

ARCHDIOCESAN PROTOCOLS
FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS

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ARCHDIOCESAN PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

TABLE OF CONTENTS

Introductory Documents

- Introduction, p. 4
- Emerging Research and Implications, p. 6
- Principles of Reopening, p. 8
- Explanation of Format, p. 9
- A Note on the Protocols, p. 10
- Key COVID-19 Resources for Catholic Schools, p. 10

Health and Safety Protocols

Domain I: Promoting Behaviors That Reduce Spread, p. 11

- Benchmark A: Staying home when appropriate, p. 11
- Benchmark B: Practicing personal hygiene measures, p. 12
- Benchmark C: Social distancing, p. 13

Domain II: Maintaining Healthy Facilities, p. 14

- Benchmark A: Cleaning and disinfecting efforts, p. 14
- Benchmark B: Adequate supplies, p. 14
- Benchmark C: Separate physical space for students with symptoms of COVID-19, p. 15
- Benchmark D: Engineering controls, p. 15

Domain III: Maintaining Healthy Operations, p. 16

Benchmark A: Symptom monitoring and screening, p. 16

Benchmark B: Caring at school for students who become sick with symptoms of COVID-19, p. 16

Benchmark C: Classroom environment, p. 17

Benchmark D: Large-group gatherings, p. 18

Benchmark E: Visitors, p. 18

Benchmark F: Student and employee movement, p. 19

Benchmark G: Food service plans, p. 20

Benchmark H: School and health office operations, p. 20

Benchmark I: Transportation, p. 21

Benchmark J: Communal prayer, the Mass, and other Sacraments, p. 21

Benchmark K: Thresholds for building closures, p. 21

Domain IV: Communicating, Training & Educating, p. 22

Benchmark A: Communications and training, p. 22

Benchmark B: Supporting faith and resilience, p. 23

Benchmark C: Academic continuity and contingency planning, p. 24

Appendix Documents

Additional Resources, p. 25

Sample Distance Learning Framework, p. 26

Educational Modeling, p. 27

Catholic Mutual Cleaning Schedule, p. 28

Sample Area Cleaning Chart from Catholic Mutual, p. 29

Introduction to the *Archdiocesan Protocols*

Educating young people in the light of Christ is foundational to the mission of the Catholic Church. While the Church has carried out this work of education in the midst of social, health, and political crises, the current global COVID-19 pandemic has prompted unprecedented reflection on education and the central role of the physical school community in promoting the academic, spiritual, and emotional growth of the child. In preparing for the start of the 2020-21 school year, our local Church and the wider educational community throughout the state and the country will be required to make morally responsible decisions for how we educate the future citizens and leaders of our society during a pandemic, with special consideration for those children who are the most vulnerable among us. With the information that is currently available, we affirm that the most prudent decision for Catholic schools is to plan for the safe reopening of its school buildings at the start of the 2020-21 school year. We invite you to continue reading to learn more about the considerations that went into making this decision and the plans we have to prioritize health and safety in the upcoming academic year.

What We Have Learned: Since the Archdiocese made the recommendation to close its Catholic school buildings in March 2020 in response to the early stages of the COVID-19 pandemic, new scientific research with implications for reopening of schools has started to emerge. While we recognize that science is advancing daily, a current summary of scientific research with implications for the reopening of schools is summarized in the next section. In addition to the emerging research on COVID-19, we have learned that there are significantly adverse physical, academic, social and emotional consequences for many children when school buildings close. We have learned that some COVID-19 educational policies can disproportionately affect students of color and vulnerable families and children.

Morally Responsible Educational Leadership: While the research on COVID-19 and the research on the effects of school building closure on students and families is still emerging, it has become clear that there are risks in opening school buildings and risks in *not* opening school building. When it comes to partnering with families to provide for the educational needs of their children during a pandemic, the question before educational leaders is determining the responsible way to proceed in educating children when there are no risk-free options. Science can help inform our considerations. It is an essential data point. Ultimately, though, we are faced with a decision about moral value. Educational leaders must exercise prudential wisdom through morally responsible leadership to weigh the many risks and benefits and prudently chose the course of action that is best suited to provide for the good of all.

Responsible Planning and Transparent Communication: In order to welcome students back into the school building, we have responsibly planned and will take a number of action steps to lower the risk of COVID-19 transmission and intend to transparently communicate with all stakeholders throughout the implementation of these processes and procedures. These action steps required for all our Catholic schools are contained in this document, *Archdiocesan Protocols for Safely Reopening Catholic School Buildings*. When taken as a whole, these protocols create a framework that provide multiple safeguards that reduce the spread of COVID-19.

As the CDC has recently noted, these steps are similar to the layers of protections that exist when driving our cars. They include strategies that each individual can take, such as using your seat belt, as well as environmental strategies, such as speed limits, and social expectations like requiring a test to get a driver's license. Like we reduce the risk of driving, stacking these best practices with several layers of safeguards in a school help reduce the spread of COVID-19 and therefore lower the risks when we re-open our Catholic school buildings in the fall.

Culture of Health and Safety: The protocols are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk. Our schools are not depending on one mitigation strategy, but a combination of all these strategies that when taken together substantially reduce the risk of transmission. In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.

Educating Together: Each Catholic school is preparing to implement these special sets of policies and procedures for pandemic preparedness and response in order to help keep our Catholic school children, employees, and community safe and healthy. We recognize that the decision to return to school this fall is a deeply personal decision for each family. We pray for all our families, as they too have to make prudential decisions based on a multitude of considerations of their own particular situation. We ask for the prayers of the entire Catholic school community as we all seek the wisdom and courage to continue our sacrificial work for the sake of one of our noblest endeavors—the education of our children.

