

**Houston Health Department School Assistance Team  
Proposed Safety Action Plan – Initial Visit on (date)**

<b>Action Proposed</b>	<b>Implementation</b>	<b>Proposed Due Date</b>
<p><b>Hazard Analysis and Risk Assessment</b></p>	<p><b>Hazard:</b></p> <ul style="list-style-type: none"> <li>• COVID-19</li> <li>• Pandemic-level virus</li> <li>• Spread by droplets from the mouth and nose</li> <li>• Prevented by blocking droplets from the mouth, nose and eyes (mucus membranes)</li> </ul> <p><b>Risk:</b></p> <ul style="list-style-type: none"> <li>• High frequency of exposure</li> <li>• High severity (potential fatality)</li> <li>• High risk – function of high frequency x high severity</li> </ul>	
<p><b>Exposure Prevention Protocols / Hazard Controls</b></p> <p>a. <b>Hazard Elimination</b> - prevent congregations when possible; unless very necessary, it is always safer to be in separate areas when preventing a respirable virus exposure.</p>	<p><i>Congregation prevention is currently implemented with those students opting for virtual learning. However, exposure prevention protocols are needed for to ensure confidence for those currently in school and for the near future when many more are in the school building.</i></p>	

- b. **Engineering Controls** - staying in separate areas, using barriers between persons, and ensuring good indoor air circulation and filtration are great for exposure prevention.

*Options for physical separation include students staying place while teachers rotate rooms and students having lunch in the classroom instead of congregating in the cafeteria.*

*Barriers (currently in use at teachers' desks) are beneficial when possible, especially if students are eating in classrooms with face covers off and/or if 6' distances are breached (isolation area).*

*Air circulation (air changes, positive pressure) and filtration (HEPA or more efficiency) optimization is also beneficial.*

<https://www.epa.gov/coronavirus/air-cleaners-hvac-filters-and-coronavirus-covid-19>

- c. **Administrative Controls (Individual Actions):**

- i. **Capacity limits** - keeping areas to around 25% of their total capacities

*Currently, class sizes are at a small percentage of their total attendance. However, this will not always be the case; safety protocols are necessary*

