Christ the Divine Teacher Catholic Academy Phased School Reopening Health and Safety Plan

Christ the Divine Teacher Catholic Academy

CATHOLIC DIOCESE OF PITTSBURGH

"He had compassion on them and healed their sick."
Mt. 14:14

Table of Contents

Jesus Christ – The Divine Physician

"As (Jesus) went ashore, He saw a great throng; and he had compassion on them, and healed their sick" (Mt 14:14).

The first line of St. John Paul II's first encyclical letter *Redemptor Hominis* proclaimed this: *"The Redeemer of Man, Jesus Christ, is the center of the universe and history."* It is a very apt reminder for us today that Jesus Christ stands at the center of all human life and each of our lives, especially when great trials and difficulties confront us. Over these past months, as the COVID-19 pandemic changed the way people throughout the world live their lives, the Lord Jesus has stood at the center of our existence. He continues to walk with us each day. Christ is the Redeemer and the Divine Physician who heals, guides and protects us and all whom we love. He is the answer to the deepest longings of the human heart and sheds the light of his love into the darkness of our fears. He is hope and healing for the world.

One of our most pressing concerns is the education and the formation in the Catholic faith of our children and young people. No matter what questions and challenges may arise as we seek to open our Catholic schools, religious education and youth ministry programs, we believe that Jesus, our Redeemer and Divine Physician, is at the center of our endeavors. He who gazed with compassion upon the people gathered on the seashore two thousand years ago looks upon us with love and by his presence heals, strengthens, enlightens us and gives us hope to go on.

The Family – Basic Cell of the Body of Christ

In a public health crisis such as we are experiencing, much attention is necessarily and rightfully given to *the body*. This is the chief purpose of this document: to protect the bodily health of our students, families, staff and volunteers. But as a community of believers, we do well to reflect on our Church's spiritual understanding of itself as *One Body in Christ* (1 Corinthians 12: 12-27). We are the Body of Christ: many individuals united as members of this Body, in and through our relationship with Jesus, our Head. Mindful of our identity as members of the Body of Christ, we recall that the ministry of Jesus Christ in which the Church participates is care for the "whole person". That is to say, we are not only concerned with the physical good of individuals, but also their spiritual, emotional, social and intellectual well-being. This preamble is a reflection on those aspects of care which might otherwise be forgotten in our anxiety to respond to our present crisis. Highlighting these broader aspects of care for Christ's Body, we first reflect on the primary element of any body, the cell.

The Church teaches that in both society and the Church, the family is the basic cell or most fundamental unit (*CCC,* 1656, 2207). "The family is the original cell of social life" (*CCC,* 2207). The home is the first school of love, compassion, truth and faith. Therefore, the stronger the family is, the stronger all of society and the Church will be. "Authority, stability, and a life of relations within the family constitute the foundations for freedom, security and fraternity within society...The family, (then), must be helped and defended by the appropriate measures" (2207). In this

hour of need, the Lord uses our schools and parishes to help and defend our families. We take to heart the need to keep the "family first", to strengthen, support and engage the many families that are the foundation of our communities.

Dignity of the Human Person

Beginning in childhood, we experience that great truth which our faith teaches: that every human person is created in the image and likeness of God. The unconditional love which parents have for their children is a beautiful and powerful witness that the Lord created us out of love, to be loved, to give love, for love. This is the foundation of the "dignity of human person" which the Church proclaims and expresses in our care for our neighbors, especially the most vulnerable, those who are underrepresented and the marginalized.

Our personal freedom is also an outward manifestation of the divine image we bear. We often struggle in our proper understanding and experience of this freedom. Through Christ God gives us freedom, not as the license to do whatever we want, but as the ability to do what we ought. We receive this as Jesus' own example, who "did not come to be served but to serve and to give his life as a ransom for many" (Matt 20:28).

We are faithful to our own personal dignity when we choose to do the good for which we are created; and we show reverence for the dignity of others in caring for their spiritual and physical needs. "The more one does what is good, the freer one becomes. There is no true freedom except in the service of what is good and just," (*CCC*, 1733).

This understanding of our personal freedom, and the presence in every age and place of those experiencing poverty, sickness and need, has moved Christian women and men to respond in love to our neighbors in ways that are both simple and heroic. In a very particular way, the Church's mission to preach the Gospel is found in its ministry to those suffering with physical illnesses, as it seeks to accompany them and work toward their health in body and soul. Therefore, as we respond to the COVID-19 crisis, let us each strive to respect the dignity of each person in our community, seeking their *total* care.

✔ **Physical Care**
 "Do you not know that your body is a temple of the Holy Spirit within you, whom you have from God, and that you are not your own? For you have been purchased at a price. Therefore, glorify God in your body" (1 Cor 6:19-20). Have we ever thought of the body as a traveling "tabernacle", God's dwelling place which brings His presence to others? Yet as God chooses to live in us, this is what we are. Our physical selves, therefore, are not only integral to our personhood, but are ennobled by the Holy Trinity who lives within us by grace. We cannot understand ourselves apart from our physical bodies, nor can we accomplish good without them. That is why the Lord expects us to be good stewards of the bodies He has created. Taking care of our physical health allows us to fully offer ourselves in

service to the Gospel of Jesus Christ. St. Ignatius of Loyola taught, "It is not the soul alone that should be healthy; if the mind is healthy in a healthy body, all will be healthy and much better prepared to give God greater service."

✔ **Spiritual Care**

Our care for the spiritual health of every person is a genuine expression of our hope for eternal life. Together with the call to serve the physical needs of our neighbors which we recall especially with the *Corporal Works of Mercy,* (feed the body, shelter the homeless, care for the imprisoned, etc.), our Church has long maintained the teaching and tradition of the *Spiritual Works of Mercy:* counsel the doubtful, instruct the ignorant, admonish sinners, comfort the sorrowful, forgive Injuries, bear wrongs patiently, pray for living and the dead.

Our lives in this world, and especially in the midst of a pandemic, present us with an abundance of opportunities to serve others with the love of Christ. In the first place we do this in our care for the sick and those prone to physical illness, but also in our care for those suffering fear and anxiety and in our accompaniment of those who are discouraged or who may not know Jesus as our Redeemer and Divine Physician. The most excellent and effective "medicine" which Christians have available are the sacraments of the Church. In the sacraments each of us, again and again, is drawn into an encounter with the Lord Jesus, who heals us and makes us whole. The Holy Eucharist, in particular, is our "daily Bread" given to nourish in us the hope which Christ alone offers us.

✔ **Social and Emotional Care**

As already recalled, we are created by and exist through the love of a Trinitarian God. Imaging this original Community of Love, human persons are impelled to pursue a civilization of love among peoples. Inter-connectedness is not only a call, then, but also a personal need. Yet, facing social distancing, we experience certain restrictions to our interactions. Even still, we are never hindered in building and sustaining friendships and healthy relationships. Fostering self-awareness, impulse control, motivation, empathy, and social skills, help us to relate to others and to know ourselves. Through our closeness with God, our lives spill over with the Fruits His Spirit – love, joy, peace, patience, kindness, goodness, faithfulness, gentleness and self-control -- which cultivate an emotional and social well-being built upon the love that is our God.

✔ **Intellectual Care**

Even in the midst of the COVID uncertainty, our schools and parishes are committed to serving the instructional needs of our students. This is modeled by the Second Vatican Council which insisted that *"Holy Mother Church must be concerned with the whole of man's life, even the secular part of it insofar as it has a bearing on his heavenly calling. Therefore, she has a role in the progress and development of education"* (*Gravissimum Educationis*). Education remains critically important in the formation of the human person by teaching how to live well now to be able to live with God for all eternity. Our schools and parishes serve both the faith community and

society by educating children, young people and adults to contribute to the common good by becoming active and caring members of the communities, cities, and nation in which they live.

