

SAFETY PLAN FOR HEALTHCARE SETTINGS IN SCHOOL BUILDINGS

1648.14 SAFETY PLAN FOR HEALTHCARE SETTINGS IN SCHOOL BUILDINGS

A. Purpose and Scope

The Board of Education is committed to providing a safe and healthy workplace for all employees and has adopted this Policy that shall be the school district's COVID-19 Plan (Plan) that includes procedures to minimize the risk of transmission of COVID-19, in accordance with Occupational Safety and Health Act of 1970 (OSHA) COVID-19 Emergency Temporary Standard (ETS) published on June 21, 2021. The ETS, 29 CFR §1910 - Subpart U, applies to all settings where any school district employee or contracted service provider provides healthcare services or health care support services. Public Employees' Occupational Safety and Health (PEOSH), the agency with jurisdiction over public employers in New Jersey, has adopted the ETS in full. However, its applicability for school districts is primarily restricted to the nurse's office and any adjoining clinical areas and not the entire school building.

The Board, administration, and the COVID-19 Safety Coordinator(s) will work collaboratively with all employees in the development, implementation, monitoring, and updating of this Plan.

1. Definitions

a. "Employee" means any district employee or contracted service provider working in a healthcare setting where people with suspected or confirmed COVID-19 are reasonably expected to be present.

Therefore, the provisions of the ETS and this Policy only apply to employees or contracted service providers working in a nurse's office or any adjoining clinical areas.

b. "Healthcare setting" means all settings in the school district where any employee or contracted service provider provides healthcare services or healthcare support services.

Where a healthcare setting is embedded within a non-healthcare setting (i.e. school nurse's office and any adjoining clinical areas in a school building), the ETS and this Policy only apply to the



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embedded healthcare setting and not to the remainder of a school building in accordance with 29 CFR §1910.502(a)(3)(i).

c. For the purpose of this Policy, additional definitions shall be those definitions listed in 29 CFR §1910.502(b).

2. The school district has multiple healthcare settings that are substantially similar; therefore; has developed and adopted this single Plan for these substantially similar healthcare settings, with site-specific considerations included in this Plan. The healthcare settings in the school district are listed in Appendix 1.

Any school district health care settings that are not substantially similar, the school district shall develop and adopt separate COVID-19 Plans for each healthcare setting and list them in Appendix 1.

B. Roles and Responsibilities for School District Employees

1. The school district's goal in adopting this Policy is to prevent the transmission of COVID-19 in the school district's healthcare settings. All staff members are responsible for supporting, complying with, and providing recommendations to further improve this Plan.

2. The Superintendent will designate a COVID-19 Safety Coordinator(s) who shall implement and monitor this Plan. The COVID-19 Safety Coordinator(s) shall have the school district's full support in implementing and monitoring this Plan, and has authority to ensure compliance with all aspects of this Plan.

C. Hazard Assessment and Worker Protections

1. The Superintendent of Schools or designee will conduct a specific hazard assessment of its healthcare settings to determine potential hazards related to COVID-19.

A hazard assessment will be conducted initially and whenever changes in a healthcare setting in the school district create a new potential risk of employee exposure to COVID-19 (e.g., new work activities in the healthcare setting).



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2. The Superintendent has developed and the Board has adopted this Plan that includes the procedures the school district will use to determine an employee's vaccination status as outlined in Appendix 2.

In the event the Superintendent or designee cannot or does not determine or confirm the vaccination status of an employee, the employee shall be presumed to be unvaccinated.

3. All completed hazard assessment forms and results will be attached to this Plan in Appendix 3 and will be accessible to all employees at each school district facility.
4. The school district will address the hazards identified by the assessment, and have included in this Plan the procedures to minimize the risk of transmission of COVID-19 for each employee. These procedures are included in the following Appendices:

- a. Patient Screening and Management

In healthcare settings in the school district where direct patient care is provided, the school district will include protocols addressing patient screening and management in Appendix 4.

- b. Standard and Transmission-Based Precautions

The school district will develop and implement procedures to adhere to Standard and Transmission-Based Precautions in accordance with CDC's "Guidelines for Isolation Precautions" which are included in Appendix 5.

5. Personal Protective Equipment (PPE)

- a. The school district will provide and ensure that employees wear approved facemasks or a higher level of respiratory protection.
- b. The school district will include protocols to address PPE for healthcare settings in Appendix 6.

6. Physical Distancing



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- a. The school district will ensure that each employee is separated from all other people in the healthcare setting by at least six feet when indoors, unless it can be demonstrated that such physical distance is not feasible for a specific activity.

Where maintaining six feet of physical distance is not feasible, the school district will ensure employees are as far apart from other people as possible.

- b. Physical distancing will be implemented, along with the other provisions required by the ETS, as part of a multi-layered infection control approach for all healthcare settings.
- c. The school district will include protocols to address physical distancing for healthcare settings in Appendix 7.

