

# BUG-O-NAY-GE-SHIG SCHOOL

15353 SILVER EAGLE DR. NW  
BENA, MINNESOTA 56626  
(218) 665-3000  
FAX (218) 665-3024  
1-800-265-5576

**Dear Parents, Caregivers, and Guardians,**

We know that last year was tough, and while it has been fantastic to have students back in the building this fall, we are committed to taking every step we can to help us have a safe school year. This letter is to inform you about steps we will be taking to stop the spread of COVID-19 in hopes of keeping our school open for in person learning. In addition to updated quarantine protocol included in this packet, we are excited to announce that we will be offering a **free COVID-19 Screening Program for students and staff at the Bugonyageshig School!** Regular testing will help protect our students, staff, family members, and others who are not vaccinated against COVID-19 or are otherwise at risk for getting seriously sick from COVID-19.

Through this program, we will be able to identify COVID-19 cases quickly and early, which can help us stop an outbreak before it happens. Because children are often asymptomatic carriers, this screening program is a critical strategy for keeping the community safe. It will help us keep students in the classroom and able to take part in the school activities they love.

- **Who will be tested?** We will offer testing to everyone – all students and staff – even if they don't have symptoms of COVID-19.
- **How is the testing done?** The COVID-19 testing is free, quick, and easy. Our School Nurse will oversee the testing with the CUE Test, which includes gently swabbing the inner part of the lower nostril. The test is not painful and does not use the longer swab that reaches higher into the nose.
- **Where and when is the testing done?** Our school's testing site will be in the Nest and everyone will be tested once per two weeks. Results will be available within 20 minutes.
- **How can I be sure that my child's information will be protected?** Sharing of information about your child will only be done for public health purposes. Policies and laws protecting student data privacy will be followed.

This letter asks your permission for us to:

- Regularly test your child as part of a free COVID-19 testing program at school, and
- Test your child if they show symptoms consistent with COVID-19 or have been in close contact with a person with COVID-19 at school.

To learn more, please contact Alvin Nason at 218-665-3000, ext 2144. We are extremely grateful to our families for how you have already helped us successfully slow the spread of COVID-19 at Bugonyageshig. We hope the new quarantine protocols and this screening program will help us have a successful school year!

Miigwech!

Director Dan

# **BUG-O-NAY-GE-SHIG SCHOOL**

15353 SILVER EAGLE DR. NW

BENA, MINNESOTA 56626

(218) 665-3000

FAX (218) 665-3024

1-800-265-5576

## **Bugonaygeshig School: COVID-19 Screening Program**

The Bugonaygeshig School will provide testing on-site for all students and staff. The school will use the **Cue Test**, which is an individual, diagnostic, rapid COVID-19 test that uses a shallow nasal swab. The test is effective for both symptomatic and asymptomatic individuals.

The goals of our screening program are to:

1. Keep Bugonaygeshig students in an in person learning model
2. Decrease the spread of COVID-19 in our school and the Leech Lake community
3. Increase access to testing for everyone

The **Cue Test** is a rapid molecular test that provides results in 20 minutes. The **Cue Test** does not require a medical professional to collect or conduct the test, although our screening system will be overseen by our School Nurse, Alvin Nason. The test is well tolerated by all age groups and uses a non-invasive collection procedure by inserting a soft swab into the lower part of the nostril. Staff conducting the screenings will use standard precautions for infection prevention, including the proper use of PPE (masks, gloves, sanitizer, etc.).

The Bugoyageshig School will offer testing for all students for whom we receive consent, and it will be required for all staff. Screening will be:

1. Conducted weekly for all students and staff
2. As necessary for any symptomatic individual
3. Available to all students, vaccinated or unvaccinated
4. Required for all staff, vaccinated or unvaccinated

If screening reveals a positive result for a student, the parents/guardians will immediately be notified and CDC guidelines will be followed by quarantine. If screening reveals a positive result for a staff member, Leech Lake policy and protocol will be followed. In all cases, an individual with a positive COVID-19 result will need to quarantine with the medical guidance provided by the CDC and/or Leech Lake Health.

We hope all families will consent to our COVID-19 screening program.

# BUG-O-NAY-GE-SHIG SCHOOL

15353 SILVER EAGLE DR. NW  
BENA, MINNESOTA 56626  
(218) 665-3000  
FAX (218) 665-3024  
1-800-265-5576

## COVID-19 Screening Informed Consent and Waiver

This consent provides the Bugonaygeshig School your permission to perform a COVID-19 screening procedure based on the school's need to maintain a safe environment. Our testing program is aligned to CDC guidelines and offered at no cost to our families. Please contact the school or district office with any questions you may have.

The test used by the Bugonaygeshig School has been allowed for use by the Food and Drug Administration ("FDA"). A test alone may not be sufficient to detect or rule out the possibility that you are infected with COVID-19. You should carefully monitor symptoms, and notwithstanding the results of any testing, you must stay home and should consult with your physician if you experience symptoms of COVID-19.

