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HEALTH AND SAFETY SCHOOL ROUTINES AND PROTOCOLS

I. RATIONALE:

This document provides guidance specific to St. Andrew's School that will allow for managing operations in a safer and more effective manner throughout the pandemic caused by emerging communicable diseases like COVID-19. This will ensure the health, safety, and well-being of learners, personnel, and the school community.

II. GUIDANCE ON VACCINATION AND TESTING

- 1. All teaching and non-teaching personnel and learners are encouraged to complete their routine vaccines (such as influenza, pneumonia, chickenpox, etc.) to protect their health.
- 2. All teaching and non-teaching personnel and learners, regardless of vaccination status, shall be allowed to attend in-person classes. However, the vaccination status is required to declare/ update during the enrolment process and before the start of the school year.
- 3. Unvaccinated teaching and non-teaching personnel and learners shall not be required to undergo <u>regular</u> COVID-19 testing. Unless the situation (for the purpose of contact tracing and confirming the diagnosis) requires to do so.
- 4. St. Andrew's School shall not be held liable if teaching and non-teaching personnel or learners should turn COVID-19 positive or get communicable diseases such as chickenpox, measles, etc.
- 5. St. Andrew's School acknowledges the importance of vaccination as one of the most effective strategies for the prevention. SAS is in coordination with the health authorities from the local government to encourage and educate school community members on the benefits of vaccination, especially among the families of unvaccinated teaching and non-teaching personnel and learners. The school health services implement awareness programs on emerging communicable diseases like COVID-19 and organize mobile vaccinations in collaboration with the local government.

III. UPDATED MINIMUM PUBLIC HEALTH STANDARDS (MPHS) AND OTHER RELATED HEALTH PROTOCOLS as of July 31, 2023

While the state of public health emergency is lifted, we must remain vigilant and proactive in our approach to health and safety. Awareness and continued adherence to recommend health protocols are essential in safeguarding our children and school community from any potential health risks.

- While all personnel and learners will now freely interact with each other in shared spaces in the school setting regardless of their vaccination status, all concerned shall ensure observance of the MPHS and follow the health and safety protocols expounded in this section.
- 2. All personnel and learners shall be regularly reminded to strictly monitor themselves for any respiratory symptoms before reporting to work or school. Those with flu-like symptoms, regardless of vaccination status, are encouraged to stay at home or if they will report on-site, they are required to wear a facemask, or avail of their sick leave credits (personnel), as may be applicable. Similarly, visitors who show flu-like symptoms/ COVID-19 symptoms shall be advised to wear a facemask when they come to school or have their transactions virtually, or come back another time when they are no longer symptomatic.
- 3. General guidelines for implementing health and safety protocols in school routines are stipulated in this section.

General Rule:

Always practice minimum public health standards.

- 1. Proper handwashing/hand sanitation and disinfection
- 2. Wearing of face mask properly when needed
- 3. Maintaining physical distancing
- 4. Observing proper ventilation
- 5. Practicing proper cough etiquette
- 6. Personal hygiene kit

SCHOOL ROUTINES		HEALTH & SAFETY PROTOCOLS TO FOLLOW						
М	MOVEMENT IN THE SCHOOL CAMPUS							
1.	ENTERING & GOING OUT OF THE CAMPUS	 Guidelines when entering the campus: If you experience respiratory/ flu-like symptoms (e.g. cough, colds, etc.), you are required to report to your class adviser and wear a facemask at all times inside the school campus. Follow the sanitation protocol. (Sanitize hands with alcohol and pass through the foot bath) Proceed to your classroom and follow the school traffic management plan ("Always KEEP Right"). 						



