

RETURN TO SCHOOL AMID COVID-19:

A Cleveland Clinic Guide for Educators



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We're on the Same Team



The COVID-19 pandemic has been a season of change and unprecedented challenges. While the future seems uncertain, we need to keep pushing forward together. Our communities want to know what will happen next. Will they be safe? How have organizations adapted? What can they expect from the future?

As leaders, we need to deliver clear, accurate and concise answers to these questions. We owe it to our employees and communities. Communication has never been more important. Honesty and transparency are essential. It's time to share information, not to withhold it. We are all on the same team. Not only within our organizations, but in our broader industries and communities.

The COVID-19 pandemic has brought out the best in America's workforce, whatever they do. As we begin to transition to the world's "new normal," there are many new health and safety issues to consider. To help ease this transition, we offer our Cleveland Clinic AtWork® services. I urge you to read this book carefully and visit our *Creating a Safe Workplace* site (clevelandclinic.org/covid19atwork). Both offer expert insight and resources for safely resuming operations.

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Overview

The COVID-19 pandemic has created a number of new challenges. While students, faculty and staff may feel a sense of urgency to get schools back to normal, there are important safety guidelines that should be followed to allow for safe operations.

These resources will help you through the key steps of reopening your school in the wake of the COVID-19 pandemic, including:

- › Making sure your school is fully clean, disinfected and equipped with a blueprint for maintaining safe conditions.
- › Setting up a support system for students, faculty and staff as they return to school and adjust to new realities and emotional challenges presented by the COVID-19 pandemic.
- › Creating a plan for a safe learning environment that protects students, faculty and staff alike from risks connected to COVID-19, including exposure and transmission.

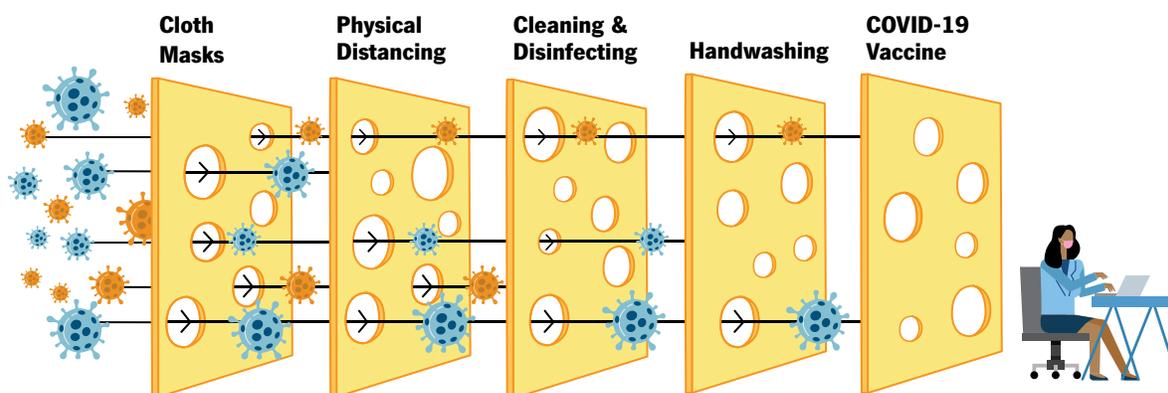
*The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of **March 23, 2021**. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.*

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

Adding Layers of Protection

This guide describes many ways to keep the safety of your students, faculty and staff central to your COVID-19 planning and response. While no single tactic is 100% effective, when used together, they add layers of protection and support a culture of safety. These proven practices address a variety of risk points and should be considered as a collection of actions to keep your environment safe in the era of COVID-19.

In 1990, James Reason, PhD, introduced the **“Swiss Cheese Model”** that has been adopted to improve safety across many industries. In any work setting, there are inherent risks. Most of the time these risks are never realized because safeguards are in place to prevent them. These safeguards are represented in his model as multiple layers of Swiss cheese. However, every process has “holes” that, under the right circumstances, can line up and lead to an error, accident or “hazard” as Reason described it.



The COVID-19 pandemic requires multiple layers of protection to keep the environment safe. These layers of Swiss cheese serve as safeguards for your organization and your people. When used together consistently, the holes (or weaknesses) in any single layer of protection should be offset by the strengths of another layer of intervention.

Per Reason’s model, the more layers of effective interventions that are implemented, the less likely your business will contribute to the spread of COVID-19. For example, face coverings can slow the spread of COVID-19 and help prevent pre-symptomatic carriers from unknowingly transmitting it to others. However, no mask is 100% effective. Maintaining 6 feet* from other individuals in your environment is an effective way to reduce transmission of the virus, but may not always be possible. Cleaning and disinfecting equipment is extremely important, but it is impossible to keep a surface completely disinfected between cleanings. Frequent handwashing is essential to prevent the spread of the virus, and is just one element of a larger infection prevention strategy. Encouraging your employees, students and families to get the COVID-19 vaccine when they are eligible will help communities build herd immunity. While any one of these interventions is not perfect, when used in conjunction with a broader range of safety practices, the risk of COVID-19 transmission is significantly reduced.

This guide provides an overview of these safeguards to prevent the risk of infection spreading in your school and tools to support your students, faculty and staff through these trying times.

General Recommendations

The best ways for students, faculty and staff to protect themselves from COVID-19:



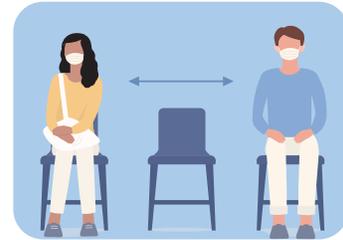
Wear a face mask:

Protect yourself and others with a snug-fitting, non-valved, multilayer face mask at all times when outside of your home. This includes indoor and crowded outdoor spaces. Try to avoid touching your face.



Cover your mouth and nose:

When you cough or sneeze, cover your mouth and nose with a tissue or your sleeve, rather than your hands. Properly dispose of your tissue in a trash can.



Practice social and physical* distancing:

Avoid non-essential group gatherings and crowded places. Maintain a 6-foot* distance from others.



Get vaccinated:

Be sure to get the COVID-19 vaccine when it becomes available to you.



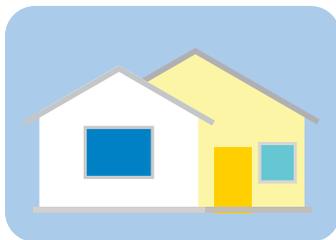
Wash your hands:

Stop the spread of disease-causing germs by washing your hands often. Use hand sanitizer if soap and water are not available.



Clean and disinfect:

Use a virus-killing disinfectant to clean frequently touched surfaces such as phones, keyboards, doorknobs, handles and faucets.



Stay home when sick:

Avoid leaving home if you are sick. If you want or need to connect with your healthcare providers, first do so by phone or through virtual visits.



Avoid care facilities:

Limit nonessential visits to nursing homes, long-term care facilities or retirement communities, and ensure diligence with safety protocols if you do visit.



Maintain healthy habits:

Get enough sleep, eat healthy foods, drink plenty of water and exercise, if you are able, to help keep your immune system strong.

Health and Safety

Make sure your school operates safely and responsibly for students, faculty and staff. Following these guidelines will help facilitate a safer environment as your school reopens amid the COVID-19 pandemic.