Privacy Notice: Access to your private information, such as your name and medical information, will be limited to the school's medical staff conducting the test, school administrative staff, and local and state public health staff. Your records are protected under state and federal privacy laws. By providing your consent to be tested, you authorize your information and test results to be shared as described, acknowledge and agree that Bugonaygeshig may disclose test results and information to appropriate tribal, state, or other governmental and regulatory entities as may be permitted by law.

Authorization and Consent for COVID-19 Testing: I voluntarily consent and authorize the Bugonaygeshig School to conduct collection, testing, and analysis for the purpose of COVID-19 screening tests of my child(ren) for the 2021-22 school year. I acknowledge and understand that the screening COVID-19 test will require the collection of an appropriate sample by a district nurse or trained member of the staff through a nasal swab (rapid antigen). I understand that there are risks and benefits associated with undergoing a test for COVID-19 including an incorrect result (false positive or false negative test results). I assume complete and full responsibility to take appropriate action with regards to test results. Should I have questions or concerns regarding my child's results, or a worsening of my child's condition, I shall promptly seek advice and treatment from a medical provider. Indemnification: I hereby agree to indemnify, defend, and hold harmless the District, its Board members individually, administrators, officers, employees, volunteers, COVID-19 testing partners, and agents from any and all claims of responsibility or liability for personal injury, property damage, or loss which may arise from or is in any way connected with the COVID-19 testing provided by Bugonaygeshig.

Acknowledgement: I acknowledge and agree that I have read, understood, and agreed to the statements contained within this form. I have been informed about the purpose of the COVID-19 test being used, procedures to be performed, potential risks and benefits, and any associated costs. I have been provided an opportunity to ask questions before proceeding and I understand that if I do not wish to continue with the collection, testing, or analysis of a COVID-19 test, I may decline to receive continued services for my child(ren).

Please provide information and signatures on the following page.

# BUG-O-NAY-GE-SHIG SCHOOL

15353 SILVER EAGLE DR. NW  
BENA, MINNESOTA 56626  
(218) 665-3000  
FAX (218) 665-3024  
1-800-265-5576

## COVID-19 Screening Informed Consent and Waiver

Consent completed by:

PRINTED NAME: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE (mm/dd/yyyy): \_\_\_\_\_

Has your child received the COVID-19 vaccine? \_\_\_\_\_ (Yes/No) \_\_\_\_\_ (Date)

Has your child previously had a COVID-19 infection? \_\_\_\_\_ (Yes/No) \_\_\_\_\_ (Date)

Please list all of the children for whom you are giving informed consent for the COVID-19 Screening Program:

Printed Name & Grade Level: \_\_\_\_\_

Printed Name & Grade Level: \_\_\_\_\_

Printed Name & Grade Level: \_\_\_\_\_

Printed Name & Grade Level: \_\_\_\_\_

Printed Name & Grade Level: \_\_\_\_\_

## Bug-O-Nay-Ge-Shig Quarantine Protocol

SITUATION	PROTOCOL
If you have are a close contact* of a classmate, someone at school, or in the community at large:	<ul style="list-style-type: none"> <li>● <b>7 Day Quarantine</b></li> <li>● Participate in DL</li> <li>● Return with negative test and symptom free for 24 hours</li> </ul>
If you have a positive COVID case:	<ul style="list-style-type: none"> <li>● <b>14 Day Quarantine</b></li> <li>● Participate in DL</li> <li>● Return after having been symptom free for 24 hours, and no additional positive cases in the household</li> </ul>
If you have a positive case in your household:	<ul style="list-style-type: none"> <li>● <b>14 Day Quarantine</b></li> <li>● Participate in DL</li> <li>● Return with negative test, symptom free for 24 hours, and no additional positive cases in the household</li> </ul>
If you have multiple positive cases in your household:	<ul style="list-style-type: none"> <li>● <b>14 Day Quarantine starts after the last person has completed their isolation</b></li> <li>● This may mean up to a 24 day quarantine</li> <li>● Participate in DL</li> <li>● Return with negative test and symptom free for 24 hours</li> </ul>

\*Close Contact means:

1. Being within 6 feet of a confirmed positive case for 15 minutes or more over a 24 hour period
2. Being a classmate of a confirmed positive case in a K-6 or Niigane classroom
3. Being a classmate of a confirmed positive case for 2 or more periods in the 7-12 classrooms

While in quarantine, individuals are expected to follow CDC recommendations for maintaining effective quarantine practices.

School Staff will follow LLBO Policy & Protocol for quarantine decisions. Additionally, staff who are a close contact at school or who have a positive case in their household will test daily at the school for 7 days, 14 days, or more depending upon the circumstances. Staff who fall into this category will be required to wear a mask during this period, so any staff who has a medical exemption to the mask mandate will be required to quarantine. Staff exposure will be considered on a case by case basis, and School Administration reserves the right to apply unique quarantine parameters based on the scenario.

Staff claiming a medical exemption need to provide documentation from a primary care physician establishing the cause for medical exemption, as well as any other special considerations that may apply regarding the staff member's health and risks associated with COVID-19.