Facing many challenges as we reopen schools and provide faith formation and youth ministry in parishes in the fall, we, the Body of Christ, nonetheless take up this charge with faith, hope and love. Commissioned by the Son of God Himself for this holy work, we go forward confident that the One who began the good work in us will bring it to completion (Philippians 1: 6). As we implement the following guidelines to provide our children and young people with an excellent Catholic education and formation in a safe and healthy environment, we turn always to Him in our work and respond with unwavering faith: **"Jesus, we trust in You!"**

Resources
Please refer to Appendix 1 for faith-related COVID-19 resources

APPENDIX 1 – FAITH-RELATED COVID-19 RESOURCES

Diocese of Pittsburgh
- *Bishop Zubik's Pastoral Letter, "The Other Side of Corona"*
- *Moving Forward Together: The Diocese of Pittsburgh's Response to COVIS-19* (updates, directives, news, resources etc.)
- *Faith at Home Webpage for the Diocese of Pittsburgh (family activities and resources)*

Parenting and Coronavirus
- *Faith-fully Navigating Coronavirus with your Kids*
- *9 Reasons Why Your Kids Might be Thriving in Quarantine*
- *An Open Letter to Parents Thrust Into Homeschool Because of Coronavirus-Covid 19*
- *The Messy Family Project*
- *Ideas and Recommendations for Families with Children who Have Diverse Learning Needs*

Family Activities and Resources for Faith at Home
- *How to Make a Home Altar (or Prayer Space)*
- *Praying the Rosary Like Never Before*-Video
- *How to Pray the Rosary*
- *7 Easy Ways to Add Prayer to Your Quarantine Life with Kids*
- *The Family Fully Alive: Building the Domestic Church*
- *Week Mass Resources for Kids (When Attending Mass Isn't Possible)*
- *Prayer Card Collection: Print. Cut. Pray.*
- *Lectio Divina for Kids*
- *Sweeter than Honey: Psalm Coloring Pages*
- *Adoration Coloring Pages*
- *The Bible Family Challenge*
- *Home Resources from Catechesis of the Good Shepherd*
- *EWTN Kids*

Youth and Young Adult Ministry Resources
- *NFCYM COVID-19 Resources*
- *Over a Thirds of Young Adults See Increase in Faith Since Pandemic - Article*
- *Live and Archived Lifeteen Webinars for Youth* Leaders
- *COVID Resources for Ministry with Young Adults*
- *Surviving COVID-19 In Christ: Campus Ministry Resource Kit*
- *A Devotional of Healing and Love: Journal and Reflections on COVID-19 for Teens*
- *Credible Catholic Resources*

Prayer and COVID-19
- *Strong in the Face of Tribulation: Vatican Prayer Book in Response to COVID-19*
- *Praying Together, Praying Apart: At-Home Prayers for Times of Healing, Illness, and Death*
- *Making a Spiritual Communion*
- *Stations of the Cross with Bishop Barron* – video
- *COVID-19: A Prayer of Solidarity*
- *Prayer to Our Lady of Guadalupe in Light of COVID-19*
- *Prayer to Our Lady of Guadalupe in Light of COVID-19- Spanish*

Spiritual Life and COVID-19
- *PEACE in a Pandemic - Video*
- *I Long to See Your Face - Article*
- *Eternal Word Television Network – Multi Media Resources*
- *The Corporal and Spiritual Works of Mercy During the COVID-19 Pandemic*

CDC Considerations for Communities of Faith
- *Considerations for Communities of Faith*
- *CDC Suggestions for Youth and Summer Camps*
- *CDC Suggestions for Youth Programs and Camps*

Health and Safety Plan: Christ the Divine Teacher Catholic Academy

All decision-makers should be mindful that as long as there are cases of COVID-19 in the community, there are no strategies that can completely eliminate transmission risk within a school population. The goal is to keep transmission as low as possible to safely continue school activities. All school activities must be informed by the PDE COVID Exposure Protocol.

Type of Reopening

Key Questions

- How do you plan to bring students and staff back to physical school buildings, particularly if you still need social distancing in place?
  - Our mid June parent survey indicated that a majority of our school families would prefer in person instruction to begin the 2020-2021 school year. Therefore we plan to bring our students and staff back with a total reopen with plans of offering a virtual learning platform for those who prefer or need this type of format due to an immunocompromised situation.. Social distancing, enhanced cleaning and sanitizing and modified procedures will be used to allow administration, faculty, staff and students to return to our buildings.
- How did you engage stakeholders in the type of re-opening your school entity selected?
  - A diocesan-wide planning team that consisted of local principals and central administration was formed to research best practices and gather research based resources. Local school parents were surveyed to provide us with valuable insight on the perceptions and feelings of our families regarding education during COVID-19. The Recovery plan was then drafted using the best available resources and then vetted through various focus groups composed of local teachers, parents and pastors.
- How will you communicate your plan to your local community?
  - The COVID-19 Educational Recovery Plan will be disseminated to all stakeholder groups (Administrators, Parents, Teachers) via email. The document will be placed on the local schools' websites for public inspection.
- Once you reopen, what will the decision-making process look like to prompt a school closure or other significant modification to operations?
  - Decisions will be made by the pandemic team in coordination with local and state health agencies.

Based on your county's current designation and local community needs, which type of reopening has your school entity selected? (SELECT ONE BOX BELOW)

- ✓ **Total reopen for all students and staff (but some students/families opt for distance learning out of safety/health concern).**
- ❏ Scaffolded reopening: Some students are engaged in in-person learning, while others are distance learning (i.e., some grade levels in-person, other grade levels remote learning).
- ❏ Blended reopening that balances in-person learning and remote learning for all students (i.e., alternating days or weeks).
- ❏ Total remote learning for all students. (Plan should reflect future action steps to be implemented and conditions that would prompt the decision as to when schools will re-open for in-person learning).

Anticipated launch date for in-person learning (i.e., start of blended, scaffolded, or total reopening): Tuesday, September 8, 2020

Pandemic Coordinator/Team

Each school entity is required to identify a pandemic coordinator and/or pandemic team with defined roles and responsibilities for health and safety preparedness and response planning during the phased reopening of schools. The pandemic coordinator and team will be responsible for facilitating the local planning process, monitoring implementation of your local Health and Safety Plan, and continued monitoring of local health data to assess implications for school operations and potential adjustments to the Health and Safety Plan throughout the school year. To ensure a comprehensive plan that reflects the considerations and needs of every stakeholder in the local education community, LEAs are encouraged to establish a pandemic team to support the pandemic coordinator. Inclusion of a diverse group of stakeholders is critical to the success of planning and implementation. LEAs are highly encouraged to make extra effort to engage representatives from every stakeholder group (i.e., administrators, teachers, support staff, students, families, community health official or other partners), with a special focus on ensuring that the voices of underrepresented and historically marginalized stakeholder groups are prioritized. In the table below, identify the individual who will serve as the pandemic coordinator and the stakeholder group they represent in the row marked "Pandemic Coordinator". For each additional pandemic team member, enter the individual's name, stakeholder group they represent, and the specific role they will play in planning and implementation of your local Health and Safety Plan by entering one of the following under "Pandemic Team Roles and Responsibilities":

- **Health and Safety Plan Development:** Individual will play a role in drafting the enclosed Health and Safety Plan;
- **Pandemic Crisis Response Team:** Individual will play a role in within-year decision making regarding response efforts in the event of a confirmed positive case or exposure among staff and students; or
- **Both (Plan Development and Response Team):** Individual will play a role in drafting the plan and within-year decision making regarding response efforts in the event of a confirmed positive case.