Face masks

Non-valved, multilayer face masks should be worn when outside the home. Studies from the Centers for Disease Control and Prevention (CDC) have shown that face masks effectively limit spread of the COVID-19 virus, protecting wearers as well as those around them when used as a complement to physical and social distancing. They are not a replacement for adequate distancing.

The CDC recently published research suggesting that layering a cloth mask over a surgical mask, double masking when a mask only has one layer, or knotting and tucking a single mask, may improve the fit of masks and provide additional protection from potentially infectious particles. However, if your mask already has multiple layers and fits tightly, it is not necessary to double mask.

The CDC offers guidance on masks and cloth face coverings for students in its Considerations for Schools: <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Encourage all students and employees to wear face masks when in public spaces as part of cough etiquette and caring for others.

School-aged children should be able to wear cloth masks all day. A useful strategy is to get them involved and excited about their masks (e.g., style/color of mask, favorite characters). When appropriate distancing is in place, mask wearing can be eased. Preschool-aged children very likely won't be able to tolerate wearing a mask.



Those with special needs or chronic medical problems likely won't be able to tolerate wearing a mask. Note, however, that there's no medical evidence that suggests that those with asthma shouldn't wear a mask. That said, mask wearing in this population should be approached on a case-by-case basis.

Health and Safety

How to wear a mask or face cover

The CDC recommends keeping these criteria in mind when wearing a face mask:

- › It should be snug but comfortable against the sides of the face.
- › It should cover the nose, mouth and chin.
- › It needs to be secured with ties or ear loops.
- › It should be non-valved and made with multiple layers of material.
- › It must allow you to breathe without restriction.
- › It should be able to withstand machine washing and drying and not get damaged or change shape.

How to keep masks and face covers clean

Wash cloth face masks frequently, either by hand or in a washing machine. Take care not to touch eyes, nose, mouth or face when removing a worn face covering, and wash hands immediately after removal.



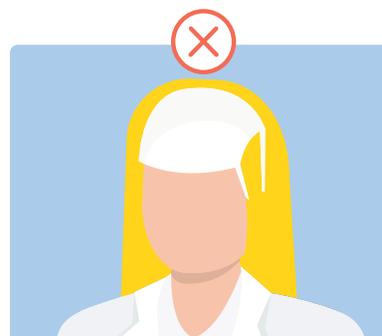
Correct



Mask Goatee



Mask Necklace



Mask Visor

Handwashing

Washing our hands is one of the easiest and most important things we can do to stay healthy and stop the spread of bacteria and viruses.

Wash your hands:

- › Whenever they look dirty.
- › Before, during and after you prepare food.
- › Before eating.
- › Before and after contact with an ill person.
- › Before and after treating a cut, sore or wound.
- › After using the toilet or changing diapers.
- › When entering or exiting schools and the workplace.
- › After blowing your nose, coughing, or sneezing. (Wash your hands more often when you are sick to prevent spreading your illness to those around you.)
- › After touching animals or animal waste.
- › After touching garbage, body fluids, or anytime you have doubt if your hands are clean.

What's the proper technique for hand washing?



Wet your hands with clean running water (warm or cold).



Lather your hands with soap. Rub together 20+ seconds. Don't forget wrists, back of hands, between fingers and under nails.



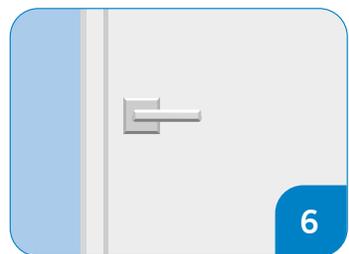
Rinse your hands well under running water.



Turn off the water with your elbow (or a clean towel).



Dry your hands with a clean towel or air dry them.



Used a towel? Use it to open the bathroom door.

When should we use alcohol-based hand sanitizers?

The CDC recommends washing hands with soap and water whenever possible to reduce the amounts and types of all germs and chemicals on them. However, if soap and water are not available, an alcohol-based

hand sanitizer that contains at least 60% alcohol should be used. Hand sanitizers with lower alcohol levels are not as effective in killing germs.

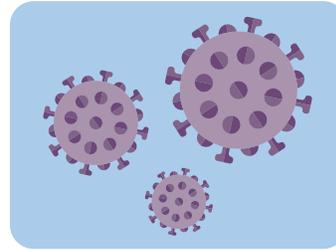
Vaccination

The arrival of the first COVID-19 vaccines sparked excitement, hope and anticipation for better days ahead. But for the COVID-19 vaccine to put an end to this deadly pandemic, enough of us need to get it. Cleveland Clinic strongly encourages you to get the vaccine when you're eligible.

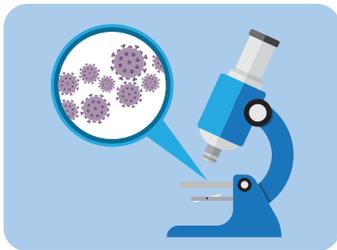
How was the COVID-19 vaccine developed and how does it work?



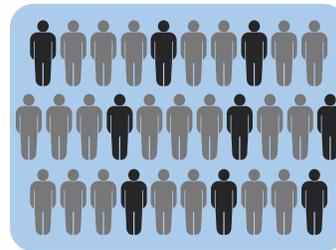
Vaccines save millions of lives each year from deadly diseases caused by viruses or bacteria. Because of the COVID-19 pandemic, work on a vaccine to protect against the virus is happening at lightning speed. That doesn't mean they're skipping important steps along the way, though.



Normally, a vaccine works to train your body to recognize and respond to proteins that are produced by a bacteria or virus. All three authorized vaccines work by getting your immune system to defend itself if you are exposed to COVID-19.



Similar to other vaccines, pharmaceutical companies had to go through a well-defined process of research, development and approval before their COVID-19 vaccines can be authorized for emergency use.



We know how quickly COVID-19 can spread from person to person. When a large number of people in a community are vaccinated, the virus can't spread as easily. Encouraging as many people as possible to receive a safe and effective COVID-19 vaccine is the best way we can begin to slow the spread of the virus.

Is the COVID-19 Vaccine Safe?

Yes. Given the speed of development of these vaccines, it's understandable that there are questions about whether or not there's been enough research and testing to ensure the vaccines are safe. But all vaccines must go through rigorous clinical trials to determine safety and efficacy, with at least two months of patient follow-up, and report their findings to the FDA.

As with many vaccines, you may be sore where it's injected. You may also develop fatigue, fever and muscle aches afterward. This seems to be more common with the second dose of vaccine. If this happens, it means your immune system is taking notice of the vaccine and reacting.

Should I be concerned about a severe allergic reaction to the COVID-19 vaccine?

No. Allergic reactions, including shortness of breath and hives, were uncommon during COVID-19 vaccine trials. All recipients receiving the vaccine will be monitored for at least 15 minutes after vaccination for possible immediate hypersensitive reactions. If you have a history of allergic reactions to vaccines, talk to your healthcare provider before receiving a COVID-19 vaccine.

What side effects can I expect from the vaccines?

In the clinical trials, the vaccines were very effective with only mild side effects that are common in all vaccines. These include fever, fatigue, muscle aches and headache. There were no serious safety concerns.

If I've had COVID-19 should I get vaccinated anyway?

We still recommend that you get the vaccine even if you've had COVID-19. However, you may consider waiting 90 days after getting infected as it's not common to get COVID-19 again within three months of first being infected.



