

ST. MARY'S SCHOOL PROTOCOLS FOR SAFELY REOPENING

PLANNED DEVELOPED WITH THE: ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS, DIOCESE OF NEW ULM

2020-2021 SCHOOL YEAR

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***THE FOLLOWING PROTOCOLS MAY CHANGE DUE TO RECOMMENDATIONS FROM THE CENTER FOR DISEASE CONTROL, MINNESOTA DEPARTMENT OF HEALTH,
DIOCESE OF NEW ULM, AND LOCAL HEALTH OFFICIALS.***

SEPTEMBER 16, 2020

Introduction to the *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 Diocesan Schools closed their 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 choose 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. When taken as a whole, these protocols 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 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 helps reduce the spread of COVID-19 and therefore lower the risks when we re-open St. Mary's School 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. St. Mary's School is 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: St. Mary's 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 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. Children are more likely to be asymptomatic, however, which underscores the importance of health behaviors for everyone (masks/face coverings, distancing, handwashing, surface cleaning).⁵ 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>.

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>

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., Gretschi, 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 St. Mary's School for the beginning of the 2020-21 academic year. The goal of the protocols is a responsible and prudent approach to reopening our school buildings.

- **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.

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)

ST. MARY'S SCHOOL HEALTH & SAFETY PROTOCOLS FOR SAFELY REOPENING

DOMAIN I: PROMOTING BEHAVIORS THAT REDUCE SPREAD

Benchmark A: *Staying home when appropriate*

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.

<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>	<ol style="list-style-type: none"> 1. MDH defines symptoms of Covid-19 as a new onset cough OR shortness of breath (by themselves) OR at least two of the following: fever of 100.4 or higher, chills, muscle pain, sore throat, loss of sense of smell or taste, and gastrointestinal symptoms of diarrhea, vomiting or nausea. 2. If a person has a new symptom with no other diagnosis to explain it, they should stay home and call their health care provider. 3. When a person is waiting for the result of their COVID-19 test, they should remain home. 4. Parents must call into school by 8:30 a.m. identifying the illness as to why their child is sick. 5. If a child displays symptoms of illness, the child will be sent to the office. 6. The child will be directed to the isolation room and parents will be notified to pick up their child.
<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>	<ol style="list-style-type: none"> 1. For people with a positive laboratory test for COVID-19, OR negative test result but have symptoms with no other diagnosis, OR COVID-19 without a medical evaluation, stay home at least 10 days since symptoms first appeared and until no fever for 24 hours without medication and improvement of symptoms. 2. Siblings and household members should stay home for 14 days. 3. A notice from the health care provider will be needed in order to return to school.
<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>		<ol style="list-style-type: none"> 1. St. Mary's School will not promote or issue perfect attendance awards during the 2020-2021 school year.
<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 POC if the primary COVID-19 Designated POC</p>	<p>MDH Planning Guide for Schools, p. 4</p>	<ol style="list-style-type: none"> 1. Laurie Tauer, school nurse, will serve as the COVID-19 Designated Point of Contact. 2. Mr. Peter Roufs and Mrs. Mary Gangelhoff will serve as the back-up COVID-19 Designated Point of Contact.

is unavailable. This POC 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.		
<i>Protocol 5:</i> Schools will inform families and employees of the public-health recommendations for quarantining after exposure to COVID-19.	MDH School Planning Guide , pp. 12-13 MDH: What to do if you have had close contact with a person with COVID-19	1. After exposure, either Minnesota Department of Health or Brown County Public Health will conduct a contact investigation. Either one of the organizations will supply us with the guidelines and a letter sent to the family. Confidentiality will be respected.
<i>Benchmark B: Practicing personal hygiene measures</i> <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>		
<i>Protocol 1:</i> Schools will teach and reinforce proper handwashing hygiene.	MDH: Hand Hygiene MDH: Teaching Hand Hygiene MDH: Hand Hygiene for Schools and Child Care	1. Practicing Proper Handwashing Hygiene at St 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. 2. 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 60% alcohol can be used.
<i>Protocol 2:</i> Schools will monitor compliance in a practicable manner to help ensure adherence among students.		1. Supervisors will remind and observe students using proper hygiene measures.
<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	Practicing Proper Respiratory Etiquette at St. 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 hand washing protocols after coughing or sneezing. If tissues are not immediately available, students and employees are coughing or sneezing into their elbow. Our school will: <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