7. Physical Barriers

- a. The school district will install physical barriers at each fixed work location outside of direct patient care areas where each employee is not separated from all other people by at least six feet of distance and spacing cannot be increased, unless it can be demonstrated that it is not feasible to install such physical barriers.
- b. Physical barriers will be implemented, along with the other provisions required by the ETS, as part of a multi-layered infection control approach for all healthcare settings.
- c. The school district will include protocols to address physical barriers for healthcare settings in Appendix 8.

8. Cleaning and Disinfecting in the Healthcare Setting

- a. The school district will implement policies and procedures for cleaning, disinfecting, and hand hygiene, along with the other provisions required by the ETS, as part of a multi-layered infection control approach for all healthcare settings.
- b. The school district will include protocols to address cleaning and disinfecting for healthcare settings in Appendix 9.



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9. Ventilation

- a. The school district will implement procedures for each facility's heating, ventilation, and air conditioning (HVAC) system and include protocols addressing ventilation for healthcare settings in Appendix 10.
- b. Ventilation policies and procedures will be implemented, along with the other provisions required by the ETS, as part of a multi-layered infection control approach.
- c. The Superintendent or designee will identify the building manager, HVAC professional, or maintenance employee who can certify that the HVAC system(s) are operating in accordance with the ventilation provisions of the ETS and list the individual(s) in Appendix 10.

D. Health Screening and Medical Management

1. Health Screening

- a. "Screening" means, for the purpose of this Policy, asking questions to determine whether a person is COVID-19 positive or has symptoms of COVID-19.
- b. The school district will include protocols to address health screening for employees in Appendix 11.

2. Employee Notification to Employer of COVID-19 Illness or Symptoms

The school district will include protocols to address employee notification to employer of COVID-19 illness or symptoms for employees in Appendix 11.

3. Employer Notification to Employees of COVID-19 Exposure in the Healthcare Setting

The school district will include protocols to address employer notification of COVID-19 exposure to employees in Appendix 11.

4. Medical Removal from the Healthcare Setting



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The school district will include protocols to address medical removal from the healthcare setting for employees in Appendix 11.

5. Return to Work Criteria

The school district will include protocols to address return to work criteria for employees in Appendix 11.

6. Medical Removal Protection Benefits

The school district will continue to pay employees who have been removed from the healthcare setting under the medical removal provisions of the ETS. When an employee has been removed from the healthcare setting and is not working remotely or in isolation, the school district shall pay and provide benefits in accordance with the Plan addressed in Appendix 12.

E. Vaccinations

1. The school district encourages employees to receive the COVID-19 vaccination as a part of a multi-layered infection control approach. The school district will support COVID-19 vaccination for each employee by providing reasonable time and paid leave to each employee for vaccination and any side effects experienced following vaccination.
2. The school district will include protocols to address vaccination for employees in Appendix 13.

F. Training

1. The school district will implement policies and procedures for employee training, along with the other provisions required by the ETS, as part of a multi-layered infection control approach.
2. The school district will include protocols to address training for employees in Appendix 14.

G. Anti-Retaliation

1. The school district will inform each employee that employees have a right to the protections required by the ETS, and that employers are prohibited



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from discharging or in any manner discriminating against any employee for exercising their right to protections required by the ETS, or for engaging in actions that are required by the ETS.

2. The school district will not discharge or in any manner discriminate against any employee for exercising their right to the protections required by the ETS, or for engaging in actions that are required by the ETS.

H. Requirements Implemented at No Cost to Employees

The school district will comply with the provisions of ETS at no cost to its employees, with the exception of any employee self-monitoring conducted under D. above.

I. Recordkeeping

1. The school district will retain all versions of this Policy to comply with the ETS while the ETS remains in effect.
2. The school district will establish and maintain a COVID-19 log to record each instance in which an employee is COVID-19 positive, regardless of whether the instance is connected to exposure to COVID-19 at work.

The COVID-19 log will contain, for each instance, the employee's name, one form of contact information, occupation, location where the employee worked, the date of the employee's last day in the healthcare setting, the date of the positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced.

3. The school district will record the information on the COVID-19 log within twenty-four hours of learning that the employee is COVID-19 positive.
 - a. The school district will maintain the COVID-19 log as a confidential medical record and will not disclose it except as required by the ETS or other Federal law.
 - b. The school district will maintain and preserve the COVID-19 log while the ETS remains in effect.



