

Schools of the Roman Catholic Diocese of Burlington

United in Faith,
Returning with C.A.R.E.

Communities & Academics Reimagined Effectively

Guidelines for In-Person Instruction During/Following a Public Health Crisis



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Approved by the Bishop of Burlington: July 15, 2020

Updated: August 20, 2020

Updated: September 24, 2020

Updated: September 28, 2020

United in Faith, Returning with C.A.R.E.

Communities & Academics Reimagined Effectively

As schools within the Roman Catholic Diocese of Burlington, we are planning for in-person instruction for the upcoming school year. We are **United in Faith, Returning with C.A.R.E.** and are planning to effectively reimagine our communities and academics in order to meet the needs of our students, families, faculty, and staffs.

The purpose of this document is to provide guidance to schools regarding opening for in-person instruction amidst a public health crisis. A public health crisis is a serious matter and it is incumbent on the schools to take all steps possible to implement the guidance from the Bishop of Burlington, the Superintendent of Schools, and, as reasonable and feasible, to ensure compliance with guidelines from local, state and/or national public health authorities. Due to the evolving nature of the current public health crisis of COVID-19, this document is fluid in nature. It will be updated as new information is learned and/or recommendations from local, state, and/or national public health authorities becomes available.

As schools within the Roman Catholic Diocese of Burlington, we are proud of our longstanding history of strong communities supporting our students' faith formation and academic excellence. This is rooted in our belief that the most effective and meaningful formation in the faith takes place when students and teachers are together in community. It is in community that we most authentically encounter the Heart of Christ and in our schools, it is His Sacred Heart that illumines our studies in all academic areas.

Fostering this sense of community calls our schools to be committed to providing the safest environment possible for our students, faculty, and staff. In order to support this, the development of these guidelines was enlightened by information provided from various recognized public health and/or educational authorities:

- Centers for Disease Control and Prevention:
 - [Considerations for Schools](#)
- American Academy of Pediatrics: COVID-19 Planning Considerations:
 - [Guidance for School Re-entry](#)
- Vermont Agency of Education and Department of Health:
 - [A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020](#)

The Roman Catholic Diocese of Burlington and her schools realize that no plan will mitigate every possible eventuality. We do not make a claim to provide germ/virus free campuses and we cannot deny the possibility of infection being transmitted within our schools. This possibility is present whenever two or more are gathered. We believe, however, that with proper planning and dedicated adherence to that plan, we can provide a spiritually rich, academically sound learning environment that is infused with practical and sustainable health and safety measures.

To that end, each school is to utilize this document as a foundational tool for the development of local health and safety measures. These measures are to focus on how best to meet the needs of the individual school's community while ensuring, to the greatest extent possible, compliance with guidelines from local, state, and/or national public health authorities.

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Roman Catholic Diocese of Burlington

United in Faith, Returning with
C.A.R.E.—Summer 2020

Approved by the Bishop of Burlington: July 15, 2020
Updated: August 20, 2020
Updated: September 24, 2020
Updated: September 28, 2020

Table of Contents:

United in Faith, Returning with C.A.R.E. Academics Reimagined Effectively

<i>The School Day</i> _____	1
Arrival procedures _____	1
Hygiene _____	1
Facial Coverings _____	2
Health Screening (Students and Staff) _____	2
Meals/Snacks _____	4
Recess _____	5
Daily School Dismissal _____	5
Cleaning/Disinfecting _____	5
Athletics _____	5
After School Program _____	6
<i>Teaching and Learning</i> _____	6
Schedule _____	6
Instructional Support _____	6
Technology and Internet Inventory _____	7
Instructional Delivery _____	7
Attendance _____	7
Substitutes _____	7
Homework _____	8
Work Submission _____	8
Specialty Classes (i.e., Art, Music, Foreign Language) _____	8
Preparing for Distance/Remote Learning _____	8
Progress Reports _____	8

United in Faith, Returning with C.A.R.E.

Communities Reimagined Effectively

Supporting Students and Staff _____	9
Students and Group Sizing _____	9
Staffing _____	10
Students/Staff who Develop Symptoms while at School _____	11
Students/Staff who are Exposed to the Virus and/or Develop Symptoms while not at School _____	11
<i>Communication</i> _____	12
School _____	12
Home _____	12
Faculty and Staff _____	13
Students _____	13
Community _____	13
Diagnosed Case within the School _____	13
<i>Facilities</i> _____	14
Signage: Symptoms _____	14
Signage: Handwashing/Hygiene _____	14
Signage: Facial coverings/Physical distancing _____	14
Hand sanitizing stations _____	14
Playground Equipment _____	14
Plastic barriers _____	14
Isolation room _____	15
Daily Cleaning _____	15
Ventilation _____	15
Entrance Procedures during Inclement Weather _____	15

United in Faith, Returning with C.A.R.E. Supports Reimagined Effectively

<i>Appendix A: Health Screening Agreement</i> _____	16
<i>Appendix B: Symptoms</i> _____	17
<i>Appendix C: Handwashing and Sanitizing</i> _____	19
<i>Appendix D: Facial Covering and Social Distancing</i> _____	21
<i>Appendix E: Cleaning Information</i> _____	22
<i>Appendix F: Cleaning Log</i> _____	23
<i>Appendix G: COVID-19 in Pediatric Patients</i> _____	24

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Academics Reimagined Effectively

The School Day

Each school will designate as staff member to be the school's Public Health Crisis Coordinator to establish, review and implement health and safety protocols. This position need not be a new hire nor need it be "stand-alone." If there is no school nurse on staff, the Public Health Crisis Coordinator will, to the extent feasible, connect with health care professionals within the community to seek support. **It is incumbent upon the administrator of the school to ensure the school community knows who this person is along with the process to be utilized in order to contact this individual.**

Arrival procedures

Each school's Public Health Crisis Coordinator will establish, review and support implementation of health and safety protocols during the arrival of staff and students.

- Post signs at all entrances clearly indicating that no one may enter if they have symptoms of respiratory illness or fever.
- Develop local procedures for daily health screening of students and staff.
- If school-based health screenings are being implemented (see Health Screening section below):
 - Train staff to conduct daily school-based health screenings.
 - Establish and monitor schedule for trained staff members to ensure adequate staff members are present each day to conduct the screenings.