		<ol style="list-style-type: none"> 3) Ask that teachers discreetly encourage individual students to practice proper respiratory etiquette on an as-needed basis. 4) Staff and students will wear masks as mandated. Children ages 3 , 4, 5 are not mandated to wear masks. K-12 students will wear masks. A doctor note is required if a student can't wear a mask. 5) Face coverings may be temporarily removed when engaging in indoor/outdoor physical activity when exercising in gym and during recess. Masks can be removed during recess and lunch. 6) State protocols for choir and band are being followed per state guidelines.
Protocol 5: Schools will encourage students to avoid touching their faces.		<ol style="list-style-type: none"> 1. Teachers will educate students on avoidance of touching their face.
Benchmark C: Social distancing <i>Schools implement appropriate social distancing practices to reduce the spread of disease.</i>		
Protocol 1: 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 level of community spread in the wider local community.	MDH: COVID-19 Prevention Guidance	<ol style="list-style-type: none"> 1. Markings will be placed to serve as reminders for social distancing. 2. To the best of our ability, desks will be spread apart to maintain social distancing. 3. The cafeteria will be marked off at tables for seating with all students facing one direction. There will be a hybrid schedule for eating in the cafeteria. 4. There will be a limit of students using the bathroom (3 ~ elementary, 4 ~ middle/high school.)
DOMAIN II: MAINTAINING HEALTHY FACILITIES		
Benchmark A: Cleaning and disinfecting efforts <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>		
Protocol 1: Schools will develop a schedule for increased, routine cleaning and disinfecting.		<ol style="list-style-type: none"> 1. Our school custodial staff has a routine for cleaning and disinfecting.
Protocol 2: Schools will identify frequently touched surfaces (e.g., playground equipment, door handles, sink handles, drinking fountains) within the school and clean all frequently	MDH Playground Guidance MDH COVID-19 Cleaning and Disinfecting Guidance	<ol style="list-style-type: none"> 1. In the elementary, teachers will spray down desks at the end of the day; during the day when classes switch, desks will be wiped down with a Clorox wipe. 2. In middle/high school, desks will be sprayed down regularly. 3. Custodial staff will clean frequently touched surfaces.

touched surfaces daily or between use as much as practicable.		
<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.	MDH School Planning Guide , pp. 9-10	<ol style="list-style-type: none"> 1. St. Mary's will follow all "Right to Know" for chemicals and will provide the Safety Data Sheet and training for each chemical. 2. Janitorial chemicals will not be used when students are present.
Benchmark B: Adequate supplies <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>		
<i>Protocol 1:</i> Schools will provide adequate supplies for implementing cleaning and disinfecting.	School Cleaning Supplies IEA Creating your Restart Blueprint for COVID-19	<ol style="list-style-type: none"> 1. Supplies meet the specifications for COVID-19 cleaning and disinfecting. These include but not limited to bleach, wipes etc. 2. Portable sinks will be in classrooms and hallways for handwashing. 3. If soap and water are not readily available, hand sanitizer that contains at least 60% alcohol will be used.
Benchmark C: Separate physical space for students with symptoms of COVID-19 <i>Schools have a space for students with symptoms of COVID-19. This space is supervised, safe, and regularly cleaned.</i>		
<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.	MDH Cleaning and Disinfecting Guidance , p. 3-5 Catholic Mutual recommends that schools consider having this room close to an exit door, if possible.	<ol style="list-style-type: none"> 1. Students will go to the isolation room. It will be sanitized and cleaned.
<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.	Catholic Mutual recommends that those responsible for supervising students who have COVID-19 symptoms be provided personal protective equipment, including mask, shield, gloves, and gown when possible.	<ol style="list-style-type: none"> 2. Gloves, masks, and goggles will be available for the supervising personnel dealing with sick children displaying COVID-19 symptoms.

Benchmark D. Engineering controls

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.

Protocol 1: 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).

[CDC Building Reopening](#)

1. Windows and doors will be opened.

Protocol 2: Schools will take steps to ensure that all water systems and features (e.g., sink faucets, drinking fountains) are safe to use.

[MDH Planning Guide](#), p. 13
[CDC Building Reopening](#)

1. In the elementary, middle/high school (grades 1-12) the water spout will be covered and students will fill their water bottles by the water dispensers. *It is encouraged that students fill their bottles at home in the morning.*
2. In PreK-K, students will receive a glass of water from the teacher. No water bottles are needed for this age.