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	4. Students will enter the campus through the designated entrance gates. Visitors will use the			
	main gate to enter the school premises.			
	Guidelines during Dismissal			
	 Sanitize your area before leaving the classroom. Wait for the teacher's signal before leaving your seat. Follow the hallway ground markings 			
	2. Walt for the teacher's signal before leaving your seat. Follow the hallway ground markings for walking direction guides.			
	3. Use the exit door in the classroom. Maintain one line only.			
	4. Go home directly. Avoid loitering around the school or going to other places.			
	5. Parents must fetch their children on time-based. (SpEd, PGS and MGS)			
2. ENTERING & GOING	Entering the classroom:			
OUT OF THE	1. Sanitize your hands.			
CLASSROOM	2. Use the entrance door in the classroom.			
	3. Follow the classroom health protocols throughout the day.			
	Going out of the classroom:			
	1. Wear a color-coded pass and sign in the log book when going out of the classroom. Only one			
	(1) student per classroom is allowed to go out at a time using the color-coded pass.			
	Green – CR Blue - Other Offices			
	Yellow – Clinic			
	2. Before going back to the classroom, follow the steps of proper hand washing.			
	3. Return to your respective classroom immediately after using the restroom or after going to			
	the clinic.			
3. GOING TO THE	1. Wear a color-coded pass (BLUE) and sign in the log book when going out of the classroom.			
DIFFERENT SCHOOL	Only one (1) student per classroom is allowed to go out at a time.			
OFFICES	2. Sanitize hands with alcohol and wear a face mask, if needed, before entering the school			
	office.			
	3. The learner must sign the logbook of the office to trace his/her movement on the school			
	premise for contact tracing.			
	4. Before going back to the classroom, follow the steps of proper hand washing.			
4. GOING TO THE	 Return to your respective classroom immediately. Sanitize hands with alcohol and wear a face mask, if needed, before entering the learning 			
4. GOING TO THE DIFFERENT LEARNING	1. Sanitize hands with alcohol and wear a face mask, if needed, before entering the learning facility.			
FACILITIES	2. The learner/teacher must sign the logbook of the particular learning facility to trace his/her			
TACILITIES	movement in the school premises for contact tracing.			
	3. Before going back to the classroom, follow the steps of proper hand washing.			
	4. Return to your respective classroom immediately after going to the learning facility.			
a. Library	Aside from the protocols above, the following will be observed:			
ŕ	a. Books/materials borrowed will be returned to the designated area for sanitation			
	purposes.			
	b. Ground markings inside the library must be followed. There will be separate entrance			
	and exit doors.			
	c. Daily disinfection (chairs, tables, book shelves, computers) will be conducted.			
b. Science	Aside from the protocols above, the following will be observed:			
Laboratory	a. Wear PPE such as gloves, <i>laboratory gown</i> , googles, etc.			
	b. Laboratory equipment will be sanitized immediately after use.			
	c. Ground markings inside the laboratory must be followed. There will be separate			
	entrance and exit doors.			
	d. Regular disinfection (chairs, apparatuses, tables, etc.) will be conducted.			
c. Computer	Aside from the protocols above, the following will be observed:			
Laboratory	a. Ground markings inside the laboratory must be followed. There will be separate entrance and exit doors.			
	b. Regular disinfection (chairs, computer parts, tables, etc.) will be conducted.			
d. TLE Laboratory	Aside from the protocols above, the following will be observed:			
d. TEE Laboratory	a. Wear appropriate attire such as <i>apron</i> , hair net, plastic/food handling gloves.			
	b. Laboratory equipment will be sanitized immediately after use.			
	c. Ground markings inside the laboratory must be followed. There will be separate			
	entrance and exit doors.			
	d. Regular disinfection (chairs, apparatuses/equipment, tables, etc.) will be conducted.			
	e. Observe proper waste segregation.			
5. DURING RECESS AND	As a general rule:			
LUNCH BREAK	1. Students are encouraged to wear their facemasks when getting/ buying their food.			
	2. Observe physical distance.			
	3. Practice proper hand washing.			
6. GOING TO THE CLINIC	1. Wear a color-coded pass (YELLOW) and sign in the log book when going out of the			
	classroom. Only one (1) student per classroom is allowed to go out at a time.			

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	Sanitize hands with alcohol and ensure that face mask is worn at all times before enter			
	the school office.			
	3. The learner must sign the logbook of the clinic to trace his/her movement in the school			
	premises for contact tracing.			
	4. The clinic nurse will conduct an initial evaluation and give appropriate action based on the			
	recommendation of the school physician (either to go home or be referred to a health			
	facility). The procedures will be based on the guidelines specifically on the procedures for			
	reporting, management, and referral of special cases.			
FACE TO FACE LEARNING	Generally:			
ACTIVITIES	1. Students are encouraged to wear their facemasks, especially during programs/ activities			
	with a big group, poorly ventilated spaces and if presenting respiratory symptoms.			
	2. Observe proper waste management practices.			
	- <mark>Green</mark> - biodegradable			
	- Black - non biodegradable			
	- Yellow - hazardous (used tissue, face mask, etc.)			
	- Collection of wastes are done every breaks per classroom			
	3. Cover your mouth and nose with a tissue when coughing or sneezing then throw the used			
	tissue in the Yellow trash bin.			
	4. Immediately wash your hands with soap and water for at least 20 seconds. If soap and			
	water are not readily available, clean your hands with a hand sanitizer that contains at least			
	70% alcohol.			
	5. If you feel unwell, inform your teacher immediately.			
1. SEATING	1. One class will be assigned to a specific classroom.			
ARRANGEMENT	2. Number of students per classroom shall depend on the classroom size.			
	3. Students shall disinfect their own armchair before and after use.			
	4. Students are encouraged to wear their facemasks.			
	5. Students will be responsible for the proper disposal of their own used items such as food,			
	masks. etc.			
	6. Markers and stickers on the floor to manage traffic systems and physical distance inside			
	the classroom shall be present to guide the students.			