Hygiene

All staff, students, and contracted service providers who enter the school building should have access to handwashing sinks and/or hand sanitizing stations. These should be located throughout the building and should be accessed at the following times:

- Arrival to the facility
- After staff breaks
- Before and after preparing food or drinks
- Before and after eating, handling food or feeding students
- Before and after administering medication or medical ointment
- After using the toilet or helping a child use the bathroom
- After coming in contact with bodily fluid
- Before and after handling facial coverings/face shields
- After handling animals or cleaning up animal waste
- After playing outdoors
- Before and after playing with sand and sensory play
- After handling garbage
- Before and after cleaning
- Prior to switching rooms or locations

Facial Coverings

All students and staff will be expected to wear facial coverings at school. Facial coverings should be worn by all staff and students while in the building when physical distancing cannot be maintained. Exceptions for health-related or behavioral-related circumstances should be accommodated. See this document's section titled "Students and Group Sizing" for additional guidance/information.

These coverings should be designed to minimize droplet discharge from the mouth and nose and can be made of cloth, plastic, etc. The use of strings/ties should be avoided for young students to minimize the risk of choking. The structure of the covering must be such that it does not impinge on the individual's ability to breath easily.

Guidance from the American Academy of Pediatrics notes that "although ideal, universal face covering use is not always possible in the school setting for many reasons". Additionally, the Centers for Disease Control recognizes "Face coverings may be challenging for students (especially younger students) to wear in all-day settings such as school. Face coverings should be worn by staff and students (particularly older students) as feasible, and are most essential in times when physical distancing is difficult."

Recognizing that some students, or staff, may be unable to safely wear a facial covering the school's administrator and/or public health crisis coordinator will determine the extent to which [these guidelines](#) are feasible. When determining this, consideration should be given as to whether the use of facial coverings is developmentally appropriate and feasible and whether the procedures can be instituted safely.

Health Screening (Students and Staff)

The Vermont Agency of Education (AOE) and Department of Health (VDH) encourage schools to develop processes to receive parental/caregiver and staff reports regarding exposure and symptoms. Per the AOE and VDH:

Schools may choose to ask students/staff to do symptom monitoring at home, upon boarding the bus, or prior to entering the school building. If symptom monitoring is conducted prior to the student arriving at school, a temperature check prior to entering the building is something schools should consider implementing.

Additionally, guidance from the American Academy of Pediatrics notes that in lieu of temperature checks and symptom screening being performed after arrival to school, methods to allow parent report of temperature checks done at home may be considered. Additionally, guidance from the Centers for Disease control indicates to screen students after arrival at school if feasible and offers schools three screening models to consider. **In one model**, the CDC recommends asking parents/guardians to take their child's temperature at home or on arrival at school. In this model, it is also recommended by the CDC to ask parents to confirm that the child does not have fever, shortness of breath, or cough.

Informed by the guidance from these groups, the school's administrator and/or public health crisis coordinator will determine which process for health screenings best meets the needs of the local community: home-based health screening or school-based health screening. Guidance for each of these is below.

School-Based Health Screening for Students and Staff:

- Protocols:
 - Conducted at the point of first contact every day for every student and staff member.

- Notify families and staff that the health screening will be taking place and share the details of what the screening involves.
- For Students: require the adult dropping the student off at school to remain until the health screening is completed so that he/she can take the student home if the health screening is not passed.
- For Staff: send any staff member home who does not pass the screening and develop contingency plans for covering the staff member's duties.
- Components to Assess Presence of Symptoms:
 - Ask the following questions (replace COVID-19 with the name of the current public health crisis identifier):
 - a. Have you been in close contact with a person who has COVID-19?
 - i. Exposure is defined as: close contact with a person who has COVID-19 within the last 14 days. Based on our current knowledge, a close contact is someone who was within 6 feet of an infected person for at least 15 minutes starting from 48 hours before illness onset until the time the patient is isolated.
 - b. Do you feel unwell with any symptoms consistent with COVID-19? For example, have they had a cough, temperature, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell?
 - Visually assess if there is evidence of the following and if there is, send the student home:
 - a. A significant new rash, particularly when other symptoms are present.
 - b. Large amounts of nasal discharge in the absence of allergy diagnosis.
 - Conduct temperature screening, using the guidelines in the section below.

Guidance for younger students: Schools will need to work with parents/caregivers to answer these questions when students are too young or otherwise unable to answer.

Students/Staff who answer either of the above questions affirmatively, have visual signs of a new rash or large amounts of nasal discharge not associated with an allergy, or have a temperature greater or equal to 100.4°F must be sent home as soon as possible.

Each school should determine a plan for when a student/staff member appears unwell or becomes ill at school.

- Temperature Check Guidelines
 - a. Should occur upon entrance and near sink/hand sanitizer station.
 - b. A non-contact thermometer is strongly recommended.
 - c. Wear a facial covering, eye protection and a single pair of disposable gloves.
 - d. Check each child's temperature
 - e. If performing a temperature check on multiple students, ensure that a clean pair of gloves is used for each child and that the thermometer has been thoroughly cleaned in between each check.
 - i. If disposable or non-contact thermometers are used and the screener did not have physical contact with a child, gloves do not need to be changed before the next check.
 - ii. If non-contact thermometers are used, they must be cleaned routinely.
 - iii. Follow instructions provided by the manufacturer for any device used.
 - f. Remove and discard gloves in between students or at the end of each mornings checks if using non-contact thermometer.

Home-Based Health Screening for Students only:

- Protocols:
 - Prior to the start of school, parents/guardians sign an agreement with the school stating that a home-based health screening will be done daily prior to the child(ren) arriving at school (see Appendix A for a sample form).
 - Agreement at a minimum will contain the following:
 - Details of what constitutes a proper home-based health screening as noted below.
 - Commitment by parent to keep child(ren) home if:
 - Symptoms manifest themselves.
 - Child(ren) has had close contact with a person diagnosed with the current public health crisis.
 - Parental consent to notify the school if the child(ren) are remaining home due to exposure to or diagnosis of the current public health crisis.
 - Statement that parent is committing to conduct the health screening daily with compliance indicated by dated signature on form.
 - School will keep signed forms on file in the school office.
- Components of a proper home-based health screening to assess presence of symptoms
 - Visually assess if there is evidence of the following and if there is, keep the student home:
 - A significant new rash, particularly when other symptoms are present.
 - Large amounts of nasal discharge in the absence of allergy diagnosis.
 - Conduct temperature screening and keep student home if temperature is at or above 100.4°F without the aid of fever reducing medication.

Hybrid of Home-Based and School-Based Health Screenings for Students only:

Schools may opt to incorporate a hybrid approach to health screenings that would include both the home-based and the school-based options. All protocols and components noted above would have to be implemented and followed.