If I'm pregnant, breastfeeding or trying to conceive, can I get immunized?

While pregnant and breastfeeding women weren't included in the first COVID-19 vaccine trials, safety data is reassuring. Since the vaccines don't contain the live virus, they aren't thought to increase the risk of infertility, miscarriage during the first or second trimester, stillbirth or birth defects. There's also no evidence to suggest the vaccine is a risk to a breastfeeding baby. That said, getting the vaccine while trying to conceive, during pregnancy or when you are breastfeeding is a personal choice. We encourage you to talk to your Ob/Gyn to help you make a decision together.

Screening

The CDC recommends screening your students, faculty and staff by:

1. Having students, faculty and staff take their temperature before coming to campus, or when they arrive.



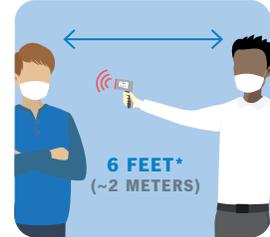
Confirming their temperature is less than 100.4°F (38.0°C).



Confirming they are **NOT coughing or experiencing shortness of breath.**



Looking for signs of illness, which could include flushed cheeks and/or fatigue.



Maintaining at least 6 feet* distance between the person taking the temperature and the student, faculty or staff member.

2. Following recommended barrier controls, or using proper PPE for screeners:

- › Stand behind a physical barrier (glass or plastic partition) to protect their face and mucous membranes from respiratory droplets that may be produced when someone coughs, sneezes or talks.
- › If no physical barrier is available, put on a facemask, eye protection (goggles or disposable face shield that fully covers the front and sides of your face), a single pair of disposable gloves and a gown if you expect to have extensive contact with someone.
- › Clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.
- › Use a new pair of disposable gloves. If disposable or non-contact thermometers are used to screen multiple people and you did not have physical contact with an individual, you do not need to change your gloves before the next check.
- › Look for signs of illness, which could include flushed cheeks or fatigue.
- › Confirm individuals aren't coughing or experiencing shortness of breath.
- › Check the individual's temperature by reaching around or through an opening in the partition. (Keep your face behind the barrier at all times.)
- › If non-contact thermometers are used, follow the manufacturer's instructions for cleaning and disinfecting.
- › Reusable thermometers must be cleaned between each check.
- › After screening the last person, remove and discard PPE and gloves, and clean your hands with either soap and water for 20 seconds or with hand sanitizer containing at least 60% alcohol.

Asymptomatic screening for those with known exposure

The CDC recommends COVID-19 testing for unvaccinated persons who have been in close contact with an individual who has been diagnosed with COVID-19. Individuals with known exposure should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.



Phased Mitigation Strategies

Determining how and when to reopen safely (or when to move to hybrid or remote learning if needed) is a multifactorial decision, including school-specific factors (e.g., mitigation strategies, community need, number of cases among students, teachers and staff). However, the CDC advises that the first step should be assessing the level of risk in the community. The CDC offers the following guidance:

Indicators and Thresholds for Community Transmission of COVID-19*

(reported over 7 days)

Indicator	Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
Total new cases per 100,000 persons in the past 7 days**	0 - 9	10 - 49	50 - 99	≥ 100
Percentage of nucleic acid amplification tests that are positive during the past 7 days***	< 5.0%	5.0% - 7.9%	8.0% - 9.9%	≥ 10.0%

*If the two indicators suggest different levels, the actions corresponding to the higher threshold should be chosen. County-level data on total new cases in the past 7 days and test percent positivity are available on the County View tab in [CDC's COVID Data Tracker](#).

**Total number of new cases per 100,000 persons within the last 7 days is calculated by adding the number of new cases in the county (or other community type) in the last 7 days divided by the population in the county (or other community type) and multiplying by 100,000.

***Percentage of positive diagnostic and screening nucleic acid amplification tests during the last 7 days is calculated by dividing the number of positive tests in the county (or other administrative level) during the last 7 days by the total number of tests resulted over the last 7 days.

Phased Mitigation Strategies

Low Transmission (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
<p>Elementary, middle and high schools are open for full in-person learning with all five key mitigation strategies.</p> <p>Universal and correct use of masks is required.</p> <p>Physical distancing is maintained to the greatest extent possible.</p> <p>Schools may benefit from using pods or cohorts to facilitate testing protocols and contact tracing and minimizing risk of transmission.</p> <p>If physical distancing of at least 6 feet* among all students, teachers and staff within a class, cohort or pod is not possible at all times, schools should ensure physical distancing between classes, cohorts and pods.</p>		<p>Elementary, middle and high schools transition to hybrid instruction to maximize physical distancing and reduce risk of transmission.</p> <p>Schools may consider hybrid learning models or instructional modes where substantial percentages of students are in virtual only instruction.</p> <p>All five key mitigation strategies are implemented.</p> <p>Universal and correct use of masks and physical distancing are required.</p>	<p>Elementary schools continue hybrid instruction with all five key mitigation strategies in place.</p> <p>Universal and correct use of masks and physical distancing are required.</p> <p>For middle schools and high schools, transition to virtual instruction is recommended. Some middle schools and high schools may consider opening or remaining open if mitigation strategies are consistently implemented, school policies requiring universal and correct use of masks are in place, and monitoring of cases in school suggests limited transmission.</p> <p>In communities with high levels of transmission, high prevalence of COVID-19 in the community could also result in many teacher and staff quarantines due to exposures in the community, limiting the ability of schools to remain safely open.</p>

*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

Phased Mitigation Strategies

Recommended Implementation of Mitigation Strategies and K-12 School Learning Modes by Level of Community Transmission for Schools That Do Not Implement Expanded Screening Testing

Low Transmission ¹ (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
<p>All schools: Universal and correct use of masks is required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with isolation and quarantine.</p> <p>Diagnostic testing²: Symptomatic students, teachers, staff and close contacts referred for diagnostic testing.</p>			
<p>K-12 schools open for full in-person instruction. Physical distancing of 6 feet* or more to the greatest extent possible.³</p>		<p>Elementary schools in hybrid learning mode or reduced attendance.⁴ Physical distancing of 6 feet* or more is required.</p>	
		<p>Middle and high schools in hybrid learning mode or reduced attendance. Physical distancing of 6 feet* or more is required.</p>	<p>Middle and high schools in virtual-only instruction unless they can strictly implement all mitigation strategies, and have few cases; schools that are already open for in-person instruction can remain open, but only if they strictly implement mitigation strategies and have few cases.⁵</p>
<p>Sports and extracurricular activities occur; physical distancing of 6 feet* or more to the greatest extent possible.⁶</p>	<p>Sports and extracurricular activities occur with physical distancing of 6 feet* or more required.</p>	<p>Sports and extracurricular activities occur only if they can be held outdoors, with physical distancing of 6 feet* or more required.</p>	<p>Sports and extracurricular activities are virtual only.</p>

¹ Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥ 100) and percentage of positive tests in the past 7 days (low, < 5%; moderate, 5%-7.9%; substantial, 8%-9.9%; high, ≥ 10%).

² Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed on individuals with or without suspected COVID-19 infection in accordance with the test's authorization and labeling.

³ If physical distancing between all students, teachers and staff within a class, cohort or pod is not possible at all times, schools should ensure physical distancing between classes, cohorts and pods.