Emerging implications from the medical literature on childhood susceptibility to and transmission of COVID-19

A. Excerpt from the American Academy of Pediatrics (June 25, 2020):

Policy makers must also consider the mounting evidence regarding COVID-19 in children and adolescents, including the role they may play in transmission of the infection. SARS-CoV-2 appears to behave differently in children and adolescents than other common respiratory viruses, such as influenza, on which much of the current guidance regarding school closures is based. Although children and adolescents play a major role in amplifying influenza outbreaks, to date, this does not appear to be the case with SARS-CoV-2. Although many questions remain, the preponderance of evidence indicates that children and adolescents are less likely to be symptomatic and less likely to have severe disease resulting from SARS-CoV-2 infection. In addition, children may be less likely to become infected and to spread infection. Policies to mitigate the spread of COVID-19 within schools must be balanced with the known harms to children, adolescents, families, and the community by keeping children at home.

B. The State of Massachusetts has published one of the most accessible and up-to-date summaries of the emerging themes and implications from the medical literature as it relates to children, COVID-19, and schools. In an open letter, Massachusetts' Commissioner of Education Jeffery C. Riley writes: "In discussions with infectious disease physicians, other medical advisers, and the COVID-19 Command Center's Medical Advisory Board, we were heartened to learn that – based on current data and research – the medical community supports the return of our students to in-person learning, with appropriate health and safety guardrails in place." The following section "Emerging implications from the medical literature" is reprinted from *Initial Fall School Reopening Guidance* published by the Massachusetts Department of Elementary and Secondary Education, June 25, 2020:

This section summarizes some of the emerging themes and implications from the medical literature on childhood susceptibility to and transmission of COVID-19 as of mid-June 2020. Because COVID-19 is a novel disease, this literature is growing rapidly, and new information is emerging almost every day. Our guidance will continue to evolve as the science develops.

At this time, the evidence suggests schools have not played a significant role in COVID-19 transmission and that children, particularly younger children, are less likely than adults to be infected with COVID-19. Furthermore, if they become infected, it appears children may be less likely to transmit COVID-19 to others. Based on these initial findings, the health and safety requirements throughout this guidance, as well as considering the key features of school programming at different grade spans, the current evidence supports a safe in-person return to school with implementation details varying for elementary schools (including pre-kindergarten programs), middle schools, and high schools.

- ***Schools do not appear to have played a major role in COVID-19 transmission.*** In a review of COVID clusters, only 4% (8 of 210) involved school transmission.¹ In a case study from New South Wales Australia, after 18 cases were found in schools (12 in high schools and 6 in primary schools), only 0.3% of student contacts were infected (1 in 695 individuals in 10 high schools

¹ Leclerc, Q. J., Fuller, N. M., Knight, L. E., Funk, S., Knight, G. M., & CMMID COVID-19 Working Group. (2020). What settings have been linked to SARS-CoV-2 transmission clusters?. *Wellcome Open Research*, 5(83), 83. Available at <https://wellcomeopenresearch.org/articles/5-83/v2>

and 1 in 168 individuals in primary schools). No teachers or staff were infected.² Additional studies are included in Appendix A.

- ***In general, rates of COVID-19 infection are lower for children than for adults.*** Based on an analysis of data from six countries, children under 20 are half as susceptible to COVID-19 infection than adults.³ Furthermore, although children under the age of 18 make up 22% of the U.S. population, they account for less than 2% of all cases of COVID-19.⁴ In Massachusetts, children under the age of 19 were about four times less likely than the population at large to be diagnosed with COVID-19.⁵ Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).⁶ Additional studies are included in Appendix A.
- ***If exposed, children may be less likely to become infected with COVID-19.*** A meta-analysis of studies from several countries found that children were only 44% as likely as adults to become infected after exposure (note: pre-print study).⁷ In China, in households with COVID-19 exposure, children under the age of 18 were infected at a rate of 4% compared with 17% for adults.⁸ Additional studies are included in Appendix A.
- ***If infected, it appears children may be less likely to infect others with COVID-19.*** Most transmissions are from adults to children, rather than vice versa; this is different from some other respiratory viruses (note: pre-print study).⁹ In a U.S. study of 15 households, 73% of transmissions were from adult to child (the remaining were child-to-child or child-to adult).¹⁰ Additional studies are included in Appendix A.

* Appendix A can be found in the full document: <https://www.mass.gov/doc/dese-fall-reopening-guidance/download>.

² National Centre for Immunisation Research and Surveillance (NCIRS) (2020). COVID-19 in schools – the experience in NSW. Available at http://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20COVID_Summary_FINAL%20public_26%20April%202020.pdf

³ Davies, N.G., Klepac, P., Liu, Y. *et al.* Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0962-9>

⁴ Coronavirus Disease 2019 in Children — United States, February 12–April 2, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:422–426. DOI: <http://dx.doi.org/10.15585/mmwr.mm6914e4>

⁵ <https://www.mass.gov/info-details/covid-19-response-reporting>

⁶ Davies, N.G., Klepac, P., Liu, Y. *et al.* Age-dependent effects in the transmission and control of COVID-19 epidemics. *Nat Med* (2020). <https://doi.org/10.1038/s41591-020-0962-9>