Health Screening when Students Arrive via Bus

The school is responsible for insuring that a health screening is conducted by school staff upon arrival or the parent/legal guardian (depending on the model of health screening chosen) prior to the student entering the school building.

Meals/Snacks

Schools are welcome to discontinue meal and/or snack service during the public health crisis and require students to bring meals and/or snacks from home. If this is not feasible, the kitchen may continue to be used to prepare meals and/or snacks following all standard food preparation guidelines.

To the extent possible, students should eat meals/snacks in their classrooms and school/food service staff should deliver meals to the classrooms to prevent students clustering in common areas. When delivery is not feasible, procedures should be established to minimize clustering and support social distancing.

The cafeteria can be used for meals per local, state, and/or national public health authorities. If a school's cafeteria is sufficient in size and the school's schedule can accommodate the potential need for additional lunch shifts, the cafeteria can be utilized with the following guidelines:

- Groups cannot exceed the maximum number allowed by state guidance for indoor gatherings.
- Sanitization between groups must be ensured.

- Sufficient time must be allotted for transitions, sanitization, and for the healthy/safe consumption of the meal/snack.

Recess

To the extent feasible, the following steps to support physical distancing during recess will be utilized as determined by the Administration/Public Health Crisis Coordinator in collaboration with school staff:

- Students kept in groups, not to exceed the maximum number allowed by state guidance, including teachers and staff.
- Minimize mixing between groups by having students stay in an assigned section of the school yard as opposed to mingling with other classes.
- Plan activities that do not require close physical contact between multiple students.

Daily School Dismissal

- Dismissal should be staggered with students assigned different exiting doors.
 - Schools should notify families of their students' assigned exit door.
- Parents/Care providers should not be allowed in the building, unless required by the school's Early Education/Pre-School protocols.
- Families should be notified that individuals who are self-quarantining should not do drop off or pick up.

Students who arrive from out-of-state must follow the Vermont Agency of Commerce and Community Development and Health Department guidance around quarantine before returning to school, which includes travel out-of-state at any point during the school year. More information is available on the Vermont Department of Health's COVID-19 travel site.

Cleaning/Disinfecting

The school's administration and Public Health Crisis Coordinator will collaborate to establish the guidelines for cleaning/disinfecting including:

- Who is responsible
- Where supplies will be stored to ensure safety
- How to document cleaning has taken place
- Procedures to follow to ensure proper sanitization
- Process to request additional supplies

At a minimum, all areas should be cleaned/sanitized at the beginning or end of each day and at least once during the day.

- If the school building is utilized outside of school hours by groups other than staff/students, these areas should also be cleaned at the beginning of the following day before students arrive.
- If time and budgetary constraints allow, additional cleanings should be considered.

Common Areas: entrances/exits, bathrooms, hallways, handrails, doorknobs, water fountains, etc.

Instructional Areas: desks, chairs, shared equipment, toys, learning aids, etc.

Athletics

Implementation of athletics must adhere to the local, state, and/or national public health authorities' guidelines for large group gatherings and/or sporting events.

Once student participation in athletic events has been sanctioned by the local, state, and/or national public health authorities, the school's administration and Public Health Crisis Coordinator will establish policies, procedures, routines, and specific information that adhere, to the extent feasible, to the guidelines issued by the local, state, and/or national public health authorities.

After School Program

The school's administration and Public Health Crisis Coordinator will establish policies/procedures to ensure that the afterschool program adheres to the sanitization and physical distancing expectations established by the school.

Teaching and Learning

The schools in the Roman Catholic Diocese of Burlington are blessed to have a long-standing tradition of commendable academics. Through the dedication of our principals and educators working in partnership with our families, we have fostered admirable student achievement in various courses of study and professional pursuits. We have every confidence that this tradition will continue in the upcoming year. While our academics will be reimaged, our focus on supporting student success remains constant.

Schedule

Prior to school beginning, the School Administrator in collaboration with the faculty/staff will prepare and modify schedules as needed to accommodate procedures being implemented in light of the public health crisis.

These schedules should be prepared before in-person instruction resumes; however, everyone should remain flexible as additional changes may be needed once schedules are implemented.

In developing schedules, items such as the following should be taken into consideration:

- Increased timing of transitions due to maintaining social distancing and/or the limiting of the number of students in common areas.
- Utilization of outdoor spaces as weather permits.
- Utilization of larger spaces to spread students out while providing an appropriate level of supervision.
- Minimizing student transitions and increasing teacher transitions to minimize the number of individuals accessing each area of the building.

Instructional Support

Classroom teachers, under the guidance of the Administration, will formulate and utilize developmentally appropriate assessments to determine student academic readiness. These assessments should be completed within the first three weeks of school to establish a baseline of learning for each student and the class as a whole. Teachers should then use the results to make informed curricular adjustments focused on fostering student academic growth.

Technology and Internet Inventory

The School Administrator and technology support personnel should assess the school's current technology status and identify immediate needs. This would include items such as:

- Assessing school's technology infrastructure and, if needed, establishing plans to work towards stabilization.
- Budgetary planning to support technology integration.
- Providing professional development to support technology integration.
- Conducting a device inventory.
- Identifying platforms/apps to support learning:
 - Ensure these are installed on devices
 - Provide needed professional development to support teacher in implementing these
- Developing Distance/Remote Learning Protocols:
 - Process for securing needed additional devices
 - Process for assigning devices to students for use at home
 - Creating and implementing acceptable use agreements for students and staff
 - Educating parents/guardians regarding the necessity to provide proper/adequate supervision
 - Arranging for a service/platform/etc. to help ensure online safety
 - Establishing process to support students/staff with limited or no internet access when off campus

Instructional Delivery

All teachers should utilize the instructional delivery method best suited to facilitate student learning. The administration is encouraged to have teachers regularly integrate distance/remote learning tools during in-person instruction. This will help support a smooth transition to distance/remote learning should this be needed.

Attendance

The school's administrator will establish and teachers will implement policies/procedures for tracking student attendance. It is encouraged that this be a process that will easily accommodate a shift to distance learning.

Classroom teachers, under the direction of the school's Administrator, will communicate with students and parents/guardians clear guidelines regarding student participation in the learning process while absent from school. This communication should include how students will be held accountable during distance/remote learning and how teachers will provide instruction and support for students should this be implemented.

Substitutes

The School Administrator is responsible for ensuring that all substitutes are trained per the local, state, and/or national public health authorities' expectations regarding the current public health crisis. This should take place prior to the substitute serving in the classroom. The training can be done in-person or online; however, completion must be documented and the documentation must be on file in the school office.