Individual(s)	Stakeholder Group Represented	Pandemic Team Roles and Responsibilities (Options Above)
Mike Killmeyer	Regional Administrator	Both
Michelle Peduto	Director of Catholic Schools	Both
Mark Grgurich	Principal	Both
Clare Yaksich	Elementary School Faculty	Both
Josie Doyle	Administrative Assistant	Both
Natalie Gourley	Fox Chapel School District Nurse	Pandemic Crisis Response Team
CDTCA Faculty	Faculty	Health and Safety Plan Development
Matthew Blackburn	School Advisory Council	Health and Safety Plan Development

Anne Cooper	School Parent	Health and Safety Plan Development
James Darcy	School Safety Director / Athletics	Health and Safety Plan Development
Katie Lovett	Marketing & Admissions Director	Health and Safety Plan Development
Elissa Tunno	PTG President	Health and Safety Plan Development
Amy Wienand	School Parent	Health and Safety Plan Development
Diocesan Planning Team	Diocesan Planning Team	Health and Safety Plan Development

Key Strategies, Policies, and Procedures

Cleaning, Sanitizing, Disinfecting, and Ventilation

Key Questions

- How will you ensure the building is cleaned and ready to safely welcome staff and students?
  - The school buildings are always cleaned in the summer in preparation for the return to school. At minimum, classrooms, restrooms, cafeteria floors are stripped and waxed, and desks and chairs washed. Cleaning should be done with soap and water, then followed by the application of an EPA-approved disinfectant (see www.epa.gov). Disinfectants differentiate themselves from other cleaning products by killing germs with chemicals rather than removing them. According to the Centers for Disease Control and Prevention (CDC), disinfectants should be used on surfaces that have already been cleaned of dirt and grime—especially high-touch surfaces—to prevent the spread of diseases. Frequently touched surfaces, such as desks, light switches, keyboards, will be cleaned regularly throughout the school day and disinfected after school each day.. Recommended disinfectants, include the following: **Bleach:** Clorox Disinfecting Bleach; **Multipurpose Cleaner:** Lysol Clean & Fresh Multi-Surface Cleaner; **Toilet Cleaner:** Clorox Toilet Bowl Cleaner with Bleach. Classrooms should be cleaned and disinfected, and then closed off to others. Schools should also purchase a recommended spray disinfectant, which can be sprayed with a wand, for in-between disinfecting and quick and easy use on surfaces and floors. School administration may wish to consult with local professional cleaning companies for effective cleaning and disinfectant supplies and procedures, for their school building.

- How will you procure adequate disinfection supplies meeting OSHA and CDC requirements for COVID-19?
  - The schools will purchase products recommended by the CDC and EPA. One avenue of purchase will be to use the School Safety grant through the Intermediate Units; these funds can assist with procuring disinfection supplies, and other cost related to proper cleaning and sanitizing. Schools should be sure to procure enough disinfection supplies for student enrollment, staff, and overall size of the school building. Hand sanitizers, disinfectant wipes, etc. should be utilized throughout the school day. Other EPA approved cleaning supplies can be used, one such approved product is BactroKill Plus (made in PA) with an EPA Category IV rating for toxicity. It is on the EPA list and is eco-friendly.

- How often will you implement cleaning, sanitation, disinfecting, and ventilation protocols/procedures to maintain staff and student safety?
  - The initial cleaning will have been done before the students and staff return to school. Once school is in session, staff can conduct the regular cleaning of areas, particularly highly touched surfaces, using a product that is both a cleaner and a disinfectant. During the day, while school is in session, the staff should regularly wipe door knobs, hand railings, and other frequently touched surfaces with a disinfectant cleaner. Bathrooms should be cleaned and disinfected throughout the school day. Hand sanitizing pumps will be placed in the hallways for easy access at all times for everyone.

- Current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials. Cleaning of visibly dirty surfaces followed by disinfection is a best practice measure for prevention of COVID-19 and other viral respiratory illnesses in households and community settings. The latest information available on how long COVID-19 remains on surfaces should be used to determine the schedule of cleaning. Parents need to be aware that reusable masks should be washed after each use.

- Which stakeholders will be trained on cleaning, sanitizing, disinfecting, and ventilation protocols? When and how will the training be provided? How will preparedness to implement as a result of the training be measured?
    - All stakeholders will be trained on appropriate methods to keep surfaces, learning spaces, classrooms, desks, hands, materials, etc. clean. Maintenance staff will be trained on the process to keep restrooms, hallways, stairwells, floors, hand railings, ventilations systems, classrooms, etc clean and sanitized.
    - Training will be provided during Professional Development sessions in August, and in October, if needed, and throughout the school year, when needed. If possible, training videos such as these from **32BJ** (https://www.youtube.com/watch?v=tbGvwmeyVO4) or from **Corovox** (https://www.youtube.com/watch?v=mCBRKPZWY0g) or from **Babylon Health** (https://www.youtube.com/results?search_query=handwashing+videos+for+covid) will be used to assist staff with proper cleaning and sanitizing procedures related to student and staff safety during the school day.
    - Cleaning verification forms will be signed off by staff to verify preparedness to implement cleaning protocols during the school day.

Faculty & Staff Training Protocol Verification Form for Cleaning/Sanitizing

I,_____ have viewed the suggested videos and understand the proper protocol for cleaning
        (Print Legibly)
and sanitizing all areas in which I work and/or oversee. My understanding includes proper procedures for hand washing, cleaning surfaces, cleaning high touch areas, disinfecting and sanitizing all areas in which I come in contact. I also understand how to teach children in my care how to successfully wash their hands to help prevent the spread of viruses, in particular COVID-19.

Signature_____ Date_____

Summary of Responses to Key Questions:
Each school building will be thoroughly cleaned and sanitized during the summer months, and the classrooms will be closed off to others until ready for use. Cleaning and sanitizing materials must be purchased and meet all of the EPA guidelines and must be kept in a secure location away from students. Frequent cleaning and sanitizing will occur throughout the school day, especially any highly touched surfaces, such as doorknobs, light switches, desks, etc. All staff members will be instructed on the proper cleaning methods to be used to keep the building clean and sanitized. Cleaning and sanitizing materials will be provided for each classroom and will be replaced as needed. Hand sanitizing pumps will be placed in the hallways so as to be readily available to everyone.

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* **Cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by students (i.e., restrooms, drinking fountains, hallways, and transportation)**	• All surfaces and floors will be cleaned and disinfected with EPA approved products. Highly touched surfaces, such as doorknobs, light switches, desks, etc. will be sanitized frequently throughout the school day. • Hand sanitizer will be available in all classrooms and in hallways, and replaced when needed. • Water fountains will be covered and not permitted to be used. Rugs and any fabric surfaces (such as chairs with fabric on them) should be removed, or reduced in number, if possible.	Teachers, Principals, and maintenance staff	EPA approved disinfectants for all areas of school building, such as floors, hallways, walls, etc. Large containers of disinfectant wipes for quick and effective sanitization. Spray bottles of EPA approved disinfectant.	Yes, training in cleaning protocols

	• When possible, and safe, windows and inside doors will be left open to allow for increased ventilation throughout the school day. • Clean the bathrooms throughout the school day.		Hand sanitizer for classrooms and hallways.	
Other cleaning, sanitizing, disinfecting, and ventilation practices	• Electrostatic Handheld Cordless Sprayer will be used for each classroom, bathroom, walls, hallways, stairwells, handrails, communal spaces to disinfect surface areas.	Maintenance	Disinfectant Tablets for the Electrostatic Sprayer 1 quart container.	Yes

Social Distancing and Other Safety ProtocolsKey Questions

- How will classrooms/learning spaces be organized to mitigate spread?
  - Students will be spaced 3 feet to 6 feet apart.
  - Dedicated technology devices will be sanitized between usage
  - No shared school supplies including classroom books
  - Hand sanitizing materials will be provided
  - Eliminate assemblies, field trips/recreation activities till further notice
  - Assigned seating to help track virus spread if a student/staff tests positive for COVID-19
  - 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.
  - Students are required to follow School District busing policies.
- How will you group students with staff to limit the number of individuals who come into contact with each other throughout the school day?
  - Students will remain with their homerooms as scheduled, including lunch
  - One-way hallway traffic routes - as possible
  - Grades K – 4 teachers will remain with students as scheduled
  - Grade 6 - 8 ability grouped classes and academic classes will exchange
  - Specials teachers will push into the classroom as needed for class as scheduled
  - Prohibit and discourage physical contact such as handshakes, fist-bumps, high-fives, etc.
- What policies and procedures will govern use of other communal spaces within the school building?
  - Utilization of multiple buildings for a single school to allow for social distancing when possible
  - Utilize gymnasium and/or other large group areas when possible
  - Utilize churches if necessary and/or possible