⁴ Hybrid learning or reduced attendance is intended to maximize physical distance between students. Schools may consider hybrid learning models or instructional modes where substantial percentages of students are in virtual-only instruction. At all levels of community transmission, schools should provide families the option to participate in virtual learning if a student or family member is at risk of severe illness from COVID-19.

⁵ Strict implementation of mitigation strategies refers to policies that require consistent and correct use of masks, physical distancing of at least 6 feet*, all other key mitigation strategies.

⁶ School officials should implement limits on spectators and attendees for sports, extracurricular activities and school events as consistent with recommendations for masking and physical distancing for each phase.

*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

Phased Mitigation Strategies

Recommended Implementation of Mitigation Strategies, Testing and Safe K-12 School Learning Modes by Level of Community Transmission for Schools that Implement Expanded Screening Testing

Low Transmission ¹ (Blue)	Moderate Transmission (Yellow)	Substantial Transmission (Orange)	High Transmission (Red)
<p>All schools implement 5 key mitigation strategies: Universal and correct use of masks required; physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities; contact tracing in combination with isolation and quarantine.</p> <p>Diagnostic testing²: Symptomatic students, teachers and staff and close contacts referred for diagnostic testing.</p>			
<p>Screening Testing³</p>			
<p>Routine screening testing of teachers and staff offered once per week.</p>			
<p>No screening testing for students.</p>		<p>Routine screening testing of students offered once per week.⁴</p>	
<p>School Status</p>			
<p>K-12 schools open for full in-person instruction. Physical distancing of 6 feet* or more to the greatest extent possible.⁵</p>		<p>K-12 schools in hybrid learning mode or reduced attendance.⁶ Physical distancing of 6 feet* or more is required.</p>	
<p>Sports and extracurricular activities occur; physical distancing of 6 feet* or more to the greatest extent possible.⁷</p>	<p>Sports and extracurricular activities occur with physical distancing of 6 feet* or more required.</p>	<p>Sports and extracurricular activities occur with physical distancing of 6 feet* or more required.</p>	<p>Sports and extracurricular activities are virtual only.</p>

¹ Levels of community transmission defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate, 10-49; substantial, 50-99; high, ≥ 100) and percentage of positive tests in the past 7 days (low, < 5%; moderate, 5%-7.9%; substantial, 8%-9.9%; high, ≥ 10%).

² Diagnostic testing for SARS-CoV-2 is intended to identify occurrence of SARS-CoV-2 infection at the individual level and is performed when there is a reason to suspect that an individual may be infected, such as having symptoms or suspected recent exposure.

³ Screening testing is intended to identify infected asymptomatic individuals who may be contagious so that measures can be taken to prevent further transmission.

⁴ Schools may consider testing a random sample of at least 10% of students or may conduct pooled testing of cohorts/pods for screening testing in areas of moderate and substantial community transmission.

⁵ If physical distancing of at least 6 feet* among all students, teachers and staff within a class, cohort or pod is not possible at all times, schools should ensure physical distancing between classes, cohorts and pods.

⁶ Hybrid learning or reduced attendance is intended to maximize physical distance between students. Schools may consider hybrid learning models or instructional modes where substantial percentages of students are in virtual only instruction. At all levels of community transmission, schools should provide families the option to participate in virtual learning if a student or family member is at risk of severe illness from COVID-19.

⁷ School officials should implement limits on spectators and attendees for sports, extracurricular activities and school events as consistent with recommendations for masking and physical distancing for each phase.

*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

Preparing the Campus

Administrators must take appropriate precautions to reopen their schools to create a safe, protected environment for students, faculty and staff. This includes assessing exposure risk, potential exposure sources and transmission routes, and appropriate controls.



Clean and Disinfect

Plan

- › **What needs to be cleaned?**
Not all areas will need the same level of cleaning. For example, in spaces left unoccupied for 7 or more days, only routine cleaning is needed. High-touch surfaces (e.g., sinks, doorknobs, elevator buttons, etc.) should be prioritized and disinfected regularly.
- › **What resources and equipment are needed?** Consider the size and availability of your current environmental services or janitorial workforce, the type and availability of cleaning products, and what personal protective equipment (PPE) is appropriate for those cleaning.

Implement

- › **Clean visibly dirty surfaces** with soap and water prior to disinfection.
- › **Use the appropriate cleaning or disinfectant product.** Use an EPA-approved disinfectant against COVID-19, and read the label to make sure it meets your needs.
- › **Follow the directions on the label.** The label will include safety information and application instructions.
- › **Clean or replace air filters regularly** per manufacturer's instructions.
- › **Post a list** that indicates the date and time high-touch areas were cleaned last.

Maintain

- › **Continue routine cleaning and disinfection.** Continue or revise your plan based upon appropriate disinfectant and PPE availability. Routinely disinfect frequently touched surfaces at least daily.
- › **Maintain safe practices for additional layers of protection,** such as frequent handwashing, using cloth face coverings, staying home if you are sick and social distancing.
- › **Empower employees to keep their work areas clean** by providing EPA-approved cleaning products.

Preparing the Campus

Distancing

The learning environment we return to will need to look and feel very different than it did before COVID-19. Although we are reentering schools, maintaining social distance will still be important for the safety of our students, faculty and staff.

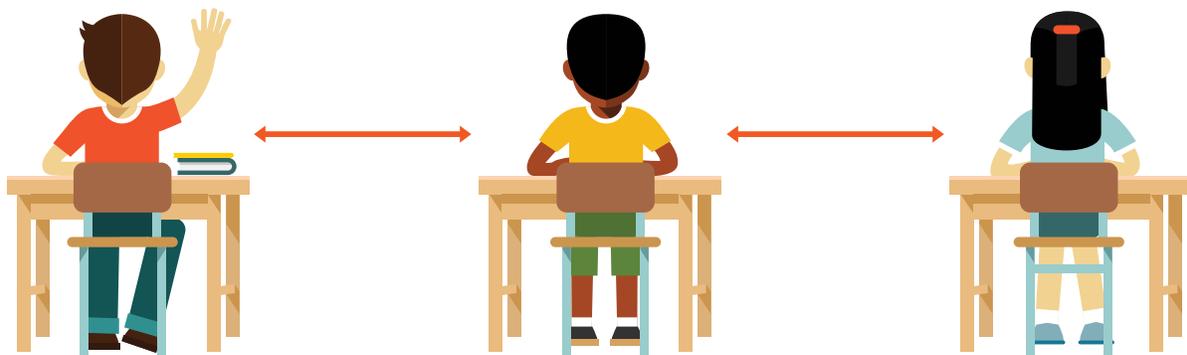
Social distancing means avoiding large gatherings. Physical distancing means maintaining distance (at least 6 feet or 2 meters*) from others when possible. Both social and physical distancing are important precautions. Schools should consider the following distancing strategies:

- › Set limits on how many people are in your building at one time. This may mean changing your policies to allow flexible worksites (e.g., work or learn from home) and flexible work hours (e.g., staggered school days).
- › Increase physical space between people. This may include:
 - Adding extra space between workspaces to ensure 6 feet* of distance between people.
 - Encouraging students, faculty and staff to avoid elevators.
 - Creating one-way traffic flow through classrooms, stairways and hallways.
- › Altering meeting practices to phone or video rather than in-person whenever possible. When a physical meeting is required, ensure 6 feet* of space between each person, insist that everyone wear masks, and clean and disinfect meeting room surfaces.
- › Postpone non-essential travel and events.
- › Stagger break times.