⁷ Viner, R. M., Mytton, O. T., Bonell, C., Melendez-Torres, G. J., Ward, J. L., Hudson, L., ... & Panovska-Griffiths, J. (2020). Susceptibility to and transmission of COVID-19 amongst children and adolescents compared with adults: a systematic review and meta-analysis. *medRxiv*. Available at <https://www.medrxiv.org/content/10.1101/2020.05.20.20108126v1>

⁸ Wei Li, Bo Zhang, Jianhua Lu, Shihua Liu, Zhiqiang Chang, Cao Peng, Xinghua Liu, Peng Zhang, Yan Ling, Kaixiong Tao, Jianying Chen, Characteristics of Household Transmission of COVID-19, *Clinical Infectious Diseases*, , ciaa450, <https://doi.org/10.1093/cid/ciaa450>

⁹ Zhu, Y., Bloxham, C. J., Hulme, K. D., Sinclair, J. E., Tong, Z. W. M., Steele, L. E., ... & Gilks, C. (2020). Children are unlikely to have been the primary source of household SARS-CoV-2 infections. Available at <https://www.medrxiv.org/content/10.1101/2020.03.26.20044826v1>

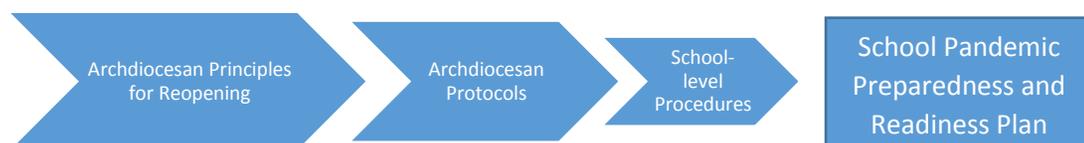
¹⁰ Mannheim, J., Gretsch, S., Layden, J. E., & Fricchione, M. J. (2020). Characteristics of Hospitalized Pediatric COVID-19 Cases—Chicago, Illinois, March–April 2020. *Journal of the Pediatric Infectious Diseases Society*. Available at <https://academic.oup.com/jpids/advance-article/doi/10.1093/jpids/piaa070/5849922>

Principles for Safely Reopening Catholic School Buildings

The principles articulated below form the backbone for all deliberations as they relate to reopening Catholic school buildings in the Archdiocese of Saint Paul and Minneapolis for the beginning of the 2020-21 academic year. These principles guide the creation of the *Archdiocesan Protocols for Safely Reopening Catholic School Buildings*. The goal of the *Archdiocesan Protocols* is a responsible and prudent approach to reopening our school buildings. School leaders are encouraged to utilize these principles as they consider the practical details and establish appropriate school-level processes and procedures.

- **Mission-aligned:** Protocols are aligned with the mission of Catholic education.
- **Tailored to Catholic schools:** Protocols meet the unique capabilities and needs of Catholic schools which may be distinct from other public educational institutions.
- **Safeguarding high quality education:** Protocols help ensure that Catholic schools provide a high quality education that advances excellence for every student in all areas of their lives.
- **Research-based:** Protocols are grounded in the most current research and infectious disease mitigation strategies.
- **Broad:** Protocols are overarching, high-level that allow for school-specific modification and implementation.
- **Feasible:** Protocols can be implemented at a systems-level with minimal time for training.
- **Flexible:** Protocols are flexible enough to be able to respond to changes in community spread or public health guidance and the publication of new research.
- **Accessible:** K-8 Catholic schools will have access to the resources needed to implement protocols.
- **Fiscally responsible:** Protocol implementation is financially viable and reflects responsible stewardship.

The following graphic illustrates how the Archdiocesan Principles for Reopening relate to the creation of the school-level Pandemic Preparedness and Readiness Plan (PPRP). The Archdiocesan Principles for Reopening drive the development of the *Archdiocesan Protocols* which set the requirements for school-level procedures found in the PPRP.



Explanation of Format

ARCHDIOCESAN PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

<p>DOMAIN: The health and safety practices are divided into four overarching domains that describe the key areas for pandemic preparedness and response. The four domains are highlighted in blue.</p>			
<p>Benchmark: Each of the four domains has a series of benchmarks to assist schools in recognizing health and safety practices in the four domains for reopening Catholic school buildings. The benchmarks are highlighted in yellow.</p>			
<p>Protocols</p> <p>This column articulates the high-level requirement that must be implemented in order to meet the Benchmark. These high-level requirements are called Protocols. Schools must have procedures or processes in place to implement each Protocol.</p>	<p>Resources</p> <p>This column is reserved for links to resources to guide school’s implementation of the Protocols. These resources include public health guidance, like recommendations from MDH and CDC.</p>	<p>School Level Procedures</p> <p>This column is reserved for school-level processes and procedures. Each Catholic school completes this column for its own school. This column is the substance of the school’s Pandemic Preparedness and Response Plan. Following the requirements stated in the Protocol and with consideration to the references and guidance documents provided in Resources, schools develop their school-level processes and procedures to meet the Benchmark. Schools keep track of the most recent review or revision date of the procedures in the column to the left.</p> <p>It is expected that some school-level processes and procedures will be considered interim and may change as more information becomes available.</p>	<p>Date</p> <p>Most recent review or revision date for procedures and processes developed at the school-level.</p>

ARCHDIOCESAN PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

A NOTE ON THE PROTOCOLS:

When taken as a whole, these Protocols outlined below create a framework that provides multiple safeguards that reduce the spread of COVID-19. As the CDC has recently noted, these steps are similar to the layers of protections that exist when driving our cars. They include strategies that each individual can take, such as using your seat belt, as well as environmental strategies, such as speed limits, and policies like requiring a test to get a driver's license. Stacking these best practices with several layers of safeguards help reduce the spread of COVID-19 and lower the risks when we re-open our Catholic school buildings in the fall.