- o   Provide physical guides, such as signs on the walls, to remind staff and students to maintain social distancing
- o   Limit the use of shared spaces such as cafeterias and playgrounds with shared playground equipment (if possible); otherwise, stagger use and clean and disinfect between use
- How will you utilize outdoor space to help meet social distancing needs?
  - o   Physical Education classes will be held outdoors weather permitting
  - o   Outdoor recess once a day for students weather permitting
  - o   Outdoor lecture classes for students whenever possible
  - o   Mask breaks as necessary while social distancing
- What hygiene routines will be implemented throughout the school day?
  - o   Temperatures will be taken as students and staff enter the building and as needed throughout the day.
    - ▪   (possible resources)
      - ●   No Touch Forehead thermometers
  - o   Restrooms will be cleaned throughout the day.
  - o   Students will bring their own filled water bottle to school. Water fountains will not be in use.
  - o   Open windows for ventilation when weather permits
  - o   Utilize visual cues (wall markings)
  - o   Transition schedules will be in place that minimize numbers in common spaces; hallways, cafeteria, etc.
  - o   Frequently clean surfaces, especially stairwells, handrails, door handles, counters, desks, tables, chairs, bathrooms, computers, books, etc.
- How will you adjust student transportation to meet social distancing requirements?
  - o   Students are required to follow local school district procedures when taking the bus
  - o   Arrival, drop off and pick-up procedures will be amended to limit contact and practice social distancing
- What visitor and volunteer policies will you implement to mitigate spread?
  - o   Limit volunteers; necessary visitors must make appointments
  - o   Entrance only permitted if temperature is under 100°F using Axillary or temporal modes. (No-Touch Forehead Thermometer)
  - o   All visitors will be required to wear a mask
- Will any of these social distancing and other safety protocols differ based on age and/or grade ranges?
  - o   Students will remain with their homerooms for all classes as scheduled, including lunch
  - o   In grades K – 4 Teachers will remain with students in the classroom as scheduled
  - o   Grade 6 - 8 ability grouped classes and academic classes will exchange
  - o   Specials teachers will push into the classroom for class when needed as scheduled
- Which stakeholders will be trained on social distancing and other safety protocols?
  - o   All staff, and faculty
- When and how will the training be provided?
  - o   Training will be provided by: the COVID Team utilizing resources provided by the CDC, Healthcare officials and Diocesan planning team. The training for all staff and faculty will take place prior to the beginning of the school year.

Summary of Responses to Key Questions:

Each building will be required to have Social Distancing and Safety protocols in place during the school year. Administration will develop a plan based on CDC Guidelines that will require limiting volunteers within the building, changing schedules to limit the amount of places traveled and using a variety of ways to display proper hygiene and social distancing requirements.

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* **Classroom/ learning space occupancy that allows for 3-6 feet of separation among students and staff throughout the day, to the maximum extent feasible**	● When appropriate, schools will be utilizing a hybrid-model to limit the number of students in the building and classrooms. ● Essential employees only will be in the building. ● Students will be spaced 3 – 6 feet apart ● Specials teachers will push into the classrooms as scheduled. ● Move any non-essential furniture, materials of equipment that is not needed and store them in a place outside of the room ● Desks should all face in the same direction. ● It is recommended that teachers use face shields, so students can see their lips as they are providing instruction. ● Each student is **required** to provide their own supplies to reduce the need to share supplies.	Teacher	1. Plastic shields (optional) 2. Classroom relocation if necessary	N
* **Restricting the use of cafeterias and other congregate settings, and serving meals in alternate settings such as classrooms**	● Students will have lunch in their classroom or cafeteria as scheduled.	Cafeteria Manager, Volunteers, Teachers		N
* **Hygiene practices for students and staff including the manner and**	● Training will be provided prior to the beginning of the school year.	Teachers, Teacher aides	1. Sanitation materials	Y

frequency of hand-washing and other best practices	● Hand sanitizer will be provided in each room. ● Students will be instructed and reminded routinely of best hygiene practices.			
* Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs	● Visuals reminding students and staff to social distance will be included in classrooms, hallways and communal spaces. ● One-way traffic patterns for hallways, stairwells when possible ● Visuals will be displayed in bathrooms on appropriate hand washing.	Maintenance	1. Visual reminders (signs)	N
* Identifying and restricting non-essential visitors and volunteers	● Limit or restrict volunteers. ● All visitors to the building will have their temperature taken upon entry. Entrance only permitted if temperature is under 100°F using Axillary or temporal modes. ● Only visitors who need to drop off or pick up students will be admitted to the building.	Office Staff	1. No touch Forehead Thermometers	N
* Handling sporting activities for recess and physical education classes consistent with the CDC Considerations for Youth Sports	● Use outdoor spaces as much as possible. ● Stagger recess time so smaller groups of students can recess at a time when possible. ● Limit the use of shared objects (gym equipment, art supplies, toys, games) ● CDC considerations for youth sports	Teachers, Physical Education Teacher, Teacher's Aides	Liability Waiver	Y

Limiting the sharing of materials among students	● All students are required to have their own supplies. ● Library books can be checked out, but need to be put aside for one week increments before being checked out again. ● If possible, schools will implement a one-to-one technology program for all students.	Teachers	1. Electronic devices for one-to-one 2. Textbooks	N
Staggering the use of communal spaces and hallways	● Transition schedules will be in place to minimize the numbers in common spaces; hallways, cafeteria, etc.	Principal & Teachers		N
Adjusting transportation schedules and practices to create social distance between students	● Monitor drop off area for car riders, walkers and bus riders. ● Bussing issues are dependent upon the local school districts who transport to Catholic Schools.	Transportation Directors	1. Collaboration with local public school districts	N
Limiting the number of individuals in classrooms and other learning spaces, and interactions between groups of students	● Specials teachers will push into the classrooms as scheduled ● Grade 6 - 8 ability grouped classes and academic classes will exchange	Principal & Teachers		N
Coordinating with local childcare regarding on site care, transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars	● Monitor the number of children in before-school and after-school care programs and adjust as necessary.	Supervisors		N
Other social distancing and safety practices	● No assemblies or large gatherings of students. (Virtual assemblies and field trips will be held instead). ● Face Coverings for all faculty and staff.	Administration		N

Monitoring Student and Staff Health

Key Questions

- How will you monitor students, staff, and others who interact with each other to ensure they are healthy and not exhibiting signs of illness?
  - Upon entering the building, the temperature of the students will be taken.
  - Daily, staff will be required to take their temperature and complete a monitoring form that asks if they are experiencing any signs of illness or shortness of breath/difficulty breathing, sore throat, persistent cough.
  - Volunteers will be required to take their temperature and complete the monitoring form that asks if they are experiencing any signs of illness or shortness of breath/difficulty breathing, sore throat, persistent cough.
- Where, to whom, when, and how frequently will the monitoring take place (e.g. parent or child report from home or upon arrival to school)?
  - Monitoring of students will take place daily prior to entrance to the building.
    - Parents are required to prescreen students for temperature and signs of illness to determine if your child is able to attend school. If temperature or signs of illness are present, your child must remain home and follow protocols for readmittance to school.
    - Student temperatures will be taken as they enter the building and asked screening questions.
    - Any student who is exhibiting signs of illness will be sent to the designated area (office area) where the parent/guardian will be contacted by the office staff.
      - Signs of illness:
        - Axillary and temporal thermometers 100°F or higher indicate a fever
        - Cough
        - Shortness of breath
        - Difficulty breathing
        - Or- (2 or more of the following symptoms)
          - Lack of smell or taste (without congestion)
          - Sore throat
          - Chills
          - Muscle Pain
          - Headache
          - Congestion or Runny nose
          - Nausea or vomiting
          - Diarrhea
  - Monitoring of staff will take place daily.
    - Staff will self-monitor using the no touch forehead thermometer and sign-in sheet provided.
    - Principal and/or office staff will review the monitoring form to assess the health of the staff.

