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 entered a new phase. We’ve flattened the curve. People are returning to work. Now our caregivers want to know what comes next. Will they be safe? Has the organization changed? 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 caregivers and those they serve. 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, Cleveland Clinic recently launched a COVID-19 platform for employers. 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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The COVID-19 pandemic has created a number of new challenges, especially for businesses looking to reopen. While students, faculty and staff may feel a sense of urgency to get schools back to normal as soon as possible, there are new guidelines and revised practices that should be followed to allow for a safe, stable return.

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 June 30, 2020. 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. 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 in public with a face mask, covering, or shield in public, particularly where it’s difficult to maintain a 6-foot distance from others. 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 physical distancing:**
Maintain a 6-foot distance from others.

**Follow social distancing guidelines:**
Avoid group gatherings and crowded places.

**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.

**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.

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

**Avoid care facilities:**
Do not visit nursing homes, long-term care facilities or retirement communities, unless you are providing critical assistance.

**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 is safely and responsibly resuming operations for students, faculty and staff. Following these guidelines will help facilitate a safer environment as your school reopens.

Face masks
Cloth face coverings can be used for source control in schools and the workplace. They are recommended by the Centers for Disease Control and Prevention (CDC) to potentially help prevent transmission when used as a complement to social distancing. They are not a replacement for adequate distancing.

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 coverings or 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 (e.g., seats are six feet apart), 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.

How to wear a mask or face cover
The CDC recommends keeping these criteria in mind when wearing a mask or face cover:

› It should be snug but comfortable against the sides of the face.
› It should cover the mouth and nose.
› It needs to be secured with ties or ear loops.
› It should be 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.
**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?**

1. **Wet your hands** with clean running water (warm or cold).
2. **Lather your hands** with soap. Rub together 20+ seconds. Don’t forget wrists, back of hands, between fingers and under nails.
3. **Rinse your hands** well under running water.
4. **Turn off the water** with your elbow (or a clean towel).
5. **Dry your hands** with a clean towel or air dry them.
6. **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.
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 and partial 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.
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

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<thead>
<tr>
<th>Plan</th>
<th>Implement</th>
<th>Maintain</th>
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<tbody>
<tr>
<td>› 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.</td>
<td>› Clean visibly dirty surfaces with soap and water prior to disinfection.</td>
<td>› 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.</td>
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<tr>
<td>› 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.</td>
<td>› 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.</td>
<td>› 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.</td>
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<td></td>
<td>› Follow the directions on the label. The label will include safety information and application instructions.</td>
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<td>› Clean or replace air filters regularly per manufacturer’s instructions.</td>
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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 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.
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.

As people head back to schools and the workplace, they continue to face uncertainty that they cannot escape professionally or personally. COVID-19 is everywhere. At Cleveland Clinic, our communications approach was to demystify information and provide our caregivers with the knowledge they needed to do their jobs.

We made it a point to send at least two communications to every caregiver, every day. One includes a message from our CEO five days per week (both video and written communication); the other is a daily newsletter that is distributed at the same time each day, seven days per week. Each communication had relevant COVID-19 information they needed to know to support our accelerated response. With every message, we expressed our support and gratitude for their dedicated service to our organization and communities.
Communicating with Your Students, Faculty and Staff

As organizations begin to rethink how communications should work amid the COVID-19 pandemic, below are some of Cleveland Clinic’s best practices to consider.

**Plan**

› **Establish 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.

› **Leadership involvement is a critical necessity** 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 five-day work week to a seven-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.

**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.

› **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.

**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.
Managing Symptoms

As your students, faculty and staff return to school, they 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 not only recognize what symptoms to look for, but how to manage any situation where they have symptoms.

What Symptoms Should I Be Watching For?

Patients with confirmed infection with COVID-19 reported these respiratory symptoms (as of June 30, 2020):

- 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.
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.
› 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 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.
› If not already required, ensure those affected wear face masks in school for 14 days from the date of exposure.
› Maintain physical distance guidelines of at least 6 feet from others at school.
› Disinfect and clean work spaces, especially shared spaces and equipment.
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 and add a sense of normalcy 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.**

› **Request that family members and visitors wear face coverings** or masks when visiting your school. Consider having cloth 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.

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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 all other required vaccinations.

› 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 students.

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 when not able to maintain a 6-foot distance (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.
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 because there is no vaccine or herd immunity. The “solution is dilution,” which means we need to use as many strategies as possible:

› hand hygiene
› cough etiquette
› social distancing
› masking
› flu 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 or self-isolate. To self-isolate 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 self-isolating.
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 quarantined for a period of 14 days. 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. The school should be closed until enhanced cleaning with EPA-approved disinfectants can be accomplished according to CDC guidelines. 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

Centers for Disease Control and Prevention

Considerations for Schools

Colleges and Universities | COVID-19

Ohio Department of Health

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

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

Articles

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


Notes
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 June 30, 2020. 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 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.