In order to welcome students back into the school building, Catholic schools will use these Protocols to responsibly plan, transparently communicate, and implement a number of action steps to lower the risk of COVID-19 transmission. **As school leaders prepare the PRRP for their schools, it is important to remember that it is not one mitigation strategy, but a *combination* of all these strategies taken together that will substantially reduce the risk of transmission.** The Protocols are intended to mitigate, not eliminate, risk. No single action or set of actions will completely eliminate the risk of COVID-19 transmission, but implementation of several coordinated interventions can greatly reduce that risk. In other words, establishing a culture of health and safety in our schools that focuses on regularly enforcing these important practices is more important than any one measure.

Some school-level processes and procedures that are developed in the month of July may need to be considered “interim.” As more information is made available throughout the summer and into the start of the 2020-21 school year, it is expected that interim school-level processes and procedures will be reviewed and revised as needed. The Archdiocese will continue to provide guidance as more information becomes available.

KEY HEALTH AND SAFETY COVID-19 RESOURCES FOR SCHOOLS FOR SCHOOL PROCEDURES DEVELOPMENT

[MDH SCHOOL PLANNING GUIDE](#) (MDH)

[CONSIDERATIONS FOR K-12 SCHOOLS: READINESS AND PLANNING TOOL](#) (CDC)

[COVID-19 Planning Considerations: Guidance for School Re-entry](#) (AAP)

ARCHDIOCESAN HEALTH & SAFETY PROTOCOLS FOR SAFELY REOPENING CATHOLIC SCHOOL BUILDINGS

DOMAIN I: PROMOTING BEHAVIORS THAT REDUCE SPREAD			
<p>Benchmark A: <i>Staying home when appropriate</i></p> <p><i>Only students, employees, and visitors who show no signs of illness are present in the school building. Students who were sick and are no longer symptomatic are returning to school at the advice of the student’s health care provider.</i></p>			
<p><i>Protocol 1:</i> Students and employees are required to stay home when they are sick. Schools must promptly send children and employees home when they display symptoms of COVID-19 illness.</p>	<p>(Resources)</p> <p>MDH: If You Are Sick: COVID-19</p> <p>CDC: Coronavirus Disease 2019: Symptoms</p>	<p>(EXAMPLES of School Level Procedures)</p>	<p>(Date)</p>
<p><i>Protocol 2:</i> When determining when students or employees may return to school, schools will follow the directives of an individual’s health care provider. In the event that no advice has been sought or given, schools will use guidelines provided by public health officials.</p>	<p>MDH: If You Are Sick: COVID-19: How long to stay home if sick</p> <p>MDH: Decision Tree</p> <p>MDH: COVID-19 and When to Return to Work</p>		
<p><i>Protocol 3:</i> Eliminate or prudently modify employment and student attendance policy incentives that could cause a student or employee to come to school when ill (e.g., “perfect attendance awards”).</p>			

<p><i>Protocol 4:</i> Schools will designate an employee to be the primary COVID-19 Designated Point of Contact and a different employee to serve as a back-up COVID-19 Designated Point of Contact if the primary COVID-19 Designated Point of Contact is unavailable. This Point of Contact is responsible for responding to COVID-19 concerns (e.g. school nurse, head of school). All school employees and families should know who these individuals are and how to contact them.</p>	<p>MDH Planning Guide for Schools, p. 4</p>		
<p><i>Protocol 5:</i> Schools will inform families and employees of the public-health recommendations for quarantining after exposure to COVID-19.</p>	<p>MDH School Planning Guide, pp. 12-13</p> <p>MDH: What to do if you have had close contact with a person with COVID-19</p>		
<p><i>Benchmark B: Practicing personal hygiene measures</i></p> <p><i>Basic infection prevention measures are being implemented at the school. All members of the school community are practicing personal hygiene measures, including proper hand hygiene and respiratory etiquette.</i></p>			
<p><i>Protocol 1:</i> Schools will teach and reinforce proper handwashing hygiene.</p>	<p>MDH: Hand Hygiene</p> <p>MDH: Teaching Hand Hygiene</p> <p>MDH: Hand Hygiene for Schools and Child Care</p>	<p>Practicing Proper Handwashing Hygiene at Saint Mary’s means that students and employees are washing their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of the school day, prior to any mealtimes, after meals/snacks and after using the restroom.</p> <p>Our school will teach employees proper handwashing techniques and provide resources for teachers to teach their students proper handwashing techniques. Proper handwashing techniques include washing hands with soap and water for at least 20 seconds. If soap and water are not readily available, hand sanitizer that contains at least</p>	