- In the event that a staff member is deemed ill, a substitute will be called to replace them.
  - ○ Monitoring of Volunteers and others will take place as needed/as they enter the building.
    - Office staff and/or the Principal will review the monitoring sign-in form to assess the health of each volunteer.

- What is the policy for quarantine or isolation if a staff, student, or other member of the school community becomes ill or has been exposed to an individual confirmed positive for COVID-19?
  - ○ If a staff or student becomes ill during the school day with COVID-19: (Note: flu season and allergy season will produce false positives in viewing symptoms. If a student or staff member has a fever they should immediately be sent home contingent on being fever free for 72 hours, the student should receive distance learning until they are not feverish.)
    - They will be immediately isolated from other students in a designated area, while awaiting transport
    - The workspace of the sick individual will be closed off and then thoroughly cleaned and disinfected;
    - Thoroughly clean and disinfect all areas that the sick person may have used such as offices, bathrooms, and common areas;
    - Open outside doors and windows to increase air circulation in the areas where the infected individual was;
    - Completely clean and disinfect all surfaces in the isolation area after the sick student/staff member has left;
    - Individuals that have had close contact (<6 feet away for >15 minutes with or without wearing a mask) with the staff/student that has become ill may be asked to stay home and self-monitor for symptoms.
      - Accommodations need to be made for the student's siblings. Options will be available for remote learning if quarantined
    - Other students and staff who have not had close contact will be monitored for signs of illness.
    - In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA)
  - ○ If a member of the school community becomes ill with COVID-19:
    - Through regular communication, make sure that staff and families know that they (staff) or their children (families) should not come to school, and that they should notify school principal if they (staff) or their child (families) become sick with COVID-19 symptoms, test positive for COVID-19, or have been exposed to someone with COVID-19 symptoms or a confirmed or suspected case.
    - Individuals that have had close contact with the community member that has become ill may be asked to stay home and self-monitor for symptoms.
    - All surfaces and areas that the individual who may have been exposed to the illness may have come into contact with should be completely cleaned and disinfected;
- Which staff will be responsible for making decisions regarding quarantine or isolation requirements of staff or students?
  - ○ The Principal and/or Administrator will be responsible for making decisions regarding quarantine or isolation requirements of staff or students.

- What conditions will a staff or student confirmed to have COVID-19 need to meet to safely return to school?
  - See the Exclusion From and Return to School Requirements Form protocol.
- How will you accommodate staff who are unable or uncomfortable to return?
  - If a staff member is symptomatic, they will need to have resolution of symptoms for 3 days AND at least 10 days have passed since the first symptom.
  - If a staff member is asymptomatic, then at least 10 days from date of positive test, presuming they have not developed symptoms within that time frame (CDC)
  - A substitute teacher will be provided to cover the classes for teachers not able to be in the school building.
- How will you determine which students are willing/able to return? How will you accommodate students who are unable or uncomfortable to return?
  - The school will follow state & local guidance in determining when a student or staff member may return to school after a potential exposure to an active COVID-19 infection. Students will be allowed to return to school after the prescribed self-quarantine time period. If the student does not wish to return because they are unable or uncomfortable to return, they may continue to participate in the classroom instruction virtually through Google Meet.
- When and how will families be notified of confirmed staff or student illness or exposure and resulting changes to the local Health and Safety Plan?
  - The families will be notified through the Option C parent alert system on the same day that the school is alerted of a positive COVID-19 case. During that time, they will be notified if there are needed changes to current school operational protocol.

- Which stakeholders will be trained on protocols for monitoring student and staff health?
  - All Faculty and staff members will be trained on how to Check for Signs and Symptoms of COVID-19 and what the proper procedure is once someone has been identified.
  - All Family members will be provided with information on how to Check for Signs and Symptoms of COVID-19 (CDC, PDE)

- When and how will the training be provided?
  - Training for the Faculty and staff will be conducted online or in person August 2020.
  - School families will receive educational materials (Flyers, videos, letters and memos) in the following safety actions: Enhanced sanitation practices, Physical distancing guidelines and their importance, Use of face coverings, Screening practices, COVID-19 specific symptom identification (CA guidance, CDC, PDE)

Summary of Responses to Key Questions:

All Family members will be provided with information on how to Check for Signs and Symptoms of COVID-19. Through regular communications staff and families will know that they (staff) or their children (families) should not come to school if they are ill or exhibiting any signs of COVID-19, and that they should notify school officials. Everyone entering the school building will be monitored. Temperature checks and a general health survey will be completed and anyone experiencing any signs of illness or shortness of breath/difficulty breathing, sore throat, persistent cough will be isolated and sent home. All Faculty and staff members will be trained on how to Check for Signs and Symptoms of COVID-19 and what the proper procedure is once someone has been identified. Anyone who has tested positive for COVID-19 must provide two documented negative test results to the school prior to returning to school. If the student does not wish to return because they are unable or uncomfortable to return, they may continue to participate in the classroom instruction virtually.

The families will be notified through the parent alert system on the same day that the school is alerted of a positive COVID-19 case. During that time, they will be notified if there are needed changes to current school operational protocol.

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)

* Monitoring students and staff for symptoms and history of exposure	- Screen students upon entering the school building using non-contact thermometer;
	  a. Axillary and temporal 100°F or higher - Any student exhibiting signs of illness is sent to the isolation area and parents/guardians will be contacted to take the student home or to a healthcare facility. - Staff is required to complete a monitoring form upon entering the building (includes taking their temperature).
	  a. Record temperature
	  b. Are you taking any medication to suppress a fever? (y/n)
	  c. Are you currently experiencing any of the following symptoms? <table><tr><td>1 or more symptoms</td><td>2 or more symptoms</td></tr></table>
		Principal	Isolation Area; Non-Contact Temporal or Thermal Thermometers; Gloves; Hand Sanitizer; Monitoring Form; Pens; Sanitizing Wipes;	

	Fever (100°F or higher) Cough Shortness of breath Difficulty breathing Lack of smell or taste (w/out congestion) Sore throat Chills Muscle pain Headache Congestion or runny nose Nausea or vomiting Diarrhea ● Any staff member that exhibits signs of illness is sent home or to the designated area(room); ● All areas where the ill student/staff member may have been will be closed off to be cleaned and disinfected. ● In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA) ● Any students/staff that have had close contact may be asked to stay home and self-monitor for symptoms. ● All other students/staff that have not had close contact will be monitored for signs of illness.			
* Isolating or quarantining students, staff, or visitors if they become sick or demonstrate a history of exposure	● Administration must designate an area to be utilized as isolation. ● If a student/staff member becomes ill/has a history of exposure, they will be sent to the isolation area.	Principal	Designated Isolation Area; Staff member to monitor area when needed; PPE such as gown, gloves, mask, face shield;	N

	- The isolation area will need to have a staff member wearing PPE when a student is in the isolation area. - A staff member calls a parent/guardian to pick up the student and take them home or to a healthcare facility. If they are taken to a healthcare facility, notify the facility of the possibility of a COVID-19 case. - If a staff member becomes ill, send them home or to the isolation area and call for someone to get them if they are too ill to transport themselves home. If they are taken to a healthcare facility, notify the facility of the possibility of a COVID-19 case. - Completely clean and disinfect the isolation area after the person who was ill left. - If a visitor is exhibiting signs of illness, they are not to enter the building and are asked to leave. All surfaces and areas that were contaminated are disinfected.		Disinfection sprays and wipes;	
* Returning isolated or quarantined staff, students, or visitors to school	1. Re-admittance to school following illness – seek options to ensure that students/staff can return without infecting others: **- Exclusion From and Return to School Requirements Form** a. The table below (page 28) may change dependent upon current local, state and federal guidance 2. Coordinate with school entity health staff to define procedures and needs	Principal	Policy should be implemented district wide	N