DOMAIN III: MAINTAINING HEALTHY OPERATIONS

Benchmark A: Symptom monitoring and screening

Families, students, and employees have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19 through regular health checks.

Protocol 1: 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.

[MDH School Planning Guide](#), pp. 10-12 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.

1. All parents are asked to check their child's temperature (without a fever reducing medication) and screen with the Daily Home Screening Checklist.
2. The school website will include a video about health checks.
3. Emails will be sent home to parents about health checks.

Protocol 2: Health checks that occur at school will be conducted safely and protect student's privacy.

[CDC Supplemental Guidance for Childcare](#) [CDC General Business FAQ](#) Catholic Mutual requires a separate health file and form for each person. Health information must be kept in a confidential and secure location.

1. Health checks that occur will be conducted in a safe manner. Staff will wear a mask and shield while using a scanning thermometer. Students with symptoms will be discreetly sent to the office and parents will be called.
2. Keeping health information in a confidential and secure location is already implemented.

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

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>Protocol 1:</i> Schools will separate employees and students who develop COVID-19 symptoms (such as fever, cough, or shortness of breath) while at school.	MDH School Planning Guide , pp. 12-13	1. Students will be sent to the office.
<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.	MDH School Planning Guide , pp. 12-13	1. Students will be sent to the isolation room.
<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.	MDH School Planning Guide , pp. 12-13	1. After exposure, either Minnesota Department of Health or Brown County Public Health will conduct a contact investigation. Either one of the organizations will supply us with the guidelines and receive a letter. Confidentiality will be respected.

Benchmark C: Classroom environment

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>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.	MDH School Planning Guide	1. Desks will be separated to maintain social distancing. 2. Sinks are available for handwashing. 3. Hand sanitizer will be in the classrooms. 4. Teachers and students will properly wear masks. 5. Windows will be open. 6. Markings will be on floors to maintain spacing. 7. All students will be facing the same direction.
<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.	CDC Considerations for Schools (Shared Objects) Catholic Mutual recommends all rugs and moveable carpets in classrooms be replaced with individual mats.	1. When possible, shared materials will be cleaned. Students will be encouraged to use personal items. 2. Specific storage containers will be assigned to students depending upon the class. 3. Students will wash or hand sanitize after using shared equipment. 4. Most rugs will be removed, or, students will be assigned to a marked space on the rug.

Benchmark D: Large-group gatherings (e.g. assemblies and field trips)

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>Protocol 1:</i> Schools will limit large, in-school group events, gatherings, or meetings during the school day.	CDC Considerations for Schools (Modified Layouts; Communal Spaces)	<ol style="list-style-type: none">1. Any assembly will be conducted in our 500 seat auditorium. We are able to spread out students and maintain social distancing and they are facing one direction.2. Outside speakers will be limited.
<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.	MDH School Planning Guide	<ol style="list-style-type: none">1. Virtual field trips will be a part of the curriculum as most field trips will be eliminated.2. Concerts, programs, student assemblies, and events will have careful review and may not occur.3. Parent-Teacher conferences for the elementary, middle/high school may be virtual or socially distanced in the classroom (parent preference).
<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.	MDH Sports Guide Minnesota State High School League COVID-19 Updates	<ol style="list-style-type: none">1. We will follow MN State High School League guidelines.

Benchmark E: Visitors

Schools admit only those people who are essential for continuing school operations or maintaining the academic environment.

<i>Protocol 1:</i> All visitors to the school will follow all school-defined safety and personal hygiene procedures for entering the school.	MDH: Visitor and Employee Health Screening Checklist	<ol style="list-style-type: none">1. St Mary's will require each visitor entering 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 St. Mary's expectations for practicing hand hygiene and respiratory etiquette.2. All visitors will be required to properly wear a mask and only allowed in the office.
<i>Protocol 2: Parents and Volunteers:</i> Schools will have a plan for entrance and movement within the school building for parents and volunteers to minimize exposure.		<ol style="list-style-type: none">1. Parents and volunteers will enter through door number 2 (high school entrance).2. They must wear a mask and check in with the secretary.3. If they are picking up their child for an appointment, they will meet their child at the office.
<i>Protocol 3: Prospective Families:</i>		<ol style="list-style-type: none">1. Prospective families will enter through door number 2 (high school entrance).2. They must wear a mask and check in at the office.