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4. By the end of the next business day after a request, the school district will provide, for examination and copying:
 - a. All versions of this Policy which is the written Plan for all employees;
 - b. The individual COVID-19 log entry for a particular employee to that employee and to anyone having written authorized consent of that employee; and
 - c. A version of the COVID-19 log that removes the names of employees, contact information, and occupation, and only includes, for each employee in the COVID-19 log, the location where the employee worked, the last day that the employee was in the healthcare setting before removal, the date of that employee's positive test for, or diagnosis of, COVID-19, and the date the employee first had one or more COVID-19 symptoms, if any were experienced, to all employees.
- J. Reporting
1. The school district will report to PEOSH:
 - a. Each work-related COVID-19 fatality within eight hours of the school district learning about the fatality;
 - b. Each work-related COVID-19 in-patient hospitalization within twenty-four hours of the school district learning about the in-patient hospitalization.
- K. Monitoring Effectiveness
1. The school district and the COVID-19 Safety Coordinator(s) will work collaboratively with employees to monitor the effectiveness of this Plan so as to ensure ongoing progress and efficacy.
 2. The school district will update this Policy as needed to address changes in specific COVID-19 hazards and exposures in the healthcare setting.

This Policy and its Appendices will be made available upon request.



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29 CFR §1910.502

Occupational Safety and Health Administration Fact Sheet Subpart U COVID-19

Healthcare Emergency Temporary Standard

Occupational Safety and Health Administration Model Plan

Adopted First Reading: 8 November 2021

Final Reading 22 November 2021

Abolished 9 May 2022



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Appendix 1 – Identifying the Healthcare Settings in the School District:

Location of healthcare setting in the school district buildings listed below:

Facility Location	Worksite-Specific COVID-19 Considerations
School Street School 730 Birch Street Boonton, NJ 07005 (SSS will support the substitute teaching staff)	Health Office (Nurse's Office) Janet Chauhan, RN 973-335-9700 x1005
John Hill School 435 Lathrop Avenue Boonton, NJ 07005 (JHS which will support the Administration Building (434 Lathrop Avenue) and the JHS Preschool Annex located at the same)	Health Office (Nurses Office) 1 st Floor Kelli Shiels, RN Luisa Westura, Health Office Aide 973-335-9700 x2006
Boonton High School 306 Lathrop Avenue Boonton, NJ 07005	Health Office (Nurses Office) 1 st Floor Marcia Tucci, RN Doris Yanez, Health Office Aide 973-335-9700 x4005



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Appendix 2 – Vaccination Status Plan:

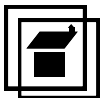
All staff will be required to provide proof of vaccination by producing one of the following artifacts:

- Original CDC COVID Vaccination Card
- DOCKET app screen shot or downloaded PDF (NJDOH approved phone/tablet app)
- Any other app approved by the NJDOH as being authorized for this use.

Staff will be notified which health office to bring their proof of vaccination to in order to have a copy of it filed in their confidential, secure medical file in that office.

Only those staff who fail to produce a COVID vaccination proof and/or disclose that they are not vaccinated will be on the list of unvaccinated staff requiring weekly COVID testing as long as said mandate is in effect.

The Superintendent or his/her designee shall compile and maintain a database of all unvaccinated staff either who work for (e.g.: food services company) or in the district. Those who remain unvaccinated will be required to participate in weekly COVID testing as required by EO253.



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Appendix 3 – Completed Hazard Forms and Results:

Instructions

Hazards exist in every workplace in many different forms. According to the Occupational Safety and Health Administration (OSHA) 29 Code of Federal Regulations (CFR) 1910.132(d)(1) “The employer shall assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE).” This is commonly referred to as a PPE hazard assessment.

A PPE hazard assessment can be conducted for an area, a job category or for an individual. Affected employees from each work area being assessed should be involved in the process. You should review the job procedures, potential hazards and the PPE currently in use prior to beginning the assessment. Reports of work-related injuries/illnesses, near misses and other reported safety concerns also provide helpful information.

Print this Hazard Assessment Form and use it as a guide when conducting the walk-through survey. Observe the layout of the work area, operations being performed and any hazards present. This form aligns the body part that could potentially be exposed to a hazard and it is addressed by putting a check mark in either the yes or no box. The person who conducts the hazard assessment survey should identify which area or job classification was reviewed, when the assessment was conducted and finally, signs and dates the form when it’s completed.

Before you complete this Hazard Assessment Form, make sure to review the *Guidelines for Selecting Personal Protective Equipment* found on the last two pages of this form. Your PPE program should be periodically reviewed and it should be reviewed anytime there is a change in an existing process or a new process is added to your facility.


Head Hazards

Tasks that can cause head hazards include, but are not limited to, working below other workers who use tools and materials which could fall, working on energized electrical equipment, welding, working with chemicals and working under machinery or processes which might cause materials or objects to fall.



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Check the appropriate box for each hazard:

				Description of hazards:
	Dust/Flying Debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	UV/IR Radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Low Clearance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Eye and Face Hazards

Tasks that can cause eye or face hazards include, but are not limited to, working with chemicals, chipping, grinding, furnace operations, sanding, welding, UV radiation and woodworking.