Homework

Classroom teachers will implement the school's regular expectations regarding homework and will make notification of these assignments available to parents per the school's established protocols and/or platform.

Work Submission

In an effort to minimize the exchange of materials and if economically feasible, administrators should establish a platform(s) for students and teachers to utilize for the submission of assignments. It is strongly encouraged that administrators select a platform that will meet the school's needs during in-person instruction and also during remote/distancing learning should this need to be implemented.

Specialty Classes (i.e., Art, Music, Foreign Language)

The school's administration will determine the feasibility of continuing with the specialty class academic offerings based on the policies/procedures being implemented to accommodate the public health crisis. As warranted, the schedule and/or curriculum should be modified in order to meet safety protocols. To minimize numbers of individuals moving throughout the building, the administration should seriously consider having these teachers transition from room to room rather than having the students moving between instructional areas.

Preparing for Distance/Remote Learning

Administrators are strongly encouraged to have all of their teachers establish classroom procedures that would support a smooth transition to distance/remote learning should this be needed. This would include items such as:

- Prior to the start of school, have all teachers create distance/remote classrooms for their students using the platform determined by the administration.
- Communicate with parents the distance/remote learning tools available, the conditions under which these will be employed, and the expectations for student participation when these are implemented.
- During the school year, intentionally plan lessons that utilize distance learning tools to help students develop a comfort level with utilizing these resources.

Progress Reports

The school's administration in collaboration with classroom teachers should ensure that parents/guardians receive regular feedback regarding student progress. This should be attended to whether the school is utilizing in-person or distance/remote learning.

United in Faith, Returning with C.A.R.E.

Communities Reimagined Effectively

Supporting Students and Staff

The safety of our students and staff is of highest concern. Recognizing that we cannot create an environment devoid of potential exposure to viruses, we are committed to taking steps to provide as many mitigation strategies as can be effectively sustained.

Students and Group Sizing

The faculty and staff under the guidance/direction of the school's Administrator and/or Public Health Crisis Coordinator will determine the most appropriate manner in which to group students. While recognizing that physical distancing and reducing close contact between individuals is an effective way to slow the spread of disease, this must be done in an age-appropriate manner that minimizes the impact on meaningful instruction and social development.

To the extent feasible, the following steps to support physical distancing will be utilized in all areas of the school as determined by the Administration/Public Health Crisis Coordinator in collaboration with the staff member utilizing the instructional space:

- Students kept in groups, not to exceed the maximum number allowed by state guidance, including teachers and staff.
- Space apart students standing in line and consider tape marks on the floor to support this.
- Limit sharing of materials:
 - Develop systems and structures to minimize contact of student belongings with those of others as well as ensuring the daily sanitization of used items.
 - Implement procedures to minimize sharing of high touch materials and when sharing is necessary, implement strategies to disinfect materials between groups.
 - Ensure adequate supplies to minimize sharing of high touch materials (art supplies, lab equipment, computer equipment etc. assigned to a single student) or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
 - Do not share electronic devices, toys, books, musical instruments, games or learning aids.
- Keep classes together to include the same group of students each day and keep the same teachers and staff with the same group each day.
 - This will need to be addressed differently to meet the education needs of high school (and maybe middle school) students, early education and after school.
- Minimize mixing between groups.
- Space seating/desks and bedding (head-to-toe positioning) to at least **3 feet apart for PreK-5th grade and 6 feet apart for all others**.
- Turn desks to face in the same direction (rather than facing each other), or have students sit on only one side of tables, spaced apart.
- Require students to stay in an assigned section of the school yard as opposed to mingling with other classes.
- Hold virtual meetings with students, families and staff, unless specific needs warrant otherwise.
- Move classes outdoors weather permitting.

- Minimize students traveling to different buildings; staff and students should wear facial coverings and avoid congregating during these transitions.
- Broadcast in-class instruction to multiple rooms to allow students to spread out.
- Implement a homeroom stay where the teachers rotate, as opposed to the students.
- Only allow supervisors and staff who are required for instruction/student support to be in the classrooms.
- Discourage the use of attendance awards or perfect attendance incentives for students.
- Plan activities that do not require close physical contact between multiple students.
- Rearrange furniture to avoid clustering in common areas.
- Communal Spaces, Large Group Activities and Public Use of Schools:
 - Large group activities must conform to the maximum number allowed by current state guidance.
 - School sponsored or school supported before- and after-school programs may continue, but attendance records must be kept.
 - Libraries can be opened if physical distancing can be achieved (no congregating) and restricted to one consistent cohort of students (pods).
 - If the library cannot be opened or must be closed, schools need to work with librarians and officials to find alternative ways to ensure their students' access to library materials.
 - Fire and safety drills must continue to occur according to state regulations.
 - Administrators and school safety teams must develop protocols to do this safely in the context of this guidance and for physical distancing of staff and students.
 - Outdoor recess space where students can keep physical distance may be opened.
 - Group activities with the potential to generate increased respiratory droplets and aerosols should be avoided unless proper spacing/sanitization can be maintained.
 - This includes activities such as singing (e.g. choir, glee club, a cappella groups, musical theater) and music that involves woodwind or brass instruments.

Staffing

To the extent feasible, the following steps to support physical distancing will be utilized in all areas of the school as determined by the Administration/Public Health Crisis Coordinator:

- Based on physical and economic constraints, install physical barriers in reception areas and employee workspaces where the environment does not accommodate physical distancing.
- Make adjustments to faculty/staff work expectations such as room assignment and work flow procedures to support recommended class sizes and limit the number of individuals transitioning through the building.
- Close the staff/teacher's lounge.
- Hold virtual meetings unless specific needs warrant otherwise.
- Rearrange employee workstations to ensure they are separated by six feet.
- Minimize employees traveling to different buildings; staff should wear facial coverings and avoid congregating during these transitions.
- Plan activities that do not require close physical contact between multiple students.

If a staff member indicates they are afraid to return to work due to the current public health crisis or requests accommodations to return to work, the administrator must notify the Superintendent of Schools and the Executive Director of Human Resources immediately.

Schools should monitor absenteeism of staff and consider cross training staff and/or creating alternate scheduling options in order to support the overall operation of the school in the event substitutes are not available.

Students/Staff who Develop Symptoms while at School

If signs and symptoms listed under the Health Screening section of this document begin while at school, the student or staff member must be sent home as soon as possible. Keep sick students separate from well students and limit staff contact as much as reasonably possible, while ensuring the safety and supervision of the sick student(s) until they leave.