Schools will have a plan for entrance and movement within the school building for prospective students and families to minimize exposure.		3. School visiting will happen after school once all students are dismissed.
<i>Protocol 4: Vendors:</i> Schools will have a plan for entrance and movement within the school building for vendors to minimize exposure.		1. Vendors will be asked to properly wear a mask and we will limit their points of entrance.
<i>Protocol 5: Guests:</i> 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.		1. Guests, activities, facility use, and outside organizations will be limited with careful evaluation as to how they interact with students and staff while following building protocols.
<i>Benchmark F: Student and employee movement: entrance, movement within the building, and dismissal</i> <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>		
<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.	MDH School Planning Guide , pp. 12-13	1. Elementary students will enter through the gym lobby doors. There will be two lines, one for drop-off families; the other for those riding bus. 2. Elementary students will leave in an orderly fashion at the end of the day through the gym lobby doors in single file. They will walk along the sidewalk to get on their bus. 3. Preschool students will enter and exit through door #2. 4. Middle/High School students will enter through the main entrance. Middle School students will turn left to go downstairs to their classrooms. High school students will stay on the main floor. 5. Middle/High School students will possibly have staggered dismissal times.
<i>Protocol 2:</i> Schools will develop procedures for student movement throughout the building during the school day.	MDH School Planning Guide , pp. 12-13 CDC Considerations for Schools	1. Floors will be marked as to the flow of direction and distancing. 2. Elementary/middle/high school students will practice walking procedures on steps and in hallways to maintain social distance.
<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).	CDC Considerations for Schools	1. Staff will be reminded of social distancing. Hand sanitizers and wipes will be available for use.

<i>Protocol 4:</i> Schools will review their procedures for bathroom use.	CDC Considerations for Schools	<ol style="list-style-type: none"> 1. The number of students will be limited to a set number depending upon sink and toilet availability. 2. Unused bathroom stalls will be marked for the elementary.
<i>Protocol 5:</i> Schools will review their procedures for the use of communal spaces (e.g. gym, playground, library, narthex).	CDC Considerations for Schools	<ol style="list-style-type: none"> 3. Where practicable, students will stay with their cohort. Protocols for each area have been established and put in place.(i.e. Students will be assigned an area on the playground. Students may sign out library books and hand sanitize or wash hands after usage.)

Benchmark G: Food service plans

Schools have implemented appropriate procedures to mitigate the spread of disease during meal time at school.

<i>Protocol 1:</i> Schools will review their procedures and schedules for food service (e.g. breakfast, snack, lunch).	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)	<ol style="list-style-type: none"> 1. Students will wash or sanitize their hands before entering the cafeteria. 2. Servers will have masks. A sneeze guard is in front of the serving line. 3. Cafeteria staff will handle the plate/food. 4. There will not be a self-serve salad bar. 5. Milk and/or water with a covered lid will be handed to the child. 6. Students will have a barcode which will be scanned for the lunch count. 7. Tables/chairs will face one direction with social distancing maintained. 8. An overflow of students will be allowed to eat at a different location.
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Benchmark H: School and health office operations

Schools have implemented appropriate procedures to mitigate the spread of disease in school and health office operations.

<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.	MDH School Planning Guide , p. 4-6 CDC Considerations for Schools	<ol style="list-style-type: none"> 1. All administrative assistants have sneeze guards placed at their desk. 2. When a sick child enters the office, personnel will wear a face mask and escort the child to the nurse's office.
<i>Protocol 2:</i> Schools will review all procedures related to access and use of the health office.	MDH School Planning Guide	<ol style="list-style-type: none"> 1. The school nurse will review procedures for use of the health office.

Benchmark I: Transportation

Schools have implemented procedures to mitigate the spread of disease while transporting students.

Protocol 1: Schools that manage their own transportation will analyze/ adjust their transportation procedures and ensure availability of back-up drivers.

[MDH School Planning Guide](#), p. 14
[CDC Considerations for Schools](#) (Transportation)

1. Our students will follow the guidelines from the Sleepy Eye Bus Company.

Protocol 2: 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.

1. If the district does not provide transportation, we will ask parents to provide their own transportation.

Benchmark J: Communal prayer, the Mass, and other Sacraments

Schools have procedures for communal prayer and the celebration of the sacraments consistent with parish protocols.

Protocol 1: 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 Diocese of New Ulm and parish requirements.

The pastor or canonical administrator will provide direction on parish protocols.