Check the appropriate box for each hazard:

				Description of hazards:
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Dust/Flying Debris	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	UV/IR Radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Respiratory Hazards

Tasks that are associated with respiratory hazards include, but are not limited to, welding, grinding spray painting, working in confined spaces, chemical processing and potential exposure to asbestos, lead, silica or other particulate hazards. Exposures to these and other respiratory hazards can make you sick or can be deadly. These hazards come in the form of gases, vapors, dusts, mists, fumes, smoke, sprays and fog.

Check the appropriate box for each hazard:

				Description of hazards:
	Mists	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Chemical Exposure – Gases or Vapors	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Dust or Particulate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Fumes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Oxygen Deficiency	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Hearing Hazards

Tasks that can cause hearing hazards include, but are not limited to, working with or around loud machinery or tools in mechanical rooms, machining, grinding, sanding, pneumatic equipment, grounds equipment, generators, chillers, motors, saws, jackhammers or similar equipment.

Check the appropriate box for each hazard:

				Description of hazards:
	Loud Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact Noise	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Hand/Arm Hazards

Tasks that can cause hand hazards include, but are not limited to, exposure to cut or abrasion hazards, working with chemicals, working with very hot or cold objects or materials and exposure to sharps.

Check the appropriate box for each hazard:

				Description of hazards:
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Cuts/Abrasion	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	UV/IR	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Electrical Shock	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Foot/Leg Hazards

Tasks that can cause foot hazards include, but are not limited to, carrying or handling materials that could be dropped, performing manual material handling, welding, cutting, electrical work and working with chemicals.

Check the appropriate box for each hazard:

				Description of hazards:
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Compression	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Puncture	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Electrical	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Slippery/Wet Surfaces	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Molten Metal	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	




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Other Required PPE

Do hazards exist that require PPE for the Body? Chemical exposure, abrasive blasting, welding, cutting or brazing, chipping, sanding or grinding, electrical arc hazards and blood borne pathogens are some examples of hazards that can affect the body. These hazards may require PPE to protect clothing and skin from harm or contamination.

Check the appropriate box for each hazard:

				Description of hazards:
	Chemical Exposure	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	High Heat/Cold	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Hazardous Particulate ie. asbestos/lead	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Non-Hazardous Particulate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Electrical Arc	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Cuts/Abrasions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Other: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	



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Company Name: _____

Location: _____

On the following date(s), _____, a comprehensive assessment of workplace hazards requiring the use of Personal Protective Equipment, as required by 29 CFR 1910.132 (d) of the OSHA General Industry Standards, was conducted at this facility to the best of my knowledge based on the current conditions.

Printed Name: _____ **Job Title:**

Signature: _____ **Date:**

Guidelines for Selecting Personal Protective Equipment (PPE)

Work-practice controls should be implemented before utilizing PPE to control worker exposures to hazards in the workplace. This is based on OSHA's hierarchy of controls which includes: engineering controls, administrative controls and work-practice controls. PPE alone should not be relied on to provide protection against hazards. PPE should be used in conjunction with engineering controls and administrative controls. PPE is viewed as the last line of defense.

Factors to consider when selecting PPE:

- Familiarize yourself with the potential hazards in the area and the types of PPE that are available
- Consider the hazards associated with the environment (impact velocities, masses, projectable shape, radiation intensities, etc.)
- Consider the following basic hazard categories:
 - Impact (falling/flying objects)
 - Penetration (sharp objects piercing foot/hand)
 - Compression (roll-over or pinching objects)
 - Chemical exposure (inhalation, ingestion, skin contact, eye contact or injection)
 - Temperature extremes (heat/cold)



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- Dust/flying debris (grinding, chipping, sanding, etc.)
- Radiation (non-ionizing: UV/IR/light, welding, brazing, cutting, furnaces, etc.)
- Noise (mechanical rooms, machines, jackhammers, etc.)
- Electrical (shock, short circuit, arcing, static)
- Select PPE that ensures a greater level of protection than the minimum required to protect workers from the hazards
- Fit the worker with the PPE and give instructions on its use and care. It is very important that workers be made aware of all warning labels and limitations of their PPE



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Based on the hazard assessment for _____ (Job
Classification), the following PPE is required:

Head Hazard	Job	PPE

Eye and Face Hazard	Job	PPE

Respiratory Hazard	Job	PPE



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Hearing Hazard	Job	PPE

Hand/Arm Hazard	Job	PPE

Foot/Leg Hazard	Job	PPE



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Other Hazard	Job	PPE

Sources

OSHA Title 29 1910.132

OSHA Personal Protective Equipment Booklet (Rev. 5/2015)



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Appendix 4 – Patient Screening and Management:

Visitors are only allowed to enter the schools via the main entrance to the building. At each main entrance the district utilizes access control, a security vestibule, and remote entry (i.e.: you are buzzed into the security vestibule and then if applicable, allowed to enter the building). We also have a security kiosk which each visitor has to use in order to be allowed in the building. The kiosk serves multiple purposes:

- Record of name, address and time of entry and exit to the facility.
- Security background check via state and federal sexual offender databases.
- Verification that the person is not symptomatic for COVID-19. There are infrared no-touch forehead thermometers next to each kiosk.