IV. RESPONSE AND MANAGEMENT ON COMMUNICABLE DISEASES

. PREVENTION AND DETECTION

1. Engineering Controls

- Installation of physical barriers in <u>special areas</u> (i.e., acrylic plastic sheets, fixed glass panels, theater ropes, and stanchions, hazard warning tape, etc.
- b. Ensure adequate air exchange in enclosed (indoor) areas.
 - i. Maximize natural ventilation through open windows to non-airconditioned rooms.
 - ii. Addition of fans or exhaust fans to special areas
 - iii. Measure the CO2 levels in enclosed areas that are poorly ventilated/air-conditioned rooms by assigned safety marshals.
 - iv. Installation and regular maintenance of exhaust fans and air filtration devices with High- Efficiency Particulate Air (HEPA) filters.
- c. Availability of hand washing station and alcohol dispenser per floor and entry points.
- d. Separate Entry and Exit points. Installation of signages and visual cues of health protocol.
- e. Disinfection of the school facilities after class or disinfect areas of the school frequented by personnel or learners. Disinfection using chlorine solution (1:10).
- f. Proper storage, collection, treatment, and disposal of used PPE and infectious waste by general services personnel.

2. Administrative Controls

- a. Designate a Communicable Disease Control response team, Safety committee, DRRMT, Safety Officer, and safety marshals to ensure, orient, monitor, and evaluate the proper implementation and strict observance of minimum public health standards within the school.
 - i. Provision of the appropriate PPE to employees and learners.
 - ii. Develop policies to sanction non-compliance to the use of PPE in the school.
 - iii. Conduct daily health and exposure screening and isolate identified suspect cases.
 - iv. Conduct contact tracing of positive cases done by the designated personnel of the safety committee.
 - v. Lead the investigation of the source and underlying cause of COVID-19 transmission.
 - vi. Report detected cases and closed contact with the LGU and DOH.
 - vii. Conduct regular re-orientation and health education and promotion activities.
 - viii. Manage the directory of point persons for BHERTS, LESU, and RESU and coordinate activities like isolation, testing, and management of learners and employees.

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- b. Conduct internal risk exposure assessment.
- c. Ensure adequate provision of personal protective equipment to all learners and employees, regardless of employment status.





- d. Reduce physical capacity inside the classroom, laboratory, and offices.
 - i. Maximize remote work arrangements, especially for groups at higher risk for severe disease and death from emerging communicable diseases such as senior citizens or adults with co-morbidities.
 - ii. Develop mechanisms for the provision of internet and communication technologies, such as but not limited to, communication and energy allowances or subsidies, and the like.
 - iii. For work to be done on-site, develop alternative work arrangements dependent on the latest guidelines set by the national government.
- e. Use of digital tools.
- f. Guidelines and monitoring mechanisms limiting unnecessary gatherings.
- g. Availability and adequacy of public and private shuttle services or transportation especially in emergency cases.
- h. Communication protocols are in place in reporting health-related absences for the implementation of a contingency plan.
 - i. Class advisers will report daily through email (or other modality that are accessible and can be recorded) the health-related absences of their class.
 - ii. Health services unit will report confirmed cases to the vice principals and school principal.

i. Disinfection

- i. Develop a routine schedule and monitoring mechanism for disinfection.
- ii. Used FDA-approved disinfectant.
- iii. Developing lockdown disinfection protocols such as having a 24-hour lockdown period for disinfection, only after which can it be opened for use to other personnel or learners.

3. Personal Protective Equipment (PPE's)

- a. All persons are encouraged to wear a well-fitted face mask, especially in public areas and enclosed spaces.
- b. Medical grade mask for healthcare workers, vulnerable populations, and all persons with any respiratory symptoms (even if mild).
- c. Gloves and other appropriate PPE shall be used in performing activities such as cleaning and disinfection.
- d. Reiteration of minimum public health standards shall be done by Safety and Health officers.

4. Establishment/Setting-up/Refurbishment of a school clinic.

- a. Health assessment and physical examination of learners and school personnel.
- b. Appropriate intervention, first aid, or treatment.
- c. Daily monitoring of the health status of learners and personnel.
- d. Management of symptoms, including rest at home.
- e. Referral and follow-up learners, teachers, and personnel to appropriate facilities.
- f. Private screening area at the entrance where learners who show symptoms upon initial screening can be further examined or referred.
- g. Availability of school health personnel and safety officer to provide basic health services and facilities referred.
- h. Orientation for proper guidance on how to effectively run the school clinic.
- i. Record of students' health status and development including immunization checks to prevent outbreak-prone vaccine-preventable disease (e.g., measles).

5. Public Information and Awareness Campaign

- a. Wearing facemasks at all times. If medical masks are worn, appropriate use and disposal are essential to ensure they are effective and to avoid any increase in the risk of transmission associated with the incorrect use and disposal of masks.
 - i. Place the mask carefully to cover the mouth and nose, and tie it securely to minimize any gaps between the face and the mask.
 - ii. While in use, avoid touching the mask.
 - iii. Remove the mask by using the appropriate technique (i.e. do not touch the front but remove the lace from behind)
 - iv. After removal or whenever you inadvertently touch the used mask, clean hands by using an alcohol-based hand rub or soap and water if visibly soiled.
 - v. Replace masks with a new clean, dry mask as soon as they become damp/humid.
 - vi. Do not