- Students and staff should be excluded from school until they are no longer considered contagious.
- Students and staff with fever greater than 100.4°F and no specific diagnosis should remain at home until they have had no fever for 24 hours without the use of fever-reducing medications (e.g., Advil, Tylenol).
- Materials, toys and furniture touched by the student who is sent home should be thoroughly cleaned and disinfected.

Healthy students and staff with the following symptoms/conditions are not excluded from in-person school activities:

- Allergy symptoms (with no fever) that cause coughing and clear runny nose may stay if they have medically diagnosed allergies and follow medical treatment plans.
- Well-controlled asthma

Students/Staff who are Exposed to the Virus and/or Develop Symptoms while not at School

In the document titled “A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020”, the Vermont Agency of Education and Department of Health state the following:

Recognizing that community (not school) transmission will be the primary mode of infection, and due to the 14-day incubation of SARS-CoV-2, students, families and staff should make extra effort to avoid large gatherings and other situations that put them at greater risk for SARS-CoV-2 exposure in the weeks leading up to school opening.

In addition to the above, it is recommended that members of the school community limit travel to non-quarantine areas and if travel is unavoidable, that individuals abide by the quarantine expectations issued by the State of Vermont.

Everyone’s willingness to continue all of these strategies for as long as is needed will help to create and sustain the safest environment possible for in-person learning.

If signs listed under the Health Screening section of this document **and/or any other communicable illness** begin while not at school (i.e. at home) the student or staff member should not come to school until they are no longer considered contagious.

To know when it is safe for students to return to school, refer to Appendix G: COVID-19 in Pediatric Patients (Pre-K – Grade 12) Triage, Evaluation, Testing and Return to School.

To know when it is safe for staff to return to work, refer to the following:

- For staff who have symptoms or have had a positive COVID-19 test, use the symptom-based strategy. Exclude from work until at least 10 days have passed since symptom onset – or if no symptoms, since date of test collection **AND** at least 24 hours have passed since resolution of fever without the use of fever-reducing medications **AND** other symptoms have improved.
- For staff who do not have symptoms but tested positive for COVID-19, use the time-based strategy. Exclude from work until 10 days have passed since the date of their first positive

COVID-19 test if they have not developed symptoms. If they develop symptoms, then use the symptom-based strategy outlined above.

- Staff who have had close contact with someone with COVID-19, will be asked by the Health Department to stay home from work for 14 days since the last day they were in contact with the person with COVID-19. Staff in quarantine can be tested on or after day 7 of their quarantine if they have not had any symptoms. If the test is negative, they can return to work.

Neither a negative test for COVID-19 nor a letter from the Department of Health should be required to return to work. However, if you choose to take a COVID-19 test and the results are negative **AND** symptoms have improved, you may return to work.

Communication

Communication is a cornerstone of any successful academic program and the schools in the Roman Catholic Diocese of Burlington recognize this. Building on years of success, we will initiate updated communication strategies focused on effectively communicating during this time of change. **This communication should include the names and contact information for all staff members charged with the effective implementation of the school public health crisis plan of action (i.e. the administrator, Public Health Crisis Coordinator, etc.)**

School

The Administrators from all Catholic schools in the Diocese collaborated with the Office of Catholic Schools to create this foundational document. This document is intended to be a guide for each school to establish its local plan of action for returning to in-person instruction following a public health crisis.

The facilitation of the local plan of action is to take place under the guidance/direction of each school's Administrator:

- Diocesan schools are expected to route their local plan to the Superintendent of Schools for approval.
- Parish schools are expected to route their local plan to the pastor of the parish for approval.
- Private schools are expected to follow the policy approval process established for their respective school.

It is likely that as the school year continues and the public health crisis evolves, there will need to be updates to the local plan of action. These updates should be made by the School Administrator and Public Health Crisis Coordinator and submitted for approval per the guidelines above.

Home

Once approved, the School Administrator is responsible for distributing the school's local plan of action to the families with children enrolled in the school. They are encouraged to make it available on the school's digital platforms (i.e. website) and to offer to provide a paper copy to any family who may need this. At a minimum, information regarding the existence of the local plan of action and the expectation for parents/guardians to support its implementation should be included in the parent/family handbook. It is encouraged that this notification also includes information as to where parents/guardians can access the complete local plan of action (i.e. on the school's website).

As updates are made, the School Administrator is responsible for communicating these to all members of the school community and digitally posting them in the same manner as the original local plan of action

was published. This communication should include the reason(s) for the update, how the update will impact the day-to-day life of the school, and any other appropriate information.

Faculty and Staff

School Administrators are encouraged to include input from faculty and staff in formulating the school's local plan of action. Once approved, the local plan of action and any updates should be shared with all faculty and staff. In these communication pieces, administrators are encouraged to highlight for faculty and staff the critical role they will play in the successful implementation of the local plan of action. At a minimum, the expectation to authentically support and meaningfully implement the local plan of action should be included the faculty/staff handbook.

Students

Prior to the start of school, School Administrators are encouraged to have teachers provide parents/guardians with details as to how the local plan of action will be implemented within their respective classroom.

During the first few days of school, School Administrators should expect teachers to provide students with age/developmentally appropriate explanation of the local plan of action. This should include teaching the students the classroom specific and school-wide processes/procedures that will be followed to ensure adherence to the expectations outlined in the local plan of action.

School Administrators should develop a process to document this communication and training as well as the communication and training following updates to the local plan of action. This documentation should be kept on file in the school office.

Community

Each School Administrator is encouraged to dialogue with the appropriate party regarding communicating the local plan of action to the larger community:

- Diocesan schools consult with the Superintendent of Schools.
- Parish schools consult with their pastor.
- Private schools consult with the individuals within their community best suited to provide this guidance.

Diagnosed Case within the School

If there is a diagnosed case of the current public health crisis, the School Administrator and/or Public Health Crisis Coordinator will initiate the school's response plan of action. This plan is expected to include the following:

- Notification to the Pastor (if a parish school) and to the Superintendent of Schools.
- Notification to the Vermont Department of Health (VDH)
- Working with the VDH and the Superintendent of Schools, the School Administrator and/or Public Health Crisis Coordinator will:
 - determine if any school dismissal is warranted
 - support any contact tracing determined necessary by the VDH
 - utilize the letter templates provided by the VDH to prepare communication pieces for the community
 - maintain open lines of communication with members of the community to address concerns
 - work with school staff to ensure proper cleaning/disinfecting of potentially infected areas

Facilities

Rooted in history means that many of our school facilities have nurtured countless students over the years. This brings with it much pride and in many ways the traditions of our communities are deeply tied to the physical structures that have housed our programs. During times such as these, however, we must embrace change as safety is paramount. We believe that through effectively reimagining the care of our schools we can protect both the historical integrity of our facilities and the people who currently tread the hallowed halls of these community treasures.