Visitors of a non-emergency nature must have an appointment to be allowed into the building. Upon completion of the kiosk sign-in procedure, they will be escorted to their destination.

Visitors due to a medical emergency will be escorted to the health office.

Visitors to school to drop off forgotten items (e.g.: lunches, textbooks, musical instruments) will be instructed to leave said items in the security vestibule and someone will see to it that they are delivered.

All exterior doors of the building and points of entry are under video surveillance 24/7 and doors have sensors to alert administration if they are open for >120 seconds.



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Appendix 5 – Standard and Transmission-Based Precautions:

The Boonton Public School district will follow the most current CDC Guidelines for transmission-based protocols/precautions:

<https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

Contact Precautions

Ensure appropriate patient placement in a single patient space or room if available in acute care hospitals. In long-term and other residential settings, make room placement decisions balancing risks to other patients. In ambulatory settings, place patients requiring contact precautions in an exam room or cubicle as soon as possible.

- **Use personal protective equipment (PPE) appropriately**, including gloves and gown. Wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. When transport or movement is necessary, cover or contain the infected or colonized areas of the patient's body. Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions. Don clean PPE to handle the patient at the transport location.
- **Use disposable or dedicated patient-care equipment** (e.g., blood pressure cuffs). If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient.
- **Prioritize cleaning and disinfection of the rooms** of patients on contact precautions ensuring rooms are frequently cleaned and disinfected (e.g., at least daily or prior to use by another patient if outpatient setting) focusing on frequently-touched surfaces and equipment in the immediate vicinity of the patient.

Droplet precautions

- **Source control:** put a mask on the patient.
- **Ensure appropriate patient placement** in a single room if possible. In *acute care hospitals*, if single rooms are not available, utilize the recommendations for alternative patient placement considerations in the Guideline for Isolation Precautions. In *long-term care* and other residential settings, make decisions



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regarding patient placement on a case-by-case basis considering infection risks to other patients in the room and available alternatives. In *ambulatory settings*, place patients who require Droplet Precautions in an exam room or cubicle as soon as possible and instruct patients to follow Respiratory Hygiene/Cough Etiquette recommendations.

- **Use personal protective equipment (PPE) appropriately.** Don mask upon entry into the patient room or patient space.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patients to wear a mask and follow Respiratory Hygiene/Cough Etiquette.

Airborne precautions

- **Source control:** put a mask on the patient.
- **Ensure appropriate patient placement in an airborne infection isolation room (AIIR)** constructed according to the Guideline for Isolation Precautions. In settings where Airborne Precautions cannot be implemented due to limited engineering resources, masking the patient and placing the patient in a private room with the door closed will reduce the likelihood of airborne transmission until the patient is either transferred to a facility with an AIIR or returned home.
- **Restrict susceptible healthcare personnel from entering the room** of patients known or suspected to have measles, chickenpox, disseminated zoster, or smallpox if other immune healthcare personnel are available.
- **Use personal protective equipment (PPE) appropriately**, including a fit-tested NIOSH-approved N95 or higher level respirator for healthcare personnel.
- **Limit transport and movement of patients** outside of the room to medically-necessary purposes. If transport or movement outside an AIIR is necessary, instruct patients to wear a surgical mask, if possible, and observe Respiratory Hygiene/Cough Etiquette. Healthcare personnel transporting patients who are on Airborne Precautions do not need to wear a mask or respirator during transport if the patient is wearing a mask and infectious skin lesions are covered.
- **Immunize susceptible persons as soon as possible following unprotected contact** with vaccine-preventable infections (e.g., measles, varicella or smallpox).



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Appendix 6 – Personal Protective Equipment (PPE):

1. The district has provided face coverings to all staff members and when requested and/or appropriate given the nature of their specific responsibilities, plastic face shields, gloves and gowns. Face coverings were placed in each staff member's mailbox for the first day of school and are continually available via the main office, principal and nurse.
2. There are no identified tasks performed by district staff which present a hazard to the individual themselves by wearing a face covering. There are certain positions (e.g.: speech therapist) which benefit from different face coverings that allow students to see their lips/mouth and the Special Education department has made requests for this particular PPE.
3. Describe the procedures for providing employees PPE in accordance with Standard and Transmission-Based Precautions in healthcare settings in accordance with CDC's "Guidelines for Isolation Precautions."

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>
4. PPE is available to any staff member as outlined in #1 above. In the event they themselves are determined to be COVID positive, the same PPE is available to them. If they find this out before coming to work, they will be advised to stay home until such time as the nurse or town health official can contact them.