Notifying staff, families, and the public of school closures and within-school-year changes in safety protocols	● All schools, regions, and diocese should have listed protocols on their websites. 　○ Any changes should be communicated via OPTION C and updated on the local school website. ● Instructional Staff should review all changes with their students.	Principal		N
Other monitoring and screening practices	● Work with health departments and local health care systems to disseminate hygiene and disinfection strategies for transmission prevention at home. ● Purchase adequate face coverings and other personal protective equipment as appropriate and carefully monitor inventory.	Principal		

Exclusion From and Return to School Requirements Form

COVID-19 SYMPTOMS?	COVID-19 TEST?	MAY RETURN TO SCHOOL AFTER:
YES	NO	No Health Care Provider Evaluation: o 10 days since symptoms first appeared; **and** o At least 24 hours with no fever without fever- reducing medication; **and** o Symptoms have improved. Evaluated by Healthcare Provider: o Health care provider provided written release to return to school; **and** o At least 24 hours with no fever without fever- reducing medication; **and** o Symptoms have improved.
YES	YES COVID-19 POSITIVE	10 days since symptoms first appeared; **and** At least 24 hours with no fever without fever-reducing medication; **and** Symptoms have improved.
YES	YES COVID-19 NEGATIVE	No Health Care Provider Evaluation: o At least 24 hours with no fever without fever- reducing medication; **and** o Symptoms have improved Evaluated by Healthcare Provider: o Health care provider documented an alternative diagnosis; **and** o Health care provider provided written release to return to school.
NO	YES COVID-19 POSITIVE	10 days have passed since test, **or** He/she receives two negative test results in a row, at least 24 hours apart.
CLOSE CONTACT WITH SOMEONE WITH COVID-19		14 days after exposure unless he/she develops symptoms, in which case see above. o A negative test result during the 14 days does not release the person from quarantine.
SECONDARY CONTACT (Contact with someone who had contact with someone else with COVID-19)		Self-monitor for symptoms No need to quarantine
AWAITING TEST RESULTS		Isolate at home until results are received.

Other Considerations for Students and Staff

Key Questions

- What is the local policy/procedure regarding face coverings for staff? What is the policy/procedure for students?
    - o Teach and reinforce the use of face coverings.
        - ▪ Decisions regarding the continuous wearing of face coverings will be based on the rate of local community transmission and recommendations from the CDC, Pennsylvania Department of Health, Allegheny Health Department, and PDE.
        - ▪ Based on the current rate of community transmission and state mandates, face coverings will be required at all times. "Mask breaks" may be taken outside only with social distancing only and under 10 minutes.
    - o Cloth face coverings should not be placed on: (CDC)
        - ▪ Children younger than 2 years old
        - ▪ Anyone who has trouble breathing or is unconscious
        - ▪ Anyone who is incapacitated or otherwise unable to remove the cloth face covering without assistance
        - ▪ Cloth face coverings are meant to protect other people in case the wearer is unknowingly infected but does not have symptoms. Cloth face coverings are not surgical masks, respirators, or other medical personal protective equipment.

- What special protocols will you implement to protect students and staff at higher risk for severe illness?
    - o Establish a standard routine of checking the health status of all those who enter the school including students, faculty, staff and volunteers including temperature check and questionnaires.
    - o School personnel need to be directed and educated about putting on PPE, especially if assisting a student or colleague that develops symptoms concerning COVID-19.
    - o Have PPE resources available and ensure staff knows where they are located.
    - o Re-evaluate school "calling in sick" procedure. Establish protocol for a report on student symptoms, length of illness etc.
    - o Strengthen a "return to school" protocol including benchmarks that would allow a student or staff member to return to school.
    - o Schools in the Diocese of Pittsburgh are following the Federation of Diocesan Pittsburgh Schools Agreement and/or the Handbook of Personnel Policies and Practices for Elementary Schools. Any student who cannot wear a mask or face shield due to a medical condition, including those with respiratory issues that impede breathing, a mental health condition, or disability and students who would be unable to remove a mask without assistance are not required to wear face coverings.

    - o Individuals who are communicating or seeking to communicate with someone who is hearing impaired or who has another disability, where the ability to see the mouth is essential to communication, are not required to wear a mask; however, individuals should consider using another type of face covering such as a plastic face shield.

- How will you ensure enough substitute teachers are prepared in the event of staff illness?
    - o Put out an Interest Survey and advertise for substitute teachers.

- o Local Intermediate Units offer emergency certification for those with a Bachelor's Degree and all required clearances.

- How will the LEA strategically deploy instructional and non-instructional staff to ensure all students have access to quality learning opportunities, as well as support for social emotional wellness at school and at home?
  - o If not already done, survey school population to determine equity in devices and internet access.
  - o Choose a consistent school wide communication platform and consistent apps for delivery learning and support.
  - o Create a solid partnership with guidance counselors, social workers etc through your local IU.
  - o Develop and share various plans for all students and parents to orient them to any new procedures in school as the school year progresses.
  - o Provide an orientation program for students and families who are new to the school.
  - o Focus on making the school environment safe and secure while still warm and welcoming.
  - o In collaboration with the guidance counselor, create activities/help opportunities with check-ins to create a plan for identifying students with needs. (emotional, mental etc.).
  - o Create ways to mitigate stress responses in students, teachers, and families.
  - o Create a communication platform with parents (i.e. Option C parent alerts/text /emails/voice messages, CDTCA Weekly Happenings), keeping the line of communication open.

Summary of Responses to Key Questions: Schools will establish a standard routine of checking the health status of all who enter the school and provide PPE resources if needed. CDC guidelines will be followed for face masks and/or shields. Accommodations for safety protocols will be made for both staff and students as needed. Other changes that may be necessitated for the health and safety of the staff will follow appropriate protocols.

Requirements	Action Steps	Lead Individual and Position	Materials, Resources, and or Supports Needed	PD Required (Y/N)
* Protecting students and staff at higher risk for severe illness	Establish a standard routine of checking the health status of all who enter the school.Ask staff and students and parents to identify themselves as higher risk. Have PPE resources available to all who enter the school and ensure all staff knows where they are located.	Principal Teachers	Infrared No-Touch Forehead Thermometer masks gloves (if necessary)	N
* Use of face coverings (masks or face shields) by all staff	Schools in the Diocese of Pittsburgh are subject to the state mandate regarding public health issues including the use of face coverings.	Principal Teachers	face masks face shields	N

* Use of face coverings (masks or face shields)	Schools in the Diocese of Pittsburgh are subject to the state mandate regarding public health issues including the use of face coverings.	Principal Teachers	face mask face shields CDC guidelines	N
Unique safety protocols for students with complex needs or other vulnerable individuals	Accommodations will also be made on an as needed basis according to IDEA Regulations and/or recommendations.	Principal Teachers		N
Strategic deployment of staff	Schools in the Diocese of Pittsburgh are following the Federation of Diocesan Pittsburgh Schools Agreement and/or the Handbook of Personnel Policies and Practices for Elementary Schools.	Principal		N
Quarantine protocols	Specific guidelines from the Department of Health regarding quarantine practices may be required for students and staff following travel.	Principal or Regional Administrator		
Liturgical Considerations and Mass attendance	The schools will follow guidelines for parishes regarding liturgical celebrations and Mass attendance.	Principal Teachers		
Uniform/Dress Code	Accommodations will also be made on an as needed basis at a local level to dress codes.	Principal		
Mental Health	Students and staff will be provided frequent check-ins regarding overall mental health and opportunities for awareness.	Principal Teachers School Counselors		

Health and Safety Plan Professional Development

The success of your plan for a healthy and safe reopening requires all stakeholders to be prepared with the necessary knowledge and skills to implement the plan as intended. For each item that requires professional development, document the following components of your professional learning plan.