S — A — F — E

SIX AWAY FROM EVERYONE

Keep 6 feet between you + others to help prevent the spread.



*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.



Communicating with Your Students, Faculty and Staff

The COVID-19 pandemic is a complex situation that requires frequent and consistent communication with all stakeholders. As reports of the illness and its toll from other nations began to surface, Cleveland Clinic leadership, along with its Corporate Communications team, began planning a coordinated response.

Even into the second year of the pandemic, people continue to face uncertainty that they cannot escape professionally or personally. COVID-19 is everywhere. At Cleveland Clinic, our communications approach is to demystify information and provide our caregivers with the knowledge they needed to do their jobs.

We communicate with every caregiver frequently. Each communication has relevant COVID-19 information they needed to know to support our accelerated response. With every message, we express our support and gratitude for their dedicated service to our organization and communities.

Communicating with Your Students, Faculty and Staff

Below are some best practices to consider as organizations bring students, faculty and staff back to campus in 2021.

Plan

- › **Maintain an incident command team or COVID-19 task force** that includes representatives from your Communications department. Meet regularly and share information that communication professionals can provide to the organization/company.
- › **Ongoing leadership involvement is a critical necessity** into the second year of the pandemic, and should include a cadence of regular communications to all your key audiences. Communication from leadership should be planned and provide valuable, consistent information to your students, faculty, staff and other key stakeholders.
- › **Ensure your reactivation efforts align with your organization's values and mission** and tie them into your communications and messaging.
- › **Rethink how you work.** Do you need to consider moving from a 5-day work week to a 7-day work week in your Communications department? Meet twice daily to identify needs at the beginning of the day and then wrap-up at the end of the day so everyone is aware and involved. Develop a procedure for clear hand-offs of projects at the end of each shift.
- › **Identify target audiences**, what information they need, how they will receive it and how often.
- › **Assign Communications team members to different areas** so they develop subject matter expertise and contacts within the departments with which they work.
- › **Reimagine how you communicate.** With things changing quickly, you will likely need to increase the frequency of your communications. Evaluate the tools you have in place and identify how to utilize them in this evolving pandemic.
- › **Tell your students, faculty, staff to be vigilant** about procedures, to peer-identify people who they see putting themselves at risk, and to take care at home to protect their families.
- › **Don't forget to tell your people how much you appreciate them.** Assure them of the continuity of your mission, vision and values.
- › **Be flexible.** An open-minded approach is essential as you rethink and reimagine the best ways to address your communication needs with students, faculty and staff.

Develop

- › **Develop repetitive, consistent messaging.** Ensuring that everyone understands what is happening given the speed with which it's occurring is difficult. Script important messages for different sources and echo them throughout several different communications (e.g., e-newsletters, intranet postings, phone and video meetings, conversations with managers, talking points, etc.).
- › **Customize information for each location.** Because each state/country has different restrictions in place, share the communications with local Communications teams in a customizable format.

Monitor

- › **Designate point people** in your Communications department to review all communications before they are distributed to ensure a consistent approach. Inconsistency breeds rumors and mistrust.
- › **Monitor comments** on the intranet and social media. Respond when necessary, and consult with experts as needed to dispel rumors, answer questions and address concerns.

Recognizing Symptoms

Your students, faculty and staff may still have concerns about possible exposure to COVID-19* — and how to tell the difference between symptoms of the virus and other common illnesses. It is important to educate them about the symptoms of COVID-19. These resources will help you and your students, faculty and staff recognize symptoms.

What Symptoms Should I Be Watching For?

Patients with confirmed infection with COVID-19 reported these symptoms (as of **March 23, 2021**):



Fever.



Chills.



Cough.



Shortness of breath or difficulty breathing.



Diarrhea.



Nausea or vomiting.



Muscle or body aches.



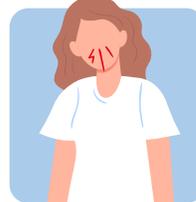
Congestion or runny nose.



Headache.



Fatigue.



New loss of taste or smell.



Sore throat.

This list does not include all possible symptoms. Children have similar symptoms to adults and generally have mild illness.

Symptoms can range in severity from very mild to severe. In about 80% of patients, COVID-19 causes only mild symptoms. For an up-to-date list of symptoms, please consult the CDC's website.

*The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most recent recommendations, please visit www.cdc.gov.

How do I handle a student, faculty or staff member who has symptoms or becomes ill at school?

Follow these steps if one of your students, faculty or staff members begins having suspected COVID-19 symptoms or feels ill during the school day:

- › Immediately separate the person who is ill from others.
- › Send home any faculty or staff with symptoms of COVID-19 and instruct them to self-isolate for 14 days from the onset of symptoms, as recommended by the CDC. Call 911 or send to hospital if emergency care is needed.
- › Close off all areas that the ill person was using until they can be cleaned appropriately.
- › Ill students should be encouraged to return home and isolate there. Students may have to isolate in their dorm room for 14 days. Isolation should be in a room with only one occupant. If the dorm room is a shared space, then finding alternate housing for the student is advised where they can self-isolate without exposing others.
- › Refer to the CDC’s guidance for cleaning and disinfecting your building when someone is sick.

What should I do if a student, faculty or staff member has been exposed* to someone who has COVID-19?

Follow these procedures for those who have been exposed to someone but don’t have symptoms:

- › Screen all of your students, faculty and staff for temperature and symptoms when they arrive at school each day.
- › Perform regular self-monitoring as outlined by your occupational health program.
- › Ensure those affected quarantine away from school for an appropriate time from the date of exposure based on local guidance. This is typically 14 days, but can vary with testing and concerns around variant strains.



- › Unvaccinated individuals with known exposure* should be tested immediately after being identified, and then again 5-7 days following the last exposure or immediately if symptoms develop.

Fully vaccinated individuals who meet the following criteria are not required to quarantine:

- › They are fully vaccinated (2 weeks have passed since the second dose in a 2-dose series, or 2 weeks after their dose in a single-dose vaccine).
- › They are within 3 months following the last vaccine dose in the series.
- › They remain asymptomatic since their current exposure* to COVID-19.

Fully vaccinated people should still self-monitor for symptoms of COVID-19 for 14 days following exposure, and seek clinical evaluation if indicated.

* The CDC defines exposure as being in close contact (within 6 feet of an infected individual) for a total of 15 minutes or more. For the most up-to-date information, visit www.cdc.gov.



Wellbeing and Resiliency

The COVID-19 pandemic has been an unprecedented event, disrupting our way of life and causing increased stress and anxiety for people everywhere. Information is rapidly changing and can be confusing, even scary. While some people may successfully manage their anxiety levels, the ongoing situation can be overwhelming for everyone.

According to the CDC, stressors associated with an infectious disease outbreak can include:

- › Fear and worry about your own health and the health of your loved ones.
- › Changes in sleep or eating patterns.
- › Difficulty sleeping or concentrating.
- › Worsening of chronic health problems.
- › Worsening of mental health conditions.
- › Increased use of alcohol, tobacco or other drugs.