		60% alcohol can be used (only for employees and older students who can safely use hand sanitizer).	
<i>Protocol 2:</i> Schools will monitor compliance in a practicable manner to help ensure adherence among students.			
<i>Protocol 3:</i> Schools will teach and reinforce respiratory etiquette.	MDH: Cover Your Cough CDC: Cloth Face Covering Guidance MDH School Planning Guide, pp. 7-8	<p>Practicing Proper Respiratory Etiquette at Saint Mary’s means that members of the school community are 1) covering coughs and sneezes with a tissue 2) throwing used tissues in the trash and 3) washing hands using handwashing protocols after coughing or sneezing. If tissues are not immediately available, students and employees are coughing or sneezing into their elbow.</p> <p>Our school will</p> <ol style="list-style-type: none"> 1) Educate all employees on proper respiratory etiquette. 2) Require teachers to instruct and remind students weekly of proper respiratory etiquette 3) Ask that teachers discreetly encourage individual students to practice proper respiratory etiquette on an as-needed basis. 	
<i>Protocol 5:</i> Schools will encourage students to avoid touching their faces.			
<p><i>Benchmark C: Social distancing</i></p> <p><i>Schools implement appropriate social distancing practices to reduce the spread of disease.</i></p>			
<i>Protocol 1:</i> Schools will consider all public health recommendations for social distancing and implement those that are reflective of students’ ages and abilities; without negative impact on the learning and social-emotional environment; and responsive to the	MDH: COVID-19 Prevention Guidance		

level of community spread in the wider local community.			
DOMAIN II: MAINTAINING HEALTHY FACILITIES			
<p>Benchmark A: Cleaning and disinfecting efforts</p> <p><i>Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of classroom surfaces, restrooms, lunch rooms, meeting rooms, and drop-off and pickup locations. More frequent cleaning and disinfecting is conducted in high-touch areas, such as door handles, elevator panels, and hand railings.</i></p>			
<p><i>Protocol 1:</i> Schools will develop a schedule for increased, routine cleaning and disinfecting.</p>	<p>Appendix D: Cleaning Log</p>		
<p><i>Protocol 2:</i> Schools will identify frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and clean all frequently touched surfaces daily or between use as much as practicable.</p>	<p>MDH Playground Guidance MDH COVID-19 Cleaning and Disinfecting Guidance</p>		
<p><i>Protocol 3:</i> Schools will ensure safe and correct use and storage of cleaning and disinfecting products, including always storing products securely away from children, and using products that meet EPA disinfecting criteria.</p>	<p>MDH School Planning Guide, pp. 9-10</p>	<p>St. Mary’s will follow all “Right to Know” for chemicals and will provide the Safety Data Sheet and training for each chemical.</p>	
<p>Benchmark B: Adequate supplies</p> <p><i>Appropriate and effective cleaning and disinfecting supplies have been purchased and are available for use in accordance with product labels, safety data sheets and manufacturer specifications and are being used with required personal protective equipment for the product.</i></p>			
<p><i>Protocol 1:</i> Schools will provide adequate supplies for implementing cleaning and disinfecting.</p>	<p>School Cleaning Supplies IEA Creating your Restart Blueprint for COVID-19</p>		

<p>Benchmark C: Separate physical space for students with symptoms of COVID-19</p> <p><i>Schools have a space for students with symptoms of COVID-19. This space is supervised, safe, and regularly cleaned.</i></p>			
<p><i>Protocol 1:</i> Schools will identify a supervised space or area to temporarily separate anyone who has COVID-19 symptoms until they can leave the building. This space will be regularly cleaned and sanitized.</p>	<p>MDH Cleaning and Disinfecting Guidance, pp. 3-5</p> <p>Catholic Mutual recommends that schools consider having this room close to an exit door, if possible.</p>		
<p><i>Protocol 2:</i> Schools will establish procedures to decrease the risk of spread among (or to) employees who are responsible for supervising students who have COVID-19 symptoms.</p>	<p>Catholic Mutual recommends that those responsible for supervising students who have COVID-19 symptoms be provided person protective equipment, including mask, shield, gloves, and gown when possible.</p>		
<p>Benchmark D. Engineering controls</p> <p><i>All HVAC and plumbing systems are operating in a way that promotes a healthy environment. As much fresh air as possible is being brought into the workplace, air recirculation is being limited and ventilation systems are being properly used and maintained.</i></p>			
<p><i>Protocol 1:</i> Schools will monitor ventilation systems such that they operate properly and increase circulation of outdoor air as much as possible (e.g., by opening windows and doors).</p>	<p>CDC Building Reopening</p>		
<p><i>Protocol 2:</i> Schools will take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use.</p>	<p>MDH Planning Guide, p. 13</p> <p>CDC Building Reopening</p>		

DOMAIN III: MAINTAINING HEALTHY OPERATIONS			
<p>Benchmark A: Symptom monitoring and screening</p> <p><i>Families, students, and employees have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19 through regular health checks.</i></p>			
<p><i>Protocol 1:</i> Schools will articulate expectations for regular health checks at home and at school (e.g., temperature screening and/or symptom checking) of employees and students.</p>	<p>MDH School Planning Guide, pp. 10-12</p> <p>Catholic Mutual recommends posting videos on website and sending reminders about home health checks via email, letters and calls every day of the first week of school as parents and families are building back-to-school routines.</p>		
<p><i>Protocol 2:</i> Health checks that occur at school will be conducted safely and protect student’s privacy.</p>	<p>CDC Supplemental Guidance for Childcare</p> <p>CDC General Business FAQ</p> <p>Catholic Mutual requires a separate health file and form for each person. Health information must be kept in a confidential and secure location.</p>		
<p>Benchmark B: Caring at school for students who become sick with symptoms of COVID-19</p> <p><i>Any student who displays symptoms of COVID-19 is separated from other classmates and is picked up by a parent or guardian as soon as possible. Families are provided information by the COVID-19 points of contact.</i></p>			
<p><i>Protocol 1:</i> Schools will separate employees and students who develop COVID-19 symptoms (such as fever,</p>	<p>MDH School Planning Guide, pp. 12-13</p>		