- **Topic:** List the content on which the professional development will focus.
- **Audience:** List the stakeholder group(s) who will participate in the professional learning activity.
- **Lead Person and Position:** List the person or organization that will provide the professional learning.
- **Session Format:** List the strategy/format that will be utilized to facilitate participant learning.
- **Materials, Resources, and or Supports Needed:** List any materials, resources, or support required to implement the requirement.
- **Start Date:** Enter the date on which the first professional learning activity for the topic will be offered.
- **Completion Date:** Enter the date on which the last professional learning activity for the topic will be offered.

Topic	Audience	Lead Person and Position	Session Format	Materials, Resources, and or Supports Needed	Start Date	Completion Date
Local Recovery Plan Protocol & Procedures	Staff/Teachers/ Maintenance	Principal	Online & In-Person	Presentation Slide Deck, Local Recovery Plan Pdf	08/01/2020	ongoing
Hygiene and Best Practices	Staff/Teachers/ Parents/ Students	Principal	Online & In-Person	Health and Safety Videos, CDC	08/01/2020	ongoing
Athletics Requirements	Parents/Students/ Coaches	Principal, Coaches and Athletic Board	Online & In-Person	Diocesan Sports Policy, CDC Guidelines	TBD	ongoing
School Protocols and Procedures	Faculty/Students/ Visitors	Principal/Faculty/Staff	Online & In-Person	Local Recovery Plan	08/01/2020	ongoing

Health and Safety Plan Communications

Timely and effective family and caregiver communication about health and safety protocols and schedules will be critical. Schools should be particularly mindful that frequent communications are accessible in non-English languages and to all caregivers (this is particularly important for children residing with grandparents or other kin or foster caregivers). Additionally, LEAs should establish and maintain ongoing communication with local and state authorities to determine current mitigation levels in your community.

Topic	Audience	Lead Person and Position	Mode of Communications	Start Date	Completion Date
Option C	Parents/Staff/ Regional Administrator	Principal, Office Administrative Assistant, Marketing/Admission Director	Option C Parent Alert System: Email, Text, Voice Message	08/01/2020	Ongoing
CDTCA Weekly Happenings	Parents/Staff/ Regional Administrator	Marketing/Admission Director	Parent Email Blast	08/01/2020	Ongoing
Google Form Surveys	Parents/Staff/ Regional Administrator	Principal, Office Administrative Assistant	Option C Parent Alert System	08/01/2020	Ongoing
Morning Announcements	Students/Staff/ Faculty	Principal	School PA System	08/27/2020	Ongoing
New Parent Orientation Night	New School Parents	Principal, Marketing/Admission Director	Option C Parent Alert System, CDTCA Weekly Happenings Email, In Person Presentation	08/08//2020	08/22/2020
Parent Information Night	School Parents	Principal, PTG President, Athletics, Marketing/Admission Director	Option C Parent Alert System, CDTCA Weekly Happenings Email, In Person Presentation	09/02/2020	09/09/2020

Health and Safety Plan Summary: Christ the Divine Teacher Catholic Academy

Anticipated Launch Date: September 8, 2020

Use these summary tables to provide your local education community with a detailed overview of your Health and Safety Plan. LEAs are required to post this summary on their website. To complete the summary, copy and paste the domain summaries from the Health and Safety Plan tables above.

Facilities Cleaning, Sanitizing, Disinfecting and Ventilation

Requirement(s)	Strategies, Policies and Procedures
* Cleaning, sanitizing, disinfecting, and ventilating learning spaces, surfaces, and any other areas used by students (i.e., restrooms, drinking fountains, hallways, and transportation) ***Other cleaning, sanitizing, disinfecting, and ventilation practices**	• All surfaces and floors will be cleaned and disinfected with EPA approved products. Highly touched surfaces, such as doorknobs, light switches, desks, etc. will be sanitized frequently throughout the school day. • Hand sanitizer will be available in all classrooms and in hallways, and replaced when needed. • Water fountains will be covered and not permitted to be used. Rugs and any fabric surfaces (such as chairs with fabric on them) should be removed, or reduced in number, if possible. • When possible, and safe, windows and inside doors will be left open to allow for increased ventilation throughout the school day. • Clean the bathrooms throughout the school day. • Electrostatic Handheld Cordless Sprayer will be used for each classroom, bathroom, walls, hallways, stairwells, communal spaces to disinfect surface areas.

Social Distancing and Other Safety Protocols

Requirement(s)	Strategies, Policies and Procedures
* Classroom/learning space occupancy that allows for 3 - 6 feet of separation among students and staff throughout the day, to the maximum extent feasible	- Student will be spaced 3 – 6 feet apart - Specials teachers will push into the classrooms when needed as scheduled. - Move any non-essential furniture, materials of equipment that is not needed and store them in a place outside of the room. - Desks should all face in the same direction. - It is recommended that teachers use face shields, so students can see their lips as they are providing instruction. - Each student is **required** to provide their own supplies to reduce the need to share supplies.
* Restricting the use of cafeterias and other congregate settings, and serving meals in alternate settings such as classrooms	Students will have lunch served in their classroom or cafeteria as scheduled. .
* Hygiene practices for students and staff including the manner and frequency of hand-washing and other best practices	- Training will be provided prior to the beginning of the school year. - Hand sanitizer will be provided in each room. - Students will be instructed and reminded routinely of best hygiene practices.
* Posting signs, in highly visible locations, that promote everyday protective measures, and how to stop the spread of germs	- Visuals reminding students and staff to social distance will be included in classrooms, hallways and communal spaces. - One-way traffic patterns for hallways, stairwells when possible - Visuals will be displayed in bathrooms on appropriate hand washing.
* Identifying and restricting non-essential visitors and volunteers	- Limit or restrict volunteers. - All visitors to the building will have their temperature taken upon entry. Entrance only permitted if temperature is under 100°F using Axillary or temporal modes. - Only visitors who need to drop off or pick up students will be admitted to the building. - Use outdoor spaces as much as possible. - Stagger recess times.

* Handling sporting activities consistent with the [CDC Considerations for Youth Sports](#) for recess and physical education classes	- Limit the use of shared objects (gym equipment, art supplies, toys, games) [CDC considerations for youth sports](#)
*Limiting the sharing of materials among students	- All students are required to have their own supplies. - Library books can be checked out, but need to be put aside for one week increments before being checked out again. - If possible, schools will implement a one-to-one technology program for all students.
*Staggering the use of communal spaces and hallways	Transition schedules will be in place that minimize numbers in common spaces; hallways, cafeteria, etc. as possible
*Adjusting transportation schedules and practices to create social distance between students	- Monitor drop off areas for car riders, walkers and bus riders. - Bussing issues are dependent upon the local school districts who transport to Catholic Schools.
*Limiting the number of individuals in classrooms and other learning spaces, and interactions between groups of students	- Specials teachers will push into the classrooms when needed as scheduled - Grade 6 - 8 ability grouped classes and academic classes will exchange
*Coordinating with local childcare regarding on site care, transportation protocol changes and, when possible, revised hours of operation or modified school-year calendars	Monitor the number of children in before-school and after-school care programs and adjust as necessary.
*Other social distancing and safety practices	- No assemblies or large gatherings of students. (Virtual assemblies and field trips will be held instead). - Face Coverings for all faculty and staff.