Wellbeing and Resiliency

Managing stress

Following these steps to manage stress can go a long way to help you and your students, faculty and staff cope with the ever-changing environment and help keep those around you calm and focused. Encourage individuals who seem unable to manage the increased levels of stress and anxiety to explore available resources, such as your school's employee assistance program (EAP) or student health center.



Exercise regularly. Aerobic exercise (e.g., walking, running, hiking or playing with your kids/pets), can help release endorphins (natural substances that help you feel better and maintain a positive attitude).



Maintain a healthy diet. Stress can adversely affect your eating habits and your metabolism. The best way to combat stress or emotional eating is to be mindful of what triggers stress eating and to be ready to fight the urge.



Connect with others. Fear and isolation can lead to depression and anxiety. Reach out to family members, friends and colleagues regularly via phone, text, FaceTime or other virtual platforms.



Take a break. While it's important to stay informed of the latest news and developments, the evolving nature of the news can get overwhelming. Find a balance of exposure to news that works for you. Whenever reasonably possible, disconnect physically and mentally.



Get enough sleep. It's especially important that individuals get the recommended amount of sleep to help them stay focused on work and on managing the stress the current outbreak can bring. Experts recommend avoiding alcohol and stimulants like caffeine and nicotine before bed.

Education Industry-Specific Guidance

Return-to-school guidance for educators focuses on ensuring the safety of students, faculty and staff. Reducing the risk of exposure to COVID-19 by cleaning and disinfecting is an important part of reopening schools and all places of learning. This requires careful planning. Depending on the size of your institution, consider creating task forces to oversee areas such as facilities, residence halls, dining halls, recreation/sports, faculty, student life, religious life, and parents and students. There are several steps education leadership can take to prepare for the return to school, including:

Clean

- › **Disinfect high-touch surfaces several times per day**, including door handles and locks, light switches, desks, chairs, keyboards, computer mice, frequently handled equipment, handrails and vending machines.
- › **Provide cleaning stations** with disinfectant wipes for students, faculty and staff to self-disinfect their desks, printers and conference areas in designated areas throughout the campus.
- › **Keep surfaces clear as much as possible** to allow for sanitation with disinfectant wipes throughout the day.
- › **Enhance cleaning of all areas**, including more frequent cleaning of classrooms, common areas and meeting spaces using EPA-approved disinfectants that meet CDC requirements for use and effectiveness against viruses, bacteria, and airborne and bloodborne pathogens.
- › **Provide alcohol-based sanitizing wipes and hand sanitizer stations in high-traffic spaces** (e.g., public and personnel entrances, classrooms, cafeterias, restrooms) and other common spaces.
- › **Disinfect student dormitory common spaces daily**, including door handles and locks, as well as light switches, tables and chairs.
- › **Remind students that they are responsible for regularly cleaning and disinfecting** their dormitory rooms.

Separate

- › **Consider holding virtual classes as often as possible.**
- › **Stagger in-person classes** to reduce the number of occupants in the school at one time.
- › **Discourage students from using other students' supplies and equipment.**
- › **Require family members and visitors to wear face masks** when visiting your school. Consider having face masks available at main entrances.
- › **Consider limiting the number of access points to campus from outside** so that all entrants can be screened for temperature and the use of face masks.
- › **Reduce occupancy in areas of excessive air movement** (e.g., close to doors and drafts).
- › **Conduct faculty office hours virtually as often as possible.**
- › **Consider installing plexiglass partitions** in areas where social distancing is needed but the physical space does not allow for appropriate distance.

Disinfect high-touch areas frequently:



Desks and
Chairs



Door Knobs
and Locks



Computer
Accessories

Adjust

- › **Insist that anyone who is feeling ill stay home or in their dormitory.**
- › **Assess your visitor and guest policies** to maximize student educational experience while limiting occupancy as part of physical distancing practices.
- › **Advise students, faculty, staff, family members and visitors to remove gloves upon entry** to encourage the use of hand sanitizer.
- › **Consider holding a virtual orientation.** Public gatherings should be limited to as few people as possible, and no more than 10 people at a time.
- › **Reconsider the use of shared classroom supplies and materials.**
- › **Consider options for additional short breaks for students, faculty and staff** to increase the frequency with which they can wash their hands with soap and water.
- › **Review fitness/physical education practices.**
To maintain physical distancing, you may need to reconsider the use of PE/fitness equipment and, if you elect to even open the gym, to limit the number of students permitted to use the gym at one time. Consider closing the gym altogether or close throughout the day for thorough cleaning. Provide appropriate disinfecting supplies for students and faculty to use before and after they use the equipment. No one who is ill should be allowed to enter the gym. If you do close the gym, encourage outdoor activities such as walking trails.
- › **Reimagine performing arts curriculum.** Because singing is an effective way of spreading infectious aerosols, avoid any activities that involve singing. Likewise, playing wind instruments is not advised.
- › **Consider transitioning to a competency-based curriculum,** with no tests or grades, since the goal is to reduce the number of students and overall time spent on campus. Students can undergo assessment of their competency at different points in time. This also allows for students to spend different amounts of time in the curriculum to suit their individual learning needs.



- › **Change school bus procedures.** Limit the number of students on the school bus at any one time. Use markings on the seats to limit seat occupancy to ensure social distancing. Disinfect seats as they are vacated, and frequently disinfect handrails and other surfaces.
- › **Adjust child drop-off procedures** to reduce the number of students in one area at one time.
- › **Consider holding sporting events without an audience.**
- › **Address library use and borrowing policies.** Consider having students reserve materials online or over the phone and picking them up at a certain time. Materials should be returned via a drop box.
- › **Consider disabling/removing public computers.**
- › **Develop testing strategy for athletes** in contact sports in partnership with medical provider.
- › **Consider disabling water fountains,** and think about what hydration options you can offer as a substitute.



Adjust

- › **Alter food and beverage services.** Serve only “grab and go” food. Consider closing gathering spaces (e.g., cafeterias) if possible, or limiting the number of occupants in these rooms at any one time.
- › **Ensure adequate supply of appropriate personal protective equipment (PPE)** for your staff and in student health centers. This includes face masks and disposable gloves for all staff involved in student health services, food preparation, cleaning and other facility maintenance, following CDC guidelines.
- › **Train staff on proper techniques for putting on, using/wearing, removing and maintaining PPE.**
- › **Reduce air recirculation and increase the amount of fresh air introduced into environments** by opening windows whenever possible. Minimize the speed of airflow in conditioned spaces.
- › **Reconsider or limit the use of volunteers.** Your goal is to have as few people as possible in any confined space.
- › **Consider reassigning employees in high-risk groups** (e.g., those > 65 or with pre-existing conditions) to tasks that limit their exposure.

Communicate

- › **Ask students and family members not to enter your school if symptomatic.**
- › **Use signage to prompt and reinforce distancing.**
- › **Remind students, faculty and staff of your commitment to health and safety prevention measures** with signage near the entrance, and inside classrooms, gym, cafeteria, lounges and restrooms. Include reminders about the importance of handwashing, face masks and physical distancing, as well as cough etiquette.
- › **Use markings on the floor in queuing spaces** (e.g., gym, cafeteria) to remind students, faculty and staff to leave 6 feet* of space between themselves and others.
- › **Encourage students, faculty and staff and their families to get the seasonal influenza vaccine, and the COVID-19 vaccine when it becomes available.**
- › **Creating a culture of responsibility for self and others and for citizenship in the broader community is important.** One way to accomplish this is to develop a pledge or charter that all students, faculty and staff can follow.