<p>cough, or shortness of breath) while at school.</p>			
<p><i>Protocol 2:</i> Students who develop COVID-19 symptoms while at school will be taken to a separate, supervised physical space until a parent/guardian is able to pick up the student.</p>	<p>MDH School Planning Guide, pp. 12-13</p>		
<p><i>Protocol 3:</i> The school’s COVID-19 point of contact person will communicate with the student’s family regarding current public health guidance for caring for others who are sick, the school’s procedures for the student to return to school and reporting of any diagnosed case of COVID-19.</p>	<p>MDH School Planning Guide, pp. 12-13</p>		
<p><i>Benchmark C: Classroom environment</i></p> <p><i>With consideration to the Principles of Reopening, schools will implement appropriate procedures in light of its educational plan and its physical building to reduce the spread of disease.</i></p>			
<p><i>Protocol 1:</i> In the development of their schedules and classroom procedures, schools have implemented public health recommended strategies at the classroom-level to mitigate the spread of disease.</p>	<p>MDH School Planning Guide</p>		
<p><i>Protocol 2:</i> To the degree possible, schools will limit the use of shared objects (e.g., gym or physical education equipment, art supplies, toys, games) or clean them between use.</p>	<p>CDC Considerations for Schools (Shared Objects)</p> <p>Catholic Mutual recommends that all rugs and moveable carpets in classroom be replaced with individual mats.</p>		

<p>Benchmark D: Large-group gatherings (e.g. assemblies and field trips)</p> <p><i>With consideration to the Principles of Reopening, schools have implemented appropriate procedures to mitigate the spread of disease during all large-group gatherings (e.g. assemblies and field trips).</i></p>			
<p><i>Protocol 1:</i> Schools will limit large, in-school group events, gatherings, or meetings during the school day.</p>	<p>CDC Considerations for Schools (Modified Layouts; Communal Spaces)</p>		
<p><i>Protocol 2:</i> Schools will pursue virtual activities and events where practicable in lieu of large group gatherings such as field trips, student assemblies, special performances, school-wide parent meetings, and spirit nights, as practical.</p>	<p>MDH School Planning Guide</p>		
<p><i>Protocol 3:</i> Schools will pursue options to convene sporting events and participation in sports activities in ways that minimizes the risk of transmission of COVID-19 to players, families, coaches, and communities.</p>	<p>MDH Sports Guide</p> <p>Minnesota State High School League COVID-19 Updates</p>		
<p>Benchmark E: Visitors</p> <p><i>Schools admit only those people who are essential for continuing school operations or maintaining the academic environment.</i></p>			
<p><i>Protocol 1:</i> All visitors to the school will follow all school-defined safety and personal hygiene procedures for entering the school.</p>	<p>MDH: Visitor and Employee Health Screening Checklist</p>	<p>Saint Mary’s will require each visitor to the building to verbally affirm that they have no symptoms of COVID-19 that cannot be attributed to another health condition according to the <i>Visitor and Employee Health Screening Checklist</i>. Visitors will be informed of and required to follow Saint Mary’s expectations for practicing hand hygiene and respiratory etiquette.</p>	
<p><i>Protocol 2: Parents and Volunteers</i></p> <p>Schools will have a plan for entrance and movement within the school building for parents and volunteers to minimize exposure.</p>			

<p><i>Protocol 3: Prospective Families</i></p> <p>Schools will have a plan for entrance and movement within the school building for prospective students and families to minimize exposure.</p>			
<p><i>Protocol 4: Vendors</i></p> <p>Schools will have a plan for entrance and movement within the school building for vendors to minimize exposure.</p>			
<p><i>Protocol 5: Guests</i></p> <p>As much as possible, schools will limit guests, activities, and facilities use involving external groups or organizations – especially with individuals who are not from the local geographic area.</p>			
<p><i>Benchmark F: Student and employee movement: entrance, movement within the building, and dismissal</i></p> <p><i>With consideration to the Principles of Reopening, schools have implemented appropriate procedures to mitigate the spread of disease while students and employees are moving into, out of, and throughout the school building.</i></p>			
<p><i>Protocol 1:</i> Schools will review their student arrival and dismissal procedures with consideration of public health recommendations strategies to reduce the spread of disease.</p>	<p>MDH School Planning Guide, pp. 12-13</p>		
<p><i>Protocol 2:</i> Schools will develop procedures for student movement throughout the building during the school day.</p>	<p>MDH School Planning Guide, pp. 12-13</p> <p>CDC Considerations for Schools</p>		

<p><i>Protocol 3:</i> Schools will develop procedures for employee use of all shared common work spaces (e.g. lounges, restrooms, common offices, meeting spaces, work rooms).</p>	<p>CDC Considerations for Schools</p>		
<p><i>Protocol 4:</i> Schools will review their procedures for bathroom use.</p>	<p>CDC Considerations for Schools</p>		
<p><i>Protocol 5:</i> Schools will review their procedures for the use of communal spaces (e.g. gym, playground, library, narthex).</p>	<p>CDC Considerations for Schools</p>		
<p>Benchmark G: Food service plans <i>Schools have implemented appropriate procedures to mitigate the spread of disease during meal time at school.</i></p>			
<p><i>Protocol 1:</i> Schools will review their procedures and schedules for food service (e.g. breakfast, snack, lunch).</p>	<p>MDH School Planning Guide, p. 5 MDH: Hand Hygiene for Food Handlers MDH COVID-19 Prevention Guidance, p. 4 CDC Considerations for Schools (Food Service)</p>		
<p>Benchmark H: School and health office operations <i>Schools have implemented appropriate procedures to mitigate the spread of disease in school and health office operations.</i></p>			
<p><i>Protocol 1:</i> Schools will analyze and adjust their physical space and front office procedures with consideration of public health recommended strategies to reduce the spread of disease.</p>	<p>MDH School Planning Guide, p. 4-6 CDC Considerations for Schools</p>		