Signage: Symptoms

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will post signage at all entrances, the main office, and in each classroom. At a minimum these should contain information to stay home if ill and how to prevent the spread of illness. See Appendix B for printable option.

Signage: Handwashing/Hygiene

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will post signage at all sinks regarding how to properly wash hands. See Appendix C for a printable option.

Signage: Facial coverings/Physical distancing

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will post signage at entrances, in hallways, classrooms, gymnasium, cafeteria regarding wearing a facial covering and maintaining social distance. See Appendix D for a printable option.

Hand sanitizing stations

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will establish hand sanitizing stations at the entrances, on the playground, and throughout the building. Outdoor stations can be mobile so that these can be brought inside when not in use.

Playground Equipment

Playground equipment should be cleaned according to routine cleaning procedures, though school staff should ensure that children thoroughly wash or sanitize their hands prior to, and after, designated play times such as recess.

Plastic barriers

Prior to the start of school and as physically and economically feasible, the School Administrator and/or Public Health Crisis Coordinator will ensure that plastic barriers are installed in areas where social distancing cannot be observed.

Isolation room

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will establish an isolation room to be utilized if a student becomes ill while at school and is waiting for an adult to pick him/her up. This should be a room with proper ventilation and a door. When a student is in the isolation room, he/she must be properly supervised and this can be done through the use of a plastic barrier, baby monitor, etc.

Daily Cleaning

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will establish and communicate procedures/processes for daily cleaning of frequently touched surfaces. Responsible staff members should be trained regarding how to conduct the cleaning, document completion, secure additional supplies, etc.

Documentation of cleaning should be kept in the specific area on a daily basis and reported to the office on a weekly basis. School Administrators are encouraged to develop cleaning logs. A sample is provided in Appendix F.

Ventilation

Weather permitting, classroom/building windows should be open to provide increased ventilation both while students are present and during daily cleaning. **Incorporating the use of fans to facilitate air circulation should be considered when feasible.** Schools are encouraged to remember that propping exterior doors open could result in a breach of security and caution is advised before considering this ventilation option.

Entrance Procedures during Inclement Weather

Prior to the start of school, the School Administrator and/or Public Health Crisis Coordinator will establish and communicate procedures/processes for daily health checks during inclement weather. These should be done in a manner that minimizes exposure to other students, faculty, and staff members in the building and should follow all of the health check protocols included previously in this document.

United in Faith, Returning with C.A.R.E.

Supports Reimagined Effectively

Appendix A: Health Screening Agreement

(To be used if a school opts to implement home-based health screenings.)

[INSERT SCHOOL NAME OR LETTERHEAD]

HOME-BASED HEALTH SCREENING AGREEMENT

The purpose of this form is to establish an agreement between the parent/guardian and the school in order to meet the state mandated requirement that every student undergo a daily health screening. The implementation of home-based screenings will facilitate the process of student arrival at school being done in the most efficient and educationally productive manner possible and parental/guardian support is a key component of this effort..

Components of a proper Home-Based Student Health Screening:

- Visually assess if there is evidence of the following:
 - A significant new rash, particularly when other symptoms are present.
 - Large amounts of nasal discharge in the absence of allergy diagnosis.
- Conduct temperature screening and keep student home if temperature is at or above 100.4°F without the aid of fever reducing medication.

Parent/Guardian Commitment:

By signing this form, you agree to:

- Conduct a health screening for your child(ren) each day prior to arriving at school
- Keep your child(ren) home from school if any of the symptoms noted above are present
- Keep your child(ren) home if there has been close contact with a person diagnosed with **[insert name of current public health crisis]**
- Notify the school if your child(ren) are remaining home and share if this is due to exposure to or diagnosis of **[insert name of current public health crisis]**

My/Our signature(s) on this form confirm(s) my/our commitment to abiding by the above for the duration of the 2020 – 2021 school year unless directed otherwise by the school's administration.

Student Name

Grade Level/Homeroom

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Appendix B: Symptoms



Feeling Sick?

Stay home when you are sick!

If you feel unwell or have the following symptoms
please leave the building and contact your health care provider.
Then follow-up with your supervisor.

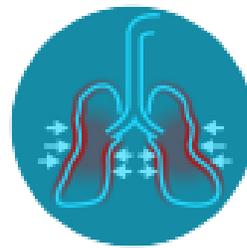
DO NOT ENTER if you have:



FEVER



COUGH



**SHORTNESS OF
BREATH**



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cdc.gov/CORONAVIRUS

In the document titled “A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020”, the Vermont Agency of Education and Department of Health recommend 3 – 6 feet of social distance for students in PreK – Grade 5.

Stop the Spread of Germs

Help prevent the spread of respiratory diseases like COVID-19.