Continue protocol planning/preparedness for student-specific medical conditions.

- › **Example situation:** Have a system in place by which students (or parents) can disclose that they have a medical condition, and have any needed doctor-signed emergency plans and medications readily available to those student.

Continue protocol planning/preparedness for school-wide medical emergency response planning.

- › **Example situation:** Have a plan for how your school will respond to a medical emergency in a student with no known/prior history of medical condition.

AAP Recommendations for Pre-Kindergarten

The American Academy of Pediatrics (AAP) makes the following recommendations for returning to pre-kindergarten during the COVID-19 pandemic.

Physical distancing is difficult to implement in this age group, and its relative impact among children is likely small. Thus, in Pre-K, we should focus more on mitigating risk strategies such as hand hygiene, infection prevention education for staff and families, cohorting and spending time outdoors. For adults in Pre-K settings, physical distancing and face coverings are important.

Higher-priority strategies:

- › Group classes into cohorts to minimize crossover among children and adults within the school. The exact size of the cohort may vary and may depend on local or state health department guidance.
- › Utilize outdoor spaces when possible.
- › Limit unnecessary visitors into the building.

Lower-priority strategies:

- › Cloth face coverings for children in this age group may be difficult to implement.
- › Reducing classmate interactions/play in Pre-K aged children may not provide substantial COVID-19 risk reduction.



AAP Recommendations for Elementary Schools

The American Academy of Pediatrics (AAP) makes the following recommendations for returning to elementary schools during the COVID-19 pandemic.

Higher-priority strategies:

- › Children should wear face coverings when the potential benefits (such as reducing COVID-19 infection risk) outweigh the potential harms (such as increasing hand-mouth/nose contact).
- › Leave 3-6 feet* between desks when feasible. If doing so reduces the amount of time children can be in school, the potential harm may outweigh the risk.
- › Develop cohorts of classes to minimize crossover among children and adults within the school.
- › Utilize outdoor spaces when possible.

Lower-priority strategies:

- › The risk reduction of reducing class sizes in elementary school-aged children may be outweighed by the challenge of doing so.
- › Similarly, reducing classmate interactions/play in elementary school-aged children may not provide enough COVID-19 risk reduction to justify potential harms.

AAP Recommendations for Secondary Schools

In this population, physical distancing will likely have a greater impact in terms of COVID-19 risk reduction than in early childhood or elementary settings. There are also different barriers to successful implementation of many of these measures in older age groups, as the structure of school is usually based on students changing classrooms.

The American Academy of Pediatrics (AAP) makes the following recommendations for physical distancing to mitigate risks in secondary schools during the COVID-19 pandemic:

- › Universal face coverings should be worn in middle and high schools (students and adults).
- › Avoid close settings of close physical proximity during activities that increase exhalation (such as singing, exercise). These activities are likely safest outdoors and with physical distancing.
- › Place desks 3 to 6 feet* apart when feasible.
- › Cohort classes to limit cross-over of students and teachers to the extent possible.
 - Ideas that may assist with cohorting:
 - Block schedule (much like colleges, intensive 1-month blocks).
 - Eliminate use of lockers or assign them by cohort to reduce need for hallway use across multiple areas of the building. (This strategy would need to be done in conjunction with planning to ensure students are not carrying home an unreasonable number of books on a daily basis and may vary depending on other cohorting and instructional decisions schools are making.)
 - Have teachers rotate instead of students when feasible.
 - Utilize outdoor spaces when possible.
 - Teachers should maintain 6 feet* from students when possible and if not disruptive to educational process.
 - Restructure elective offerings to allow small groups within one classroom. This may not be possible in a small classroom.

AAP Recommendations for Special Education Settings

Every child and adolescent with a disability is entitled to a free and appropriate education and is entitled to special education services based on their individualized education program (IEP). Students receiving special education services may be more negatively affected by distance-learning and may be disproportionately impacted by interruptions in regular education. It may not be feasible, depending on the needs of the individual child and adolescent, to adhere both to distancing guidelines and the criteria outlined in a specific IEP. Attempts to meet physical distancing guidelines should meet the needs of the individual child and may require creative solutions, often on a case-by-case basis.

*Cleveland Clinic recommends maintaining 6 feet of distance between yourself and others. Other authorities may make different recommendations in certain circumstances. For the most up-to-date recommendations, please visit www.cdc.gov.

Campus structure and access

Areas of consideration include how open or closed your campus should be. Based on the size of your campus and the number of schools it houses, what might a hybrid campus look like?

School life favors socialization, and campuses are not designed for physical distancing. Consider which activities must be held in person and which can be held virtually.

Additionally, consider access to buildings. You may wish to channel access to buildings through only a few portals so you can check temperatures of and provide masks to entrants. You will likely want to closely monitor and control both social distancing and the number of occupants in certain buildings, such as libraries, gyms and lecture halls. Think about how you might manage foot traffic inside and outside of buildings, giving consideration to building square footage and social distancing.

We can only mitigate, not eliminate, risk at this point. The “solution is dilution,” which means we need to use as many strategies as possible:

- › universal masking
- › hand hygiene
- › cough etiquette
- › social distancing
- › masking
- › flu vaccination
- › COVID-19 vaccination
- › access to testing

In addition, we can mitigate risk by cleaning and sanitizing surfaces, staying home when sick and limiting visitors to campus.

Refer to “Adding Layers of Protection” on p. 5 of this guide for further explanation.



Student re-entry

Consider a staged re-entry of students that aligns with decisions about which programs and schools to re-open.

Determine if and how you will screen students before they return to school. We recommend using a platform specifically designed for onboarding. If you do want your students screened, determine if you or an outside service should perform the screening. If the student tests positive, think about who notifies the student of next steps. Cleveland Clinic recommends following CDC guidelines for screening.

Some considerations:

- › Universal testing currently is very challenging.
- › Adjust academic calendar (as possible) to decrease the number of breaks throughout the academic year.
- › Use a questionnaire to screen students coming to campus (see example language on page 22), and test only upon suspicion of COVID-19 (i.e., a positive screen).
- › Restrict access points where you can conduct thermal screening and distribute cloth masks.
- › Develop a standard re-entry protocol for students who test positive.

EXAMPLE: COVID-19 Risk Screening

If the student answers yes to numbers 1 or 2, or if they answer no to number 3, they should be stopped from onboarding pending investigation.

1. Within the past 14 days have you been exposed to someone with a confirmed diagnosis of COVID-19 or someone who was under investigation for COVID-19? yes no
2. Within the past 14 days, have you experienced symptoms associated with COVID-19 (fever, diarrhea, cough, shortness of breath, muscle pain, headache, sore throat, loss of taste or smell)? yes no
3. I understand that if my answers to any of the above change during the duration of my education with [ORGANIZATION], I am to notify [ORGANIZATION]. As a student, I pledge to avoid, through appropriate and responsible behaviors like handwashing, social distancing and mask wearing, transmitting COVID-19 from my personal private surroundings to my school to protect myself, my family and everyone I come into contact with. yes no

Classroom: in-person and virtual

Schools have the option of reopening on a platform of traditional education curriculums and pedagogy or combining (or eliminating) those and moving to a hybrid model that relies on digital technology. Consider how much learning can be done virtually versus in person. Now is the chance to enhance virtual teaching and distance learning. Educational content can be delivered to on-site and off-site students synchronously or asynchronously.

