parent meetings can occur on campus Limited busing	All faculty and staff report to work following health and safety procedures Faculty and staff may remain on campus after school hours as preferred.	Same	Same

Phase is defined by the combination of the following indicators	Campus Access	Program Delivery	CAC Community Gatherings/ Other Events	School Operations	CAC Personnel	Emergency Care	Other factors
Phase 3: Less Restrictive							
Primary Indicators COVID-19 vaccine readily available & increasing numbers being vaccinated 97%+ of CAC community not reporting active case Active community cases less than 3% CAC positive cases reported as mild to moderate and few requiring hospitalization No evidence of Covid-19 transmission at CAC Secondary Indicators Low community Covid-19 transmission in Maadi Reported low rates of positive cases in Egypt The majority of services in Egypt are back to normal	Return to front and back gate entrance/exit Campus open to all community All individuals while entering & exiting campus must wear a mask Masks required indoors for every person, unless fully vaccinated	Students not participating in modified activities and athletics allowed to remain on campus after school All activities and athletics allowed	Campus access before and after school hours allowed Meetings/ events with up to 100 allowed when social distancing possible Larger events may be considered with administration review	Classrooms require ventilation, air purification, distancing, and cleaning All vendors allowed on campus following protocols	Standard expectations for faculty and staff per time on campus and support for after-school activity, athletic, and arts programs	Same	Same During times of high active case rates, more restrictive measures can be put in place while also remaining on phase 3 Expect mask & gatherings guidelines to change, responding quickly to substantial pandemic changes

Phases are defined by the presence of the following indicators	Campus Access	Program Delivery	CAC Community Gatherings/ Other Events	School Operations	CAC Personnel	Emergency Care	Other factors
Phase 4: Normal Operations							
Primary Indicator							

Pandemic is declared over by WHO							
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APPENDIX E

FRAMEWORK TO GUIDE MITIGATION EFFORTS

The CDC states that the COVID-19 transmission rates in the immediate community and in the communities in which students, teachers, and staff live are the most important viral trends to monitor

Level of Community Transmission	Community characteristics and description	Level of mitigation
Substantial, uncontrolled transmission	Large scale, uncontrolled community transmission, including communal settings (e.g., schools, workplaces)	Shelter in place
Substantial, controlled transmission	Large scale, controlled community transmission, including communal settings (e.g., schools, workplaces)	Significant mitigation
Minimal to moderate community transmission	Sustained transmission with high likelihood or confirmed exposure within communal settings and potential for rapid increase in cases	Moderate mitigation
No to minimal community transmission	Evidence of isolated cases or limited community transmission, case investigations underway; no evidence of exposure in large communal setting	Low mitigation

Epidemiology	<ul style="list-style-type: none"> • Level of community transmission: more extensive mitigation will be needed when there is greater community transmission • Number and type of outbreaks in specific settings or with vulnerable populations, including, but not limited to nursing homes and other long-term care facilities, correctional facilities, meat and poultry processing plants, and the homeless population • Severity of the disease • Impact of the level of community transmission and any outbreaks on delivery of healthcare or other critical infrastructure or services • Epidemiology in surrounding jurisdictions
Community Characteristics	<ul style="list-style-type: none"> • Size of community and population density • Level of community engagement and support • Size and characteristics of vulnerable populations • Access to healthcare • Transportation infrastructure (e.g., availability and use of mass transit) • Type of business or industry • Congregate settings (e.g., correctional facilities, homeless shelters) • Planned large events/gatherings, such as sporting events • Relationship of community to other communities (e.g., transportation hub, tourist destination, volume of commuting, and other attributes)
Healthcare Capacity*	<ul style="list-style-type: none"> • Healthcare workforce • Number of healthcare facilities (including ancillary healthcare facilities) • Testing activity • Intensive care capacity • Availability of personal protective equipment (PPE)
Public Health Capacity	<ul style="list-style-type: none"> • Public health workforce and availability of resources to implement strategies (e.g., resources to detect, test, track, and isolate cases) • Available support from other state/local government agencies and partner organizations

APPENDIX F

Guidance at Schools

Resources used to guide school response:

https://www.cdc.gov/coronavirus/2019-ncov/vaccines/fully_vaccinated.html

<https://www.who.int/news/item/11-12-2020-new-checklist-supports-schools-to-reopen-and-prepare-for-covid-19-resurgences>

<https://www.unicef.org/press-releases/statement-reopening-schools-cannot-wait>

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/ventilation.html>

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. [EPA-approved disinfectants](#) are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Bleach solutions will be effective for disinfection up to 24 hours.
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together–this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on FDA's website on [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on [Visiting Parks & Recreational Facilities](#).

APPENDIX G

EGYPT REPORTED COVID-19 CASE COUNT

Wave 1 highest weekly reported positive cases: 10,778 down to 812. Vaccinated 0
Wave 2 highest weekly reported positive cases: 9,563 down to 3,688. Vaccinated 1m
Wave 3 highest weekly reported positive cases: 8,248 down to 277. Vaccinated 5.3m

The categorizing of the weekly case rates is not official or scientific, rather simply a method to help understand possible pandemic trigger points to inform decision making.

Egypt pandemic case chart via WHO retrieved August 2, 2021