<p>helps by limiting total droplets in the air.</p> <p>ii. <b>Temperature checks and screening questions</b> - identifying indicators of potential infections helps to enable referring those in need to testing and quarantine.</p> <p>iii. <b>Face coverings</b> - face coverings contain droplets to limit total droplets in the air (source control); please ensure no face coverings with</p>	<p><i>for when higher percentages are attending in-school instruction. When individual room capacities can be limited to approximately 25% of their total capacities, it limits the total droplet counts in the air.</i></p> <p><i>Temperature checks are currently being done at school entrances. These temperature checks and medical screening questions are important to check for indicators of potential infections. The adjacent isolation area is needed to direct anyone with infection indicators to. This prevents any potential infections from mixing with others. Instead, with the isolation area used for containment of any potential infections, anyone working in the isolation area requires necessary PPE and respirators; this is covered in the PPE section below.</i></p> <p><i>Face coverings are currently required. However, reminders are needed to ensure they are kept on throughout the day. Also,</i></p>	
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<p>exhalation vents/valves and only using KN95 if in the respiratory protection program.</p> <p>iv. <b>Social distancing</b> - staying 6' or more from each other creates enough distance that droplets cannot travel from one person to another.</p>	<p><i>encouragement to avoid touching the face/mouth/eyes/nose is important for contamination avoidance.</i></p> <p><i>Social distancing is currently implemented in classrooms and hallways. Hallway visual aids are beneficial. Classroom desks and tables are distanced. However, cafeteria seats are not currently separated by more than two feet and students congregate within 6' throughout the cafeteria during lunch. In these cases, seating arrangements are needed to provide 6' distances in the cafeteria seating, chairs can be removed at cafeteria tables and encouragement is needed during lunch to promote distancing. Additionally, distancing is needed in the cafeteria lines (queues) to pick up lunches (visual aids will be beneficial here whether floor decals, cones or another means); this includes the queue for the student-run snack sale kiosk.</i></p> <p><i>Entry and exit points for the cafeteria, phased entry/exit, or lunch in the classrooms can help with this or provide an alternative to the</i></p>	
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<p>v. <b>Hand hygiene</b> - hand hygiene neutralizes droplets that end up on the hands/skin.</p>	<p><i>open-access cafeteria, but distancing is needed in any of the cases. Phased/staggered entrances and exits (morning and afternoon) are beneficial for distancing needs, also. Currently, entrances and exits are simultaneous throughout the building for morning entry and afternoon exit.</i></p> <p><i>Hand hygiene is currently provided through soap and water in restrooms and hand sanitizer stations in the building. However, hand sanitizer stations are needed more frequently; for example, sanitizer is needed upon entering rooms and at touch points such as water stations (water coolers) and the cafeteria lines. Hand hygiene is needed at any point where common surfaces will be touched; students sanitizing after entering rooms, after touching the water cooler, after picking up lunch/before eating, at the student-run snack kiosk and other opportunities will be beneficial to neutralize droplets on the hands.</i></p>	
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<p>vi. <b>Surface disinfection</b> - disinfection neutralizes droplets that end up on surfaces such as tables, door handles, elevator buttons and other common surfaces.</p> <p>vii. <b>Avoid sharing items such as office supplies</b> or using common supply pools.</p> <p>viii. <b>Avoiding touching the face/eyes/mouth/nose and not drinking/eating before hand</b></p>	<p><i>Routine, systematic disinfection is needed throughout the day on all common surfaces and touch points including tables, stair rails, door handles, water coolers and other surfaces.</i></p> <p><a href="#"><u>EPA approved disinfectant list</u></a></p> <p><i>Preventing any sharing of items is beneficial in conjunction with hand hygiene (to neutralize droplets on hands) and disinfection (to neutralize droplets on the skin). Water fountains are currently covered for this purpose; water cooler removal would remove the common touch point. However, if the water coolers are to be utilized, disinfection will be needed along with hand sanitizer after touching.</i></p>	
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<p><b>hygiene</b> - routine prevention such as avoiding potentially placing droplets in the mouth/nose/eyes or eating/drinking in potentially contaminated areas (especially known 'hot' zones such as testing areas or clinical areas) is one of the best ways to avoid an illness.</p> <p>ix. <b>When returning home</b>, keeping shoes outside the home and removing/washing clothes before sitting on furniture prevents inadvertently bringing droplets into the home.</p> <p>d. <b>Personal Protective Equipment (PPE):</b> for those working within 6' of potentially infectious persons (such as clinical areas, testing sites, patient care/visits and the like) where the previous prevention methods aren't possible, PPE literally keeps the droplets off the skin, clothes or hair:</p>	<p><i>Encouragement throughout the day for students to utilize exposure prevention protocols is important.</i></p> <p><i>For those working in the isolation area (such as school nursing staff) where 6' distances and contact are not preventable and risks of COVID-19 exposures are higher, PPE and respirators (N95 or equivalent) are important. This PPE should be</i></p>	
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<ul style="list-style-type: none"> <li>i. <b>Respirator - N95 or equivalent</b> - prevents inhalation of droplets/particles down to .3 microns. <ul style="list-style-type: none"> <li>1. Respirator users require: <ul style="list-style-type: none"> <li>a. <b>Medical evaluation</b> to ensure no respiratory distress from using a respirator</li> <li>b. <b>Training/education</b> on need for and use of respirator</li> <li>c. <b>Fit Testing</b> - separate Fit Test for each make/model respirator used operationally</li> </ul> </li> </ul> </li> <li>ii. <b>Face Shield (or eye protection for only eyes)</b> - keeps droplets off the face/skin/eyes</li> <li>iii. <b>Gloves</b> - keeps droplets off the hands/skin (hand hygiene still needed after doffing gloves)</li> <li>iv. <b>Gown</b> - keeps droplets off the clothes being worn home</li> <li>v. <b>Hair covers and shoe covers</b> are also options to keep droplets off the hair and shoes if in patient care areas with high droplet density</li> </ul>	<p><i>donned prior to entering the potentially contaminated area (isolation area or an area known to be affected by a COVID-19 case in the facility) and doffed at the transition between the contaminated area ('hot' area) and the uncontaminated ('cold') area. Those utilizing respirators require a respiratory protection program as per 29 CFR 1910.134 (requirements on the left).</i></p> <p><a href="#"><u>NIOSH Approved Respirators</u></a></p> <p><a href="#"><u>FDA Emergency Authorization Use Respirators</u></a></p> <p><a href="#"><u>OSHA Respiratory Protection Program Regulations</u></a></p>	
<p><b>Communication – how are exposure prevention expectations being communicated (trained)?</b></p>	<p><b>Written:</b></p>	



	<b>Verbal:</b> <b>Digital:</b> <b>Print:</b>	
<b>Validation – how are exposure prevention expectations being validated (that they’re being used each day)?</b>	<i>Please see ‘Disease Exposure Prevention’ inspection and observation checklist</i>	