

Essential Elements for Montgomery County School Safety Plans (COVID-19)

Name of School: Date review completed:

Section	Essential Element	Sub- Element	Complete	Comments
I	Purpose	Statement	<input type="checkbox"/>	
		Synopsis	<input type="checkbox"/>	
	Scope	States Scope of the Situation	<input type="checkbox"/>	
	Situation Overview	Why is this Plan Necessary?	<input type="checkbox"/>	
		Relative probability and impact of the hazards	<input type="checkbox"/>	
		Who and in what areas are likely to be affected by particular hazards	<input type="checkbox"/>	
		Planning Assumptions: For Planning purposes what is assumed to be true (Facts)	<input type="checkbox"/>	
		Concept of Operations	Organization (Org Chart)	<input type="checkbox"/>
III	Organization and Assignment of Responsibilities	Assignment of Responsibilities	<input type="checkbox"/>	
		Authorities	<input type="checkbox"/>	

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		Oversight, Accountability and Enforcement	<input type="checkbox"/>	
IV	Hazard/Threat	Description of the threat (Covid)	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Signs and Symptoms 	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Projected Impacts in the School Setting 	<input type="checkbox"/>	
		<ul style="list-style-type: none"> • Vulnerable Populations and Persons at Risk 	<input type="checkbox"/>	

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V	Mitigation- Health and Safety Precautions	<u>Procedures and Processes</u> for reducing spread of disease and creating healthy environment	<input type="checkbox"/>	
		Health Screening: before leaving home or upon arrival using no touch thermometer and questionnaire	<input type="checkbox"/>	
		Masks and Face Covering Requirements for all	<input type="checkbox"/>	
		Hand Washing/ Hand Hygiene	<input type="checkbox"/>	
		Cleaning and Disinfecting Processes -hi touch especially	<input type="checkbox"/>	
		Supplies and Equipment	<input type="checkbox"/>	
		Restrooms	<input type="checkbox"/>	
		Classrooms -own supply/safe storage	<input type="checkbox"/>	
		Common Areas	<input type="checkbox"/>	

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		Playground and Recreational Equipment	<input type="checkbox"/>	
		Social Distancing and Physical Requirements	<input type="checkbox"/>	
		Social Distance Requirements -6 ft.- all	<input type="checkbox"/>	
		Classroom Configuration	<input type="checkbox"/>	
		Cohorting- students and/or staff	<input type="checkbox"/>	
		Out of Classroom Considerations	<input type="checkbox"/>	
		Student Schedule: staggered Arrival/Dismissal/adjusted days	<input type="checkbox"/>	
		Restroom and Hallway Safety	<input type="checkbox"/>	
		Locker Use	<input type="checkbox"/>	

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		Access to Drinking Water – Flushing of systems/ cleaning	<input type="checkbox"/>	
		HVAC and ventilation	<input type="checkbox"/>	
		Travel/Quarantine Requirements upon return to Maryland	<input type="checkbox"/>	
		Lunch/Cafeteria – space/process alteration/ cleaning	<input type="checkbox"/>	
		Transportation/Busses	<input type="checkbox"/>	

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VI	Self-Exposure Identification and Confirmation: Students and staff	Self-reporting Exposures and Infections by family and staff	<input type="checkbox"/>	
		Notification of LHD by designee	<input type="checkbox"/>	
		Notification of Community	<input type="checkbox"/>	
		Cleaning and Disinfecting Requirements	<input type="checkbox"/>	
		Testing	<input type="checkbox"/>	
		Contact Tracing - participation	<input type="checkbox"/>	
VII	Management of Ill Individuals during the school day	Quarantine and Isolation Procedures	<input type="checkbox"/>	
		Supplies, Equipment and appropriate PPE	<input type="checkbox"/>	
		Designated Isolation Space/room	<input type="checkbox"/>	

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		Length of Quarantine/ isolation	<input type="checkbox"/>	
		Cleaning and disinfecting of affected space(s)	<input type="checkbox"/>	
		Notification process of LHD by designee	<input type="checkbox"/>	
		Notification of others as appropriate	<input type="checkbox"/>	
		Tracking of illness and absenteeism	<input type="checkbox"/>	
		Requirements for returning to School	<input type="checkbox"/>	
VIII	Testing	Procedures	<input type="checkbox"/>	
		Frequency	<input type="checkbox"/>	
IX	Contact Tracing (Schools) Process	Responsibility and cooperation in contact tracing	<input type="checkbox"/>	

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		Timeframe	<input type="checkbox"/>	
		Notifications/Reporting to LHD	<input type="checkbox"/>	
X	Cleaning Supplies and PPE	Cleaning Supplies	<input type="checkbox"/>	
		Personal Protective Equipment	<input type="checkbox"/>	