<i>Protocol 2:</i> Schools will review all procedures related to access and use of the health office.	MDH School Planning Guide		
<p><i>Benchmark I: Transportation</i></p> <p><i>Schools have implemented procedures to mitigate the spread of disease while transporting students.</i></p>			
<i>Protocol 1:</i> Schools that manage their own transportation will analyze and adjust their transportation procedures and ensure availability of back-up drivers.	MDH School Planning Guide , p. 14 CDC Considerations for Schools (Transportation)		
<i>Protocol 2:</i> Schools who rely on their district for transportation will review district protocols and develop a contingency plan if the district is unable to provide transportation.			
<p><i>Benchmark J: Communal prayer, the Mass, and other Sacraments</i></p> <p><i>Schools have procedures for communal prayer and the celebration of the sacraments consistent with parish protocols.</i></p>			
<i>Protocol 1:</i> Schools will analyze and adjust their Mass schedule, liturgical practices and traditions to ensure that all public celebrations of the Mass and other sacraments comply with Archdiocesan and parish requirements.	The pastor or canonical administrator will provide direction on parish protocols.		
<p><i>Benchmark K: Thresholds for building closures</i></p> <p><i>Heads of School are actively monitoring and addressing community spread of COVID-19 as it relates to decisions about short-term or long-term closure of the school building.</i></p>			
<i>Protocol 1:</i> School Level: Schools will develop transparent criteria for implementing a short-term closure of	Awaiting Final Guidance		

<p>their school building. The Head of School and Pastor will consult with the Archdiocesan Director for Catholic Education before announcing short-term closures.</p>			
<p><i>Protocol 2:</i> Systems Level: If the governor of Minnesota declares that all public school systems across the state will close, Catholic schools will follow the Archbishop’s determination on how Catholic schools will respond.</p>			
<p><i>Protocol 3:</i> If the local public school district declares that its local public school or district will close, the Head of School and Pastor will be responsible for making a decision for its own school and will consult the Archdiocese as needed.</p>			
<p>DOMAIN IV: COMMUNICATING, TRAINING & EDUCATING</p>			
<p><i>Benchmark A: Communications and training</i></p> <p><i>Schools have effectively communicated their health and safety plan to all stakeholders. Parents, staff, teachers, and all others in the school community have been educated on the health and safety procedures for shared involvement and responsibility.</i></p>			
<p><i>Protocol 1:</i> Schools will post signs in highly visible locations (e.g., school entrances, restrooms) that promote every day protective measures and describe how to stop the spread of germs (such as by properly washing hands).</p>			
<p><i>Protocol 2:</i> Schools will make regular, routine communications on reducing the spread of COVID-19.</p>			

<p><i>Protocol 3:</i> Schools will educate employees, students and families about when they/their child(ren) should stay home and when they may return to school if they have been sick, even prior to school opening.</p>			
<p><i>Protocol 4:</i> Schools will train all employees, students, families, and community members (including volunteers) in school-level procedures found in the Pandemic Preparedness and Response Plan (PPRP).</p>			
<p><i>Protocol 5:</i> The school will develop a plan for communicating a verified report of a student or employee who has tested positive for COVID-19.</p>	<p>MDH Planning Guide, p. 12-13</p>		
<p><i>Protocol 6:</i> Schools will communicate to families and staff their process for determining school-building closure.</p>			
<p><i>Benchmark B: Supporting faith and resilience</i></p> <p><i>Schools will encourage prayer for prudent courage in the face of the virus and draw upon the riches of the Catholic tradition to help students and employees to trust in God’s providential care in the midst of turmoil and disruption.</i></p>			
<p><i>Protocol 1:</i> Schools will be mindful of the appropriate amount of COVID-19 information that is shared based on the development level of children.</p>			
<p><i>Protocol 2:</i> Schools will be attentive and responsive to the social, spiritual, physical, and emotional needs of students and families.</p>			

Benchmark C: Instructional continuity and contingency planning			
<i>Consistent with their academic programs, schools will have plans to provide an approach to hybrid learning and to efficiently transition to distance learning if needed.</i>			
<i>Protocol 1: According to their ability, schools will have a plan to provide educational continuity for children who may not be able to be present in the school building for in-person learning (e.g. due to underlying health conditions, mental health concerns or a need to quarantine due to exposure to COVID-19).</i>	See Appendix B & C		
<i>Protocol 2: According to their ability, schools will be prepared to implement short-term and long-term distance learning plans if in-person learning should be suspended for all students in the school.</i>	See Appendix B & C		

APPENDIX

APPENDIX A: Additional Resources

Resources listed here do not indicate Archdiocesan approval or endorsement

ADDITIONAL HEALTH AND SAFETY COVID-19 RESOURCES FOR SCHOOLS

[2020-21 MDE MINNESOTA PUBLIC SCHOOLS PLANNING GUIDE](#) (MDE)