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Appendix 7 – Physical Distancing:

1. Describe how healthcare setting flows, such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel, will be adjusted to ensure physical distancing.

All schools have floor “dots” applied in hallways every 6’ and some exterior “lineup” areas where students enter the building. There are directional arrows for staircases and striping down the hallways to create traffic patterns to stay to the right. As social distancing recommendations change we can add/adjust the spacing and directional signage as necessary as none are permanently applied.

2. Describe physical healthcare setting changes, such as increased distance between workstations, check-in and checkout stations, etc., that will be implemented to ensure physical distancing.

Classroom desks and chairs have been placed 3’ apart and group work configurations (students facing one another in groups) have been eliminated for the time being. Teacher desks are placed a sufficient distance from student desks as per the most current guidelines.

The district only has one check-in and check-out station per media center. Visitor check-in is done via a kiosk placed outside the interior building space. Main office staff will only “buzz” in one person (unless they are traveling as a small group and/or from the same household) at a time to avoid multiple persons being in the security vestibule.

3. Describe how people in the healthcare setting will be prevented from gathering in groups in common areas and “bottlenecks,” including corridors, meeting rooms, stairways, breakrooms, entrances, exits, and elevators.

All staff and students will wear face coverings while indoors and are reminded daily to maintain social distancing at all times. Collectively the measures cited in item #1 of this appendix will help reduce the severity and frequency of dense gatherings of individuals. That being stated, it is impossible to completely avoid bottlenecks or people standing <3 feet apart. As long as these instances remain brief and the aggregate time is less than 15 minutes near the same individual, current CDC guidelines will not designate someone as having “close contact” with another individual.



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The directional and spacing markers are all designed to make people aware of their proximity to one another.

4. Describe how aisles, tables, counters, check-in and checkout stations, etc. will be arranged and how the flow will be directed to allow for physical distancing between people.

Whenever possible we will rearrange floor space configurations (e.g.: chairs, tables, etc.) to clearly delineate social distancing/spacing between people. If a specific flow is determined to further aid increase spacing efficacy, directional arrows will be used.

5. Identify protocols such as telehealth, telework, flexible work hours, staggered shifts, or additional shifts that can be used to reduce the number of employees in the healthcare setting at one time.

While telework is not an established practice in the school district, there are some job functions and professional responsibilities which can be performed remotely. If it is deemed appropriate (as determined by an immediate supervisor and approved by the Superintendent), working from home may be granted. Other than a cohort/hybrid teaching and learning schedule wherein both teachers and students are remote part of the school day, telework for classroom instruction is not feasible while the students are attending 100% in-person school.



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Appendix 8 – Physical Barriers:

Physical barriers will be used when deemed effective and necessary to provide additional separation and lessen direct face to face contact. This will more than likely be at office desk/workstation locations and teacher desks. There is no empirical evidence or long-term studies to support individual student desk partitions in either classrooms or lunchrooms actually reduce COVID aerosol transmissions. As such the district will evaluate each school setting and use physical barriers partitions when appropriate.



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Appendix 9 – Cleaning and Disinfecting:

1. Describe the schedule for cleaning and disinfecting, the persons responsible for conducting cleaning and disinfecting, the products that are used to clean and disinfect the healthcare setting, how the school district will clean patient care areas, resident rooms, and medical devices and equipment, and how the school district will clean and disinfect the healthcare setting if a COVID-19 positive person has been in the healthcare setting within the last twenty-four hours. A copy of cleaning logs to be used shall be attached.

Our Facilities Manager will continue to follow best practices and proper sanitizing protocols in the maintenance and cleaning of the schools. This includes use of sanitizing solutions, antibacterial soaps, and electrostatic sprayers on high use touch surfaces.

The extent possible the District shall adhere to NJDOH recommendations regarding limiting the use of shared equipment and related mitigation procedures listed below.

Limit use of shared supplies and equipment:

- Ensure adequate supplies (i.e., classroom supplies, equipment) to minimize sharing of “high touch” materials or limit use of supplies and equipment by one group of students at a time and clean and disinfect between use.
- Encourage hand hygiene practices between use of shared items.
- Discourage use of shared items that cannot be cleaned and disinfected. Schools should follow standard procedures for routine cleaning and disinfecting with an EPA-registered product for use against SARS-CoV-2. This means at least daily disinfecting surfaces and objects that are touched often, such as desks, countertops, doorknobs, computer keyboards, hands-on learning items, faucet handles, phones and toys. If there has been a person with COVID-19 compatible symptoms or someone who tested positive for COVID-19 in the facility within the last 24 hours, spaces they occupied should be cleaned and disinfected.
- Close off areas used by the person who is sick or positive and do not use those areas until after cleaning and disinfecting.