Monitoring Student and Staff Health

Requirement(s)	Strategies, Policies and Procedures
* Monitoring students and staff for symptoms and history of exposure	- Screen students upon entering the school building using non-contact thermometer; - Axillary and temporal 100°F or higher - Any student exhibiting signs of illness is sent to the isolation area and parents/guardian is contacted to take the student home or to a healthcare facility. - Staff is required to complete a monitoring form upon entering the building (includes taking their temperature). - Record temperature - Are you taking any medication to suppress a fever? (y/n) - Are you currently experiencing any of the following symptoms? _table below_ - Any staff member that exhibits signs of illness is sent home or to the designated area(room); - All areas where the ill student/staff member may have been will be closed off to be cleaned and disinfected. - In accordance with state and local laws and regulations, school administrators should notify local health officials, staff, and families immediately of any case of COVID-19 while maintaining confidentiality in accordance with the Americans with Disabilities Act (ADA)

1 or more symptoms	2 or more symptoms
Fever (100°F or higher) Cough Shortness of breath Difficulty breathing	Lack of smell or taste (w/out congestion) Sore throat Chills Muscle pain Headache Congestion or runny nose Nausea or vomiting Diarrhea

	● Any students/staff that have had close contact may be asked to stay home and self-monitor for symptoms. ● All other students/staff that have not had close contact will be monitored for signs of illness.
* Isolating or quarantining students, staff, or visitors if they become sick or demonstrate a history of exposure	● Administration must designate an area to be utilized as isolation. ● If a student/staff member becomes ill/has a history of exposure, they will be sent to the isolation area. ● The isolation area will need to have a staff member wearing PPE when a student is in the isolation area. ● A staff member calls a parent/guardian to pick up the student and take them home or to a healthcare facility. If they are taken to a healthcare facility, notify the facility of the possibility of a COVID-19 case. ● If a staff member becomes ill, send them home or to the isolation area and call for someone to get them if they are too ill to transport themselves home. If they are taken to a healthcare facility, notify the facility of the possibility of a COVID-19 case. ● Completely clean and disinfect the isolation area after the person who was ill left. ● If a visitor is exhibiting signs of illness, they are not to enter the building and are asked to leave. All surfaces and areas that were contaminated are disinfected.
* Returning isolated or quarantined staff, students, or visitors to school	● Re-admittance to school following illness – seek options to ensure that students/staff can return without infecting others: **- Exclusion From and Return to School Requirements Form** 　○ The table above (page 28) may change dependent upon current local, state and federal guidance ● Coordinate with school entity health staff to define procedures and needs
*Notifying staff, families, and the public of school closures and within-school- year changes in safety protocols	● All schools, regions, and Diocese should have listed protocols on their websites. 　○ Any changes should be communicated via Option C and updated on the local school website. ● Instructional Staff should review all changes with their students.

*Other monitoring and screening practices	● Work with health departments and local health care systems to disseminate hygiene and disinfection strategies for transmission prevention at home. ● Purchase adequate face coverings and other personal protective equipment as appropriate and carefully monitor inventory.

Other Considerations for Students and Staff

Requirement(s)	Strategies, Policies and Procedures
*Protecting students and staff at higher risk for severe illness	● Establish a standard routine of checking the health status of all who enter the school.Ask staff and students and parents to identify themselves as higher risk. ● Have PPE resources available to all who enter the school and ensure all staff knows where they are located.
* Use of face coverings (masks or face shields) by all staff	● Schools in the Diocese of Pittsburgh are subject to the state mandate regarding public health issues including the use of face coverings.
* Use of face coverings (masks or face shields) (as appropriate)	● Schools in the Diocese of Pittsburgh are subject to the state mandate regarding public health issues including the use of face coverings.
*Unique safety protocols for students with complex needs or other vulnerable individuals	● Accommodations will also be made on an as needed basis according to IDEA Regulations and/or recommendations.
*Strategic deployment of staff	● Schools in the Diocese of Pittsburgh are following the Federation of Diocesan Pittsburgh Schools Agreement and/or the Handbook of Personnel Policies and Practices for Elementary Schools.

Health and Safety Plan Governing Body Affirmation Statement

The Board of Directors/Trustees for **(INSERT NAME OF LEA)** reviewed and approved the Phased School Reopening Health and Safety Plan on **(INSERT DATE: MONTH, DAY, YEAR)**.

The plan was approved by a vote of:

    __10__   **Yes**

    __0__   **No**

Affirmed on: **(INSERT DATE: MONTH, DAY, YEAR)**

By:

_____
(*Signature* of Board President*)

_____
(*Print Name of Board President*)

*Electronic signatures on this document are acceptable using one of the two methods detailed below.

Option A: The use of actual signatures is encouraged whenever possible. This method requires that the document be printed, signed, scanned, and then submitted.

Option B: If printing and scanning are not possible, add an electronic signature using the resident Microsoft Office product signature option, which is free to everyone, no installation or purchase needed.

Recommendations for Schools Following Identification of a Case(s) of COVID-19

Small (<500 Students) Pre-K to 12 School Buildings

It is important to note that a significant and/or widespread outbreak may require moving to a more remote-based instructional model more quickly. DOH will provide proactive consultative assistance to school entities should such an outbreak occur.

Level of Community Transmission in the County	Number of Cases of COVID-19 Within a Rolling 14-Day Period: ● 1 student or 1 staff	Number of Cases of COVID-19 Within a Rolling 14-Day Period: ● 2-4 students/staff in same school building	Number of Cases of COVID-19 Within a Rolling 14-Day Period: ● 5+ students/staff in same school building
Low	School does not need to close Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	Close school(s) for 3-5 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	Close school(s) for 14 days* Clean entire school(s) Public health staff will direct close contacts to quarantine
Moderate	School does not need to close Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	Close school(s) for 3-7 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	Close school(s) for 14 days* Clean entire school(s) Public health staff will direct close contacts to quarantine

Substantial†	School should consider altering schedule to significantly decrease number of students on site Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	School should consider altering schedule to significantly decrease number of students on site Close school(s) for 3-7 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	School should consider altering schedule to significantly decrease number of students on site Close school(s) for 14 days* Clean entire school Public health staff will direct close contacts to quarantine

*If case investigations, contact tracing, and cleaning and disinfecting can be accomplished in a faster time frame, the length of closure time may be shortened.

†DOH and PDE recommend a Full Remote Learning Model for all schools in counties with substantial level of community transmission. Schools that choose to pursue in-person instruction or other models in which school buildings are utilized by students and/or staff should follow the recommendations here.

Medium (500-900 students) Pre-K to 12 School Buildings

It is important to note that a significant and/or widespread outbreak may require moving to a more remote-based instructional model more quickly. DOH will provide proactive consultative assistance to school entities should such an outbreak occur.

Level of Community Transmission in the County	Number of Cases of COVID-19 Within a Rolling 14-Day Period: 1-3 students or staff	Number of Cases of COVID-19 Within a Rolling 14-Day Period: 4-6 students/staff in same school building	Number of Cases of COVID-19 Within a Rolling 14-Day Period: 7+ students/staff in same school building
Low	School does not need to close Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	Close school(s) for 3-5 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	Close school(s) for 14 days* Clean entire school(s) Public health staff will direct close contacts to quarantine
Moderate	School does not need to close Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	Close school(s) for 3-7 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	Close school(s) for 14 days* Clean entire school(s) Public health staff will direct close contacts to quarantine

Substantial†	School should consider altering schedule to significantly decrease number of students on site Clean area(s) where case spent time Public health staff will direct close contacts to quarantine	School should consider altering schedule to significantly decrease number of students on site Close school(s) for 3-7 days* Clean area(s) where cases spent time Public health staff will direct close contacts to quarantine	School should consider altering schedule to significantly decrease number of students on site Close school(s) for 14 days* Clean entire school Public health staff will direct close contacts to quarantine

*If case investigations, contact tracing, and cleaning and disinfecting can be accomplished in a faster time frame, the length of closure time may be shortened.

†DOH and PDE recommend a Full Remote Learning Model for all schools in counties with substantial level of community transmission. Schools that choose to pursue in-person instruction or other models in which school buildings are utilized by students and/or staff should follow the recommendations here.