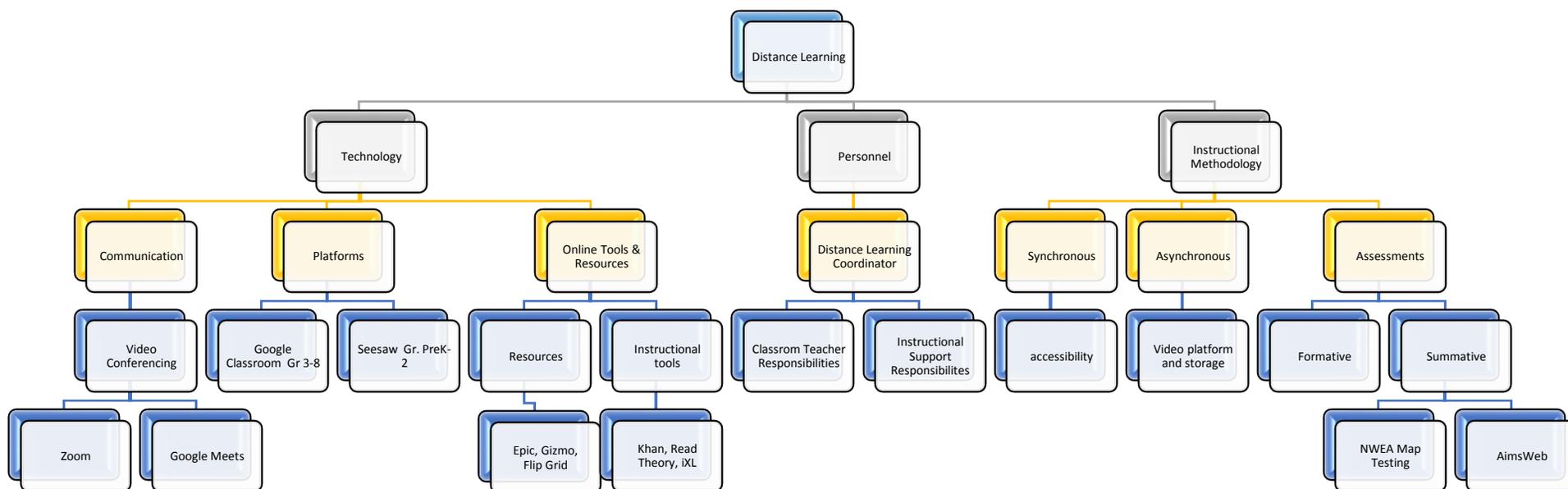
[IEA Resources](#) (provided by Catholic Mutual)

[Initial Fall Reopening Guide](#) (State of Massachusetts)

[Recommendations for Reopening](#) (Sick Kids Children's Hospital, Canada)

APPENDIX B: Sample of Distance Learning Planning Framework

Named resources are examples of possible options. They are not endorsements or recommendations.



APPENDIX C: Educational Planning Models

One of the most critical decisions each school needs to consider is how to meet the academic needs of all students – those who will learn in person and those who are unable to receive instruction in school and desire virtual instruction.

Three Models for Learning:

- All students learn at school in a newly modified traditional model.
- All students learn from home – distance learning.
- A hybrid model that provides some students learning at school and some at home.

It is important to make plans that are flexible and can adapt to the ever-changing needs of your community. Every plan should consider the possibility that at some point in the 2020-2021 academic year, if there is a significantly elevated health risk, schools will need to shift to distance learning. Choices surrounding technology, responsibilities for personnel, and instructional methodology should be flexible enough to adjust to the change in educational modeling.

Questions to consider after reflecting on distance learning during the spring 2020

Technology

What platforms will best support/organize learning experience for students, teachers, and parents?

What online educational resources will help students in school and at home meet their learning goals?

What communication tools will provide access to learning for students utilizing distance learning?

Personnel

What are the expectations of your teachers for managing the learning of students at school and home?

Who will be responsible for overseeing learning from home?

How will all students with learning plans have their needs met if they are learning from home?

Instructional Methodology

If some or all students are learning from home at any point in the school year how will the instruction be delivered – synchronous or asynchronous lessons?

How will all students be assessed – formative and summative – if some students are learning from home? How do you ensure academic integrity?

APPENDIX D: Cleaning Log from Catholic Mutual

Cleaning Log

Date:

Time	Area Cleaned	Initials

APPENDIX E: Sample Area Cleaning Chart from Catholic Mutual

Space	How Often to Clean & Disinfect	When to Clean & Disinfect	Who is Responsible
COMMON AREAS			
Main Entrance/Vestibule Door Handles and Electronic Door Assist Buttons Main Office Door Handles Bottle Fillers Check-In Counters/Front Office Counters Handrails Elevator Buttons Vending Machine Buttons, Cash Input/Output surfaces, pickup slot door Tables/Chairs in Common Areas	3 times/day	Input times	Input names and times per person
MAIN OFFICE & TEACHERS LOUNGE			
Door Handles/Inside & Outside Tables Desks Chairs - Armrests, Grip Areas Phones and Computers Break Room - Tables, Chairs, Appliance Handles, Cabinet Pulls. Remove all shared condiments	1 time/day	Input time	Input names and times per person
CLASSROOMS			
Door Handles Identify all touch points during open/closing Door Frames Light Switches Table Tops Desks Chairs (include hand grips) Cabinet handles/Pulls and Front of Doors Sink Faucets and Front Edge of Sink	1 time/day	Input time	Input names and times per person