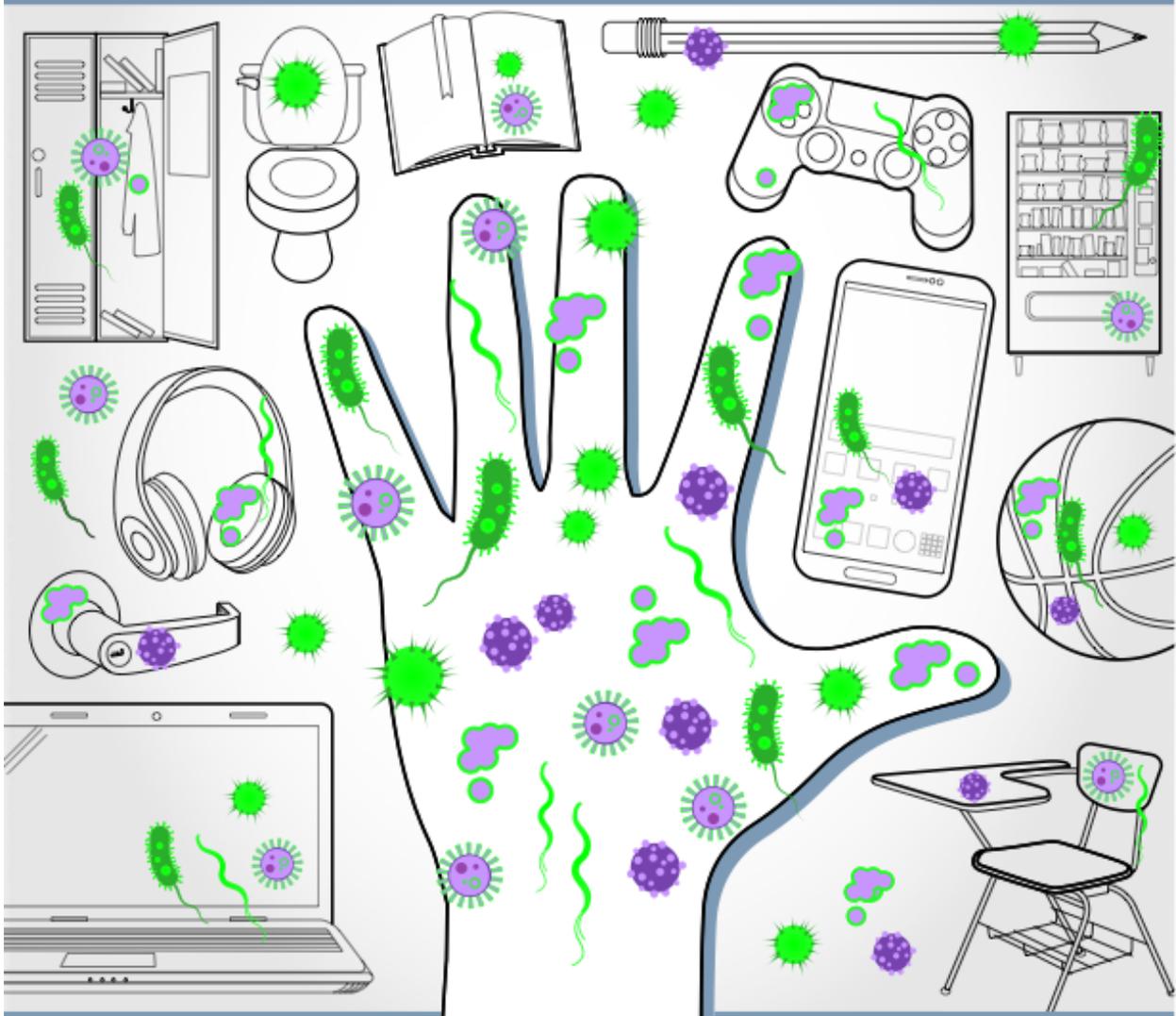
[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

20201114_May 12, 2020(1)-01.indd

Appendix C: Handwashing and Sanitizing



GERMS



Appendix D: Facial Covering and Social Distancing

In the document titled “A Strong and Healthy Start: Safety and Health Guidance for Reopening Schools, Fall 2020”, the Vermont Agency of Education and Department of Health recommend 3 – 6 feet of social distance for students in PreK – Grade 5.

Please wear a cloth face covering.

6 ft

Maintain a distance of 6 feet whenever possible.

cdc.gov/coronavirus

CS 317176-B 05/27/2020

Appendix E: Cleaning Information

Excerpt from CDC Document “Cleaning and Disinfection for Community Facilities”.

Document Link: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>

Hard (Non-porous) Surfaces

If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.

- For disinfection, most common EPA-registered household disinfectants should be effective.
 - A list of products that are EPA-approved for use against the virus that causes the current public health crisis is available on the CDC website. Follow the manufacturer’s instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
 - Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite, or concentration of 5%–6%.) can be used if appropriate for the surface. Follow manufacturer’s instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Bleach solutions will be effective for disinfection up to 24 hours.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3 cup) bleach per gallon of room temperature water or
 - 4 teaspoons bleach per quart of room temperature water

Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands. Additional key times to clean hands include:

- After blowing one’s nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance such as a child.

Soft (Porous) Surfaces

For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products that are EPA approved for use against the virus that causes the current public health crisis and that are suitable for porous surfaces

Electronics

For electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines, remove visible contamination if present.

- Follow the manufacturer’s instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Linens, Clothing, and Other Items That Go in the Laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people’s items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

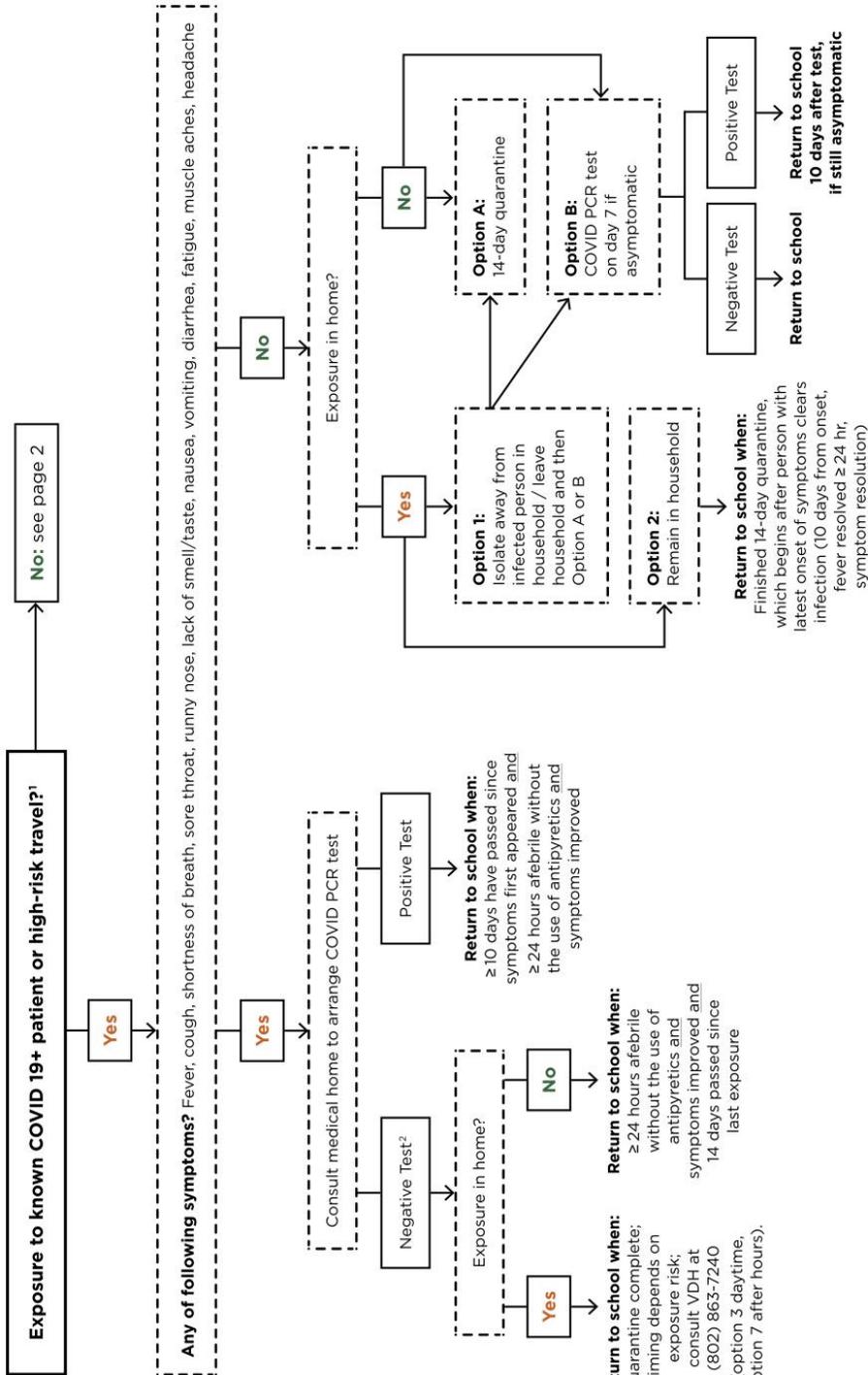
Appendix G: COVID-19 in Pediatric Patients