1. Principals have met with Fr. Mark Steffl. K-5 and 6-12 will have Mass at different times. Mass procedures will also be adjusted for safety purposes.
2. Safety protocols are in place for receiving the sacraments.
3. Prayer services will be held in the auditorium with social distancing guidelines being followed. Grade levels will be divided out for prayer services or assemblies.

Benchmark K: Thresholds for building closures

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.

Protocol 1: School Level: Schools will develop transparent criteria for implementing a short-term closure of their school building. The principals will consult with the New Ulm Diocesan Superintendent before announcing short-term closures.

1. Principals and a teacher committee are developing plans for short-term closure of the school building.

Protocol 2: Systems Level: If the governor of Minnesota declares that all public school systems across the state will

1. St. Mary's will follow the New Ulm Diocesan guidelines for how to respond to this declaration.

close, Catholic schools will follow the New Ulm Diocesan decision on how Catholic schools will respond.		
<i>Protocol 3:</i> If the local public school district declares that its local public school or district will close, the principals will be responsible for making a decision for its own school and will consult the New Ulm Diocesan Superintendent as needed.		1. The principals and pastor will be responsible for making this decision with careful input from local health officials, Diocesan Superintendent, and discussion with the Sleepy Eye Public School Superintendent.
DOMAIN IV: COMMUNICATING, TRAINING & EDUCATING		
<i>Benchmark A: Communications and training</i>		
<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>		
<i>Protocol 1:</i> Schools will post signs in highly visible locations (e.g., school entrances, restrooms) that promote everyday protective measures and describe how to stop the spread of germs (such as by properly washing hands).		1. Posters will be found throughout the school that promote the health and safety of students and staff. 2. Information is stated on our website as well.
<i>Protocol 2:</i> Schools will make regular, routine communications on reducing the spread of COVID-19.		1. Updates will be sent to the parents and regular communications about protocols and procedures that need to be followed.
<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.		1. For people with other diagnoses, (such as norovirus, strep throat) that may explain the symptoms, or when a health care provider says symptoms are connected to a pre-existing condition, stay home until symptoms have improved and follow guidance from your health care provider about returning to school. 2. Please refer to the “Decision Tree” attached to this plan.
<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).		1. Staff will be asked to come in earlier to get trained in procedures. 2. All families will receive the plan and it will remain on our website.
<i>Protocol 5:</i> The school will develop a plan for communicating a verified	MDH Planning Guide , p. 12-13	1. If a student or employee has a laboratory positive test for COVID-19, the school will collaborate with MDH and/or local Public Health to perform the contact-tracing and contact-investigation maintaining confidentiality. A close contact is anyone who was within 6 feet of the person while they were infectious, for 15 minutes or longer.

report of a student or employee who has tested positive for COVID-19.		2. St. Mary's will follow their recommendations and guidelines. All identified close contacts of the case will be provided with general information about the situation and resources.
<i>Protocol 6:</i> Schools will communicate to families and staff their process for determining school-building closure.		1. We will go on the guidance of the MDH and/or local Public Health.
Benchmark B: Supporting faith and resilience <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>		
<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.		1. Staff will be conscious of the developmental level of the children when disclosing information. Focus will include our trust in God and prayer.
<i>Protocol 2:</i> Schools will be attentive and responsive to the social, spiritual, physical, and emotional needs of students and families.		1. This is the reason for the existence of St. Mary's Catholic School. 2. All of these areas are essential for the total development of each child and we will be attentive to their needs. 3. Teachers will visit with their students about their needs and concerns with the effects of the pandemic. 4. We will have a physician and school nurse visit with the students.
Benchmark C: Instructional continuity and contingency planning <i>Consistent with their academic programs, schools will have plans to provide an efficient transition to distance learning if needed.</i>		
<i>Protocol 1:</i> 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 (<u>due to COVID-19</u> or a need to quarantine due to exposure to COVID-19).		1. Within our limits and resources, we will provide educational materials and lessons to those with COVID-19 or who are quarantined. 2. If a student is out, the teacher may record lessons. The lesson would be sent to the student. 3. If a teacher is out, not due to COVID-19, but is quarantined due to exposure, they may record their lesson from home.
<i>Protocol 2:</i> According to their ability, schools will be prepared to implement short-term and long-term distance learning plans if in-person learning		1. St. Mary's School has discussed plans to implement long-term distance learning. We have taken our experience and survey results from the spring and have worked to improve upon our educational plan.

*should be suspended for all students in
the school.*