When thinking about synchronous in-person learning, consider offering the same class at multiple sequential times (i.e., multiple shifts), or nights and weekends. This frequency will help reduce the number of students in a classroom.

Moving from in-person to virtual learning raises several issues, not the least of which are:

- › At-home support for K-12 learners
- › Access to technology
- › Tuition adjustments
- › Need for brick and mortar including dormitories, cafeterias, lecture halls

Student health

Consider the role of the campus student health center in terms of:

- › Virus testing
- › Responding to new viral illnesses and spread
- › Contact tracing
- › Keeping students, faculty and employees healthy
- › More intensely focusing on mental health

If a student displays symptoms of COVID-19, they should have the ability to quarantine. To quarantine on campus, a student needs to have their own room/space with a bathroom. In some cases, you may need to provide temporary accommodations until the student can travel home. Think about how the student might continue their education virtually while they are quarantining.

Congregate living

Dormitory rooms should allow 6 feet* of physical distance. Of course, single rooms are ideal and recommended whenever possible.

Enforce mask wearing unless students are inside their dorm room. Once you set the rules, make sure every student understands and signs off. Consider creating a pledge that students and all employees will review, attesting to awareness and commitment to respect for other persons both on-site and in extracurricular activities. Also, consider whether you will administer consequences if a student is caught breaking the rules.

Consider setting a geographic radius for dorm living. For example, all students whose home is less than 60 miles from campus should live at home and commute to/from campus when necessary.

Ensure every student has a health plan in place if they become ill with or exposed to COVID-19. In addition, consider a process to manage a dorm outbreak.



What to do if one of your students, faculty or staff is diagnosed with COVID-19?

- **Isolate the symptomatic individual** and any person who may have come into contact with the individual. Known contacts should be tested for COVID-19 and quarantine for a period of 14 days unless they are fully vaccinated and meet guidelines set forth by the CDC. If possible, students should be encouraged to return home and quarantine there. Students may have to quarantine in their dorm room for 14 days. If that's not possible, other housing arrangements (e.g., dedicated spaces in hotels) may need to be made.
- **Send home any faculty and staff with symptoms of COVID-19** and instruct them to self-isolate for 14 days from the onset of symptoms, as recommended by the CDC.
- **Instruct faculty and staff to contact their manager immediately** if they notice that a colleague is exhibiting symptoms of COVID-19.
- **Report confirmed cases of COVID-19 immediately** as required by local health authorities.
- **Shut down the area of the school thought to be contaminated** as well as the student's dormitory room for sanitation. Ensure that whoever cleans the school and its equipment follows requirements and guidelines from the CDC and any local governing bodies that may have jurisdiction, and wears appropriate PPE.
- **Clean surfaces and equipment thought to be contaminated**, if possible, with EPA-approved disinfectants that are appropriate for the surface in accordance with CDC guidelines. If equipment cannot be cleaned, isolate it. As viruses survive for different periods of time, consider the surface type when determining the amount of time it cannot be used. If a surface cannot be cleaned, the CDC recommends isolating porous surfaces for 24 hours, and hard surfaces for a period of 7 days before handling.

Resources

View the recording of the “Getting Back to School Safely in the COVID-19 Era” webinar

<https://my.clevelandclinic.org/departments/employer-healthcare-solutions/covid-19-workplace-safety/preparing-work-area>

Centers for Disease Control and Prevention

Considerations for Schools

<https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html>

Colleges and Universities | COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/index.html>

Ohio Department of Health

Colleges and Universities COVID-19 Checklist

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/checklists/english-checklists/colleges-and-universities-covid-19-checklist>

Guidelines for Education and Childcare

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/resources/general-resources/guidelines-for-education-and-childcare>

Campus Safety Magazine

<https://www.campussafetymagazine.com/>

National Association of Independent Schools - COVID-19 Guidance for Schools

<https://www.nais.org/articles/pages/additional-covid-19-guidance-for-schools/>

National PTA – COVID-19 PTA Resources

<https://www.pta.org/home/family-resources/coronavirus-information>

American Association of Colleges for Teacher Education (AACTE) COVID-19 Resources

<https://aacte.org/resources/covid-19-resources/>

ANet Hub - COVID-19 Resources for All Educators

<https://hub.achievementnetwork.org/covid-19-resources-all-educators>

Educators for Excellence - COVID-19: Resources for Educators

<https://e4e.org/blog-news/blog/covid-19-resources-educators>

American Medical Association (AMA) - COVID-19 Resources for Medical Educators

<https://www.ama-assn.org/delivering-care/public-health/covid-19-resources-medical-educators>

Ohio Department of Education - COVID-19 Information for Ohio’s Schools and Districts

<http://education.ohio.gov/Topics/Student-Supports/Coronavirus>

Cleveland Metropolitan School District - COVID-19

<https://www.clevelandmetroschools.org/Coronavirus>

East Cleveland City Schools - COVID-19

<https://www.east-cleveland.k12.oh.us/latest-news/information-about-covid-19-coronavirus/>

Articles

Paxton C. College Campuses Must Reopen in the Fall. Here’s How We Do It. *The New York Times*. April 26, 2020.

<https://www.nytimes.com/2020/04/26/opinion/coronavirus-colleges-universities.html?referringSource=articleShare> (May need subscription to view.)

The Rockefeller Foundation. National Covid-19 Testing Action Plan: Pragmatic steps to reopen our workplaces and our communities. April 21, 2020.

https://www.rockefellerfoundation.org/wp-content/uploads/2020/04/TheRockefellerFoundation_WhitePaper_Covid19_4_21_2020.pdf?referringSource=articleShare

Brown D. Notre Dame to begin fall semester on campus the week of Aug. 10. *Notre Dame News*. May 18, 2020.

<https://news.nd.edu/news/notre-dame-to-begin-fall-semester-on-campus-the-week-of-aug-10/>

The response to the COVID-19 pandemic is continuously evolving as we learn more about the virus and the best techniques to address the associated risks. Cleveland Clinic's materials are based on currently available data and guidelines from the CDC and other resources as of **March 23, 2021**. This guidance may change from time to time and should be used only as a general reference. Employers are solely responsible for determining the best practices to deploy within their work environments.

Please visit clevelandclinic.org/Covid19atwork for the latest updates or to request additional information.

About Cleveland Clinic

Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education. Cleveland Clinic was founded in 1921 by four renowned physicians with a vision of providing outstanding patient care based upon the principles of cooperation, compassion and innovation. Today, Cleveland Clinic is one of the largest and most respected hospitals in the country. *U.S. News & World Report* consistently names Cleveland Clinic as one of the nation's best hospitals in its annual "America's Best Hospitals" survey. Each year thousands of patients travel to Cleveland Clinic from every state in the nation and more than 180 countries around the world.

Cleveland Clinic AtWork is registered in the U.S. Patient Office. Cleveland Clinic has been partnering directly with employers for more than 50 years with programs focused on executive health, wellness and expert second opinions. If you are interested in learning more about Cleveland Clinic's Employer Solutions, please visit: <https://my.clevelandclinic.org/departments/employer-healthcare-solutions>

For more information about how to cope with the COVID-19 pandemic, visit clevelandclinic.org/copingwithcovid19.