COVID-19 in Pediatric Patients (Pre-K – Grade 12)

Triage, Evaluation, Testing and Return to School*

*This algorithm was developed in the setting of Vermont's low prevalence of SARS-CoV-2 Virus. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations



¹Exposure/travel: had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19, or traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large number of cases of COVID-19 <https://saccd.vermont.gov/covid19/restart/cross-state-travel>. High-risk travel also includes travel to a "green" area via public transportation (e.g., airplane, bus)

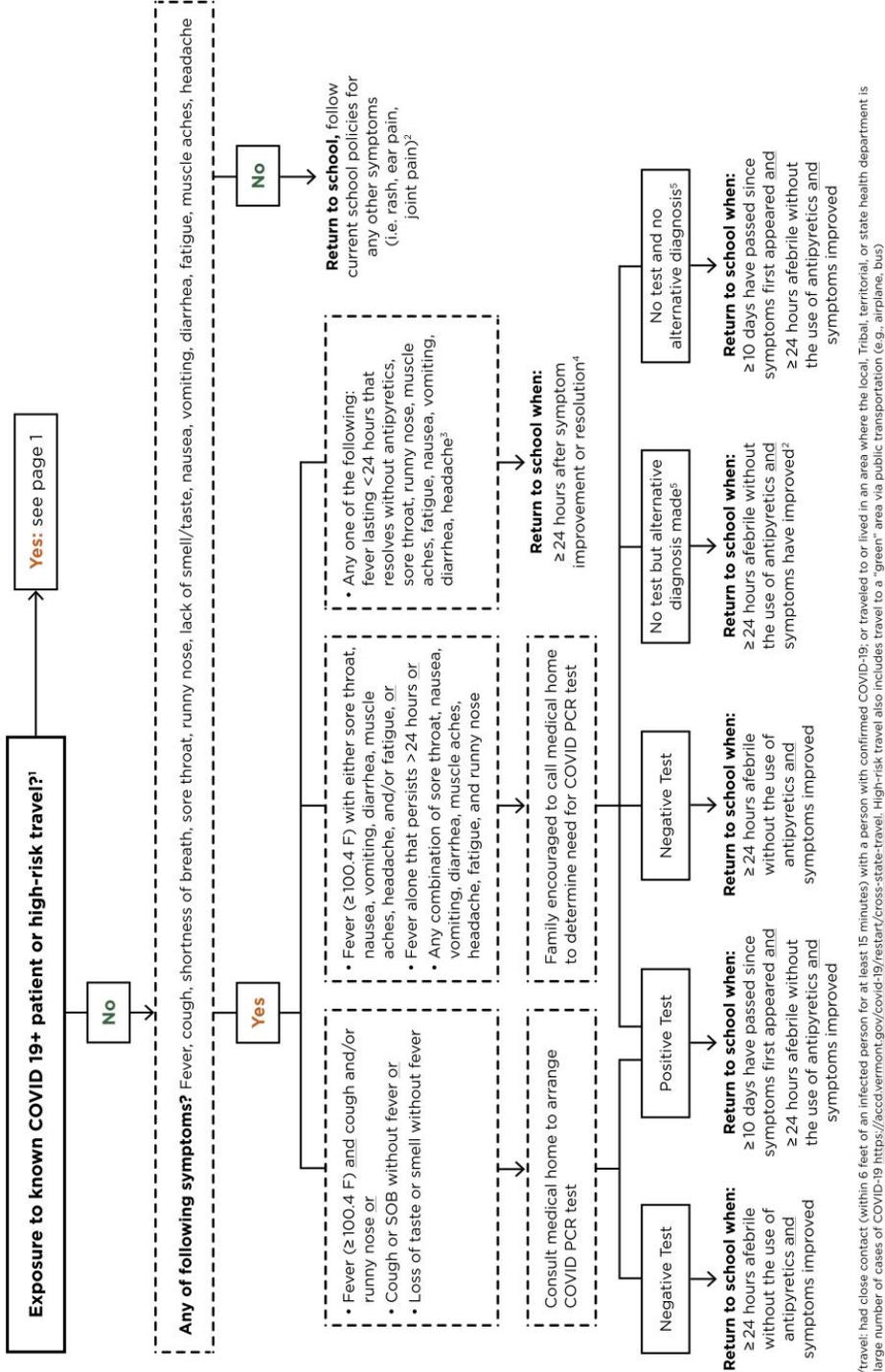
²if highly suspect COVID, may repeat test in 24 hours

COVID-19 in Pediatric Patients (Pre-K – Grade 12)



*This algorithm was developed in the setting of Vermont's low prevalence of SARS-CoV-2 Virus. This is a changing environment, and as we gain new knowledge about this virus, expect adaptations

Current as of September 14th, 2020



¹Exposure/travel: had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; or traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large number of cases of COVID-19 <https://accd.vermont.gov/covid-19/restart/cross-state-travel>. High-risk travel also includes travel to a "green" area via public transportation (e.g., airplane, bus)

²Consult usual infectious disease protocols (e.g. Red Book or Caring for Our Children)

³Rash alone, including purple toes, is not currently a CDC listed symptom of acute COVID-19 infection

⁴Parent/caregivers may consult medical home for persistent symptoms

⁵Routine testing of otherwise healthy outpatients for influenza is strongly discouraged this season. In order to preserve testing capacity for SARS-CoV-2. For additional information, please refer to current health department health alerts (HAN) or guidelines for influenza testing.