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- Wait as long as possible (at least several hours) before cleaning and disinfecting.
 - Open doors and windows and use fans or HVAC settings to increase air circulation in the area.
 - Use products from EPA List according to the instructions on the product label.
 - Staff cleaning the space should wear a mask and gloves while cleaning and disinfecting.
 - Once the area has been appropriately disinfected, it can be opened for use. The effectiveness of alternative surface disinfection methods, such as ultrasonic waves, high intensity UV radiation, and LED blue light against the virus that causes COVID-19 has not been fully established. The use of such methods to clean and disinfect is discouraged at this time. CDC does not recommend the use of sanitizing tunnels. Currently, there is no evidence that sanitizing tunnels are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or injury. In most cases, fogging, fumigation, and wide-area or electrostatic spraying is not recommended as a primary method of surface disinfection and has several safety risks to consider.
2. Describe how necessary hand washing and/or sanitizer facilities will be provided, supplied, and maintained; and how employees will be allowed to perform hand hygiene to meet this requirement. Describe how hand washing and/or sanitizer facilities will be provided for use by other persons entering the healthcare setting.
- a. Teach and reinforce hand washing.
Frequent and proper handwashing has been emphasized throughout the pandemic. All lavatories have working faucets, antibacterial soap and either paper towels or hand dryers. Proper hand washing posters will be displayed near all sinks. We will continue to have hand sanitizer stations positioned throughout the buildings.
 - b. Encourage students and staff to cover coughs and sneezes with a tissue if not wearing a mask.



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- c. Maintain adequate hand hygiene and respiratory etiquette supplies.

The district will keep an adequate supply of hand hygiene supplies as well as respiratory etiquette supplies for all buildings and classrooms. The Business Administrator will assist department Directors and building Principals in this process.



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Appendix 10 - Ventilation:

The following individual(s) is responsible for maintaining the HVAC system(s) and can certify that it is operating in accordance with the ventilation provisions of OSHA's COVID-19 ETS.

(e.g., Maintenance employee, HVAC service contractor(s))

Ron DiGiacopo

Supervisor of Buildings & Grounds

973-335-9700 x8013

e-mail -

ron.digiacopo@boontonschools.org

Location:

Administration Building

434 Lathrop Avenue

Boonton NJ 07005

Almost all of the classrooms in our schools have operable windows. Due to this, all staff are advised to always leave some of them opened a small amount to maximize outside air flow coming in. Those do not have a mechanized fresh air replenishment system. Many classroom shave both operable windows and unit ventilators (particularly in Boonton High School).

All mechanical ventilation mechanisms which introduce and/or exchange outside air in our buildings were identified and when necessary, serviced to ensure their working order. In some cases older pneumatic controlled systems were manually set to constantly introduce outside air to mitigate COVID transmission. Older sections of Boonton High School and John Hill School have no mechanized fresh air exchange and a handheld anemometer was used to verify that a sufficient amount of outside air comes into the room when the windows are open.



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Appendix 11 – Health Screening and Medical Management for Employees:

1. All staff & students (or their parents) must answer a Daily COVID Questionnaire (DCQ) each morning (below). Reminders are sent out each morning as early as 6:45 via text message. Any answer of YES must be discussed with the school nurse before entering the building.

Within the last 48 hours have you experienced any of the following symptoms:

Fever (100.4 or higher), Chills, Muscle Aches, Headache, Sore Throat, Nausea, Vomiting, Diarrhea, Fatigue, Congestion, Runny Nose?

Are you experiencing ANY of the following symptoms?

New Cough; Shortness of Breath; Difficulty Breathing; New Loss of Smell; New Loss of Taste?

Do you have COVID-19 test pending?

In the past two weeks has anyone in your household been in contact with someone diagnosed with COVID-19?

Have you traveled internationally or from any U.S. state or territory outside of New York, Connecticut, Pennsylvania, and Delaware in the past 10 days and are not otherwise exempt from quarantine under the New Jersey travel restrictions?

As per the NJ mandate outlined in EO 253, all non-vaccinated staff members or contracted services working in K-12 school systems must either be fully vaccinated or be tested at least 1x per week. The district is utilizing the state-provided testing service provider for this purpose (Option 1) and they will test onsite during school hours at no cost to the staff members.

2. Employees will communicate with the school district if they are sick or experiencing symptoms while at home or at work via phone or email. They can also leave a note to their administrator when reporting their absence in our absence management system, Frontline.
3. The district had the following options for any individual who is sick and/or not feeling well to allow them to stay home: paid sick leave and Family Medical Leave Act.



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4. Describe how you will notify employees of COVID-19 exposure.

Employees will be called or mailed about exposure to COVID-19.

5. Describe district procedures for removing employees from the healthcare setting.

Employees who find out and/or are determined to either be positive (via results from an antigen or PCR test) or are deemed a close contact and are not fully vaccinated will require being removed from their current duty. The school/building administrator will arrange for coverage (if necessary) if student supervision is involved.

6. Describe district procedures for employees returning to work following removal from the healthcare setting.

The school district will only allow employees who have been removed from the healthcare setting to return to work in accordance with guidance from a licensed healthcare provider or in accordance with the CDC's "Isolation Guidance" and "Return to Work Healthcare Guidance." A positive COVID test result **will require** a staff member to get a doctor's note clearing them for return to work.



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Appendix 12 – Medical Removal Protection Benefits:

1. Describe district policy for pay and benefits to employees removed from the healthcare setting and not working remotely. Note the following requirements under OSHA's COVID-19 ETS:
 - Employers must continue to provide the benefits to which the employee is normally entitled and pay the employee the same regular pay the employee would have received had the employee not been absent from work, up to \$1,400 per week per employee. For employers with fewer than 500 employees, the employer must pay the employee up to the \$1,400 per week cap but, beginning in the third week of an employee's removal, the amount is reduced to only two-thirds of the same regular pay the employee would have received had the employee not been absent from work, up to \$200 per day (\$1000 per week in most cases).
 - The ETS also provides that the employer's payment obligation is reduced by the amount of compensation the employee receives from any other source, such as a publicly or employer-funded compensation program (e.g., paid sick leave, administrative leave), for earnings lost during the period of removal or any additional source of income the employee receives that is made possible by virtue of the employee's removal.



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Appendix 13 – Vaccinations:

With walk-in, no appointment necessary vaccination locations and (currently in NJ) almost 80% of adults vaccinated, staff members have ample opportunity to get vaccinated during non-working hours/days.

Previously when the vaccines were being initially distributed by appointment-only at the Morris County Megasite, the District was allowing staff release time if the only appointment they could obtain was during the work day.



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Appendix 14 – Training:

Training will be conducted several ways:

Information emails from the Superintendent or his/her designee which will cover various aspects of pandemic related policies and procedures, mitigation strategies, and COVID health assessment protocols to insure the highest level of safety for all staff and students in the district.

Online training via Vector Solutions

Information disseminated from administrative team meetings to individual school personnel.

Describe any other healthcare setting-specific training topics.

1. The school district will ensure that each employee receives training, in a language and at a literacy level the employee understands, on the following topics:
 - a. COVID-19, including:
 - (1) How COVID-19 is transmitted (including pre-symptomatic and asymptomatic transmission);
 - (2) The importance of hand hygiene to reduce the risk of spreading COVID-19 infections;
 - (3) Ways to reduce the risk of spreading COVID-19 through proper covering of the nose and mouth;
 - (4) The signs and symptoms of COVID-19;
 - (5) Risk factors for severe illness; and
 - (6) When to seek medical attention.
 - b. The school district's procedures on patient screening and management;



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- c. Tasks and situations in the healthcare setting that could result in COVID-19 infection;
- d. Healthcare setting-specific procedures to prevent the spread of COVID-19 that are applicable to the employee's duties (e.g., policies on Standard and Transmission-Based Precautions, physical distancing, physical barriers, ventilation, aerosol-generating procedures);
- e. Employer-specific multi-employer healthcare setting agreements related to infection control policies and procedures, the use of common areas, and the use of shared equipment that affect employees at the healthcare setting;
- f. The school district's procedures for PPE worn to comply with the ETS, including:
 - (1) When PPE is required for protection against COVID-19;
 - (2) Limitations of PPE for protection against COVID-19;
 - (3) How to properly put on, wear, and take off PPE;
 - (4) How to properly care for, store, clean, maintain, and dispose of PPE; and
 - (5) Any modifications to donning, doffing, cleaning, storage, maintenance, and disposal procedures needed to address COVID-19 when PPE is worn to address healthcare setting hazards other than COVID-19.
- g. Healthcare setting-specific procedures for cleaning and disinfection;
- h. The school district's procedures on health screening and medical management;



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- i. Available sick leave policies, any COVID-19-related benefits to which the employee may be entitled under applicable Federal, State, or local laws, and other supportive policies and practices (e.g., telework, flexible hours, etc.);
- j. The identity of school district's Safety Coordinator(s) specified in this Plan; and
- k. The ETS.

How the employee can obtain copies of the ETS and any employer-specific policies and procedures developed under the ETS, including this Policy, which is the school district's written Plan.

- 2. The school district will ensure that the training is overseen or conducted by a person knowledgeable in the covered subject matter as it relates to the employee's job duties, and that the training provides an opportunity for interactive questions and answers with a person knowledgeable in the covered subject matter as it relates to the employee's job duties.
- 3. The school district will provide additional training whenever changes occur that affect the employee's risk of contracting COVID-19 at work (e.g., new job tasks), policies or procedures are changed, or there is an indication that the employee has not retained the necessary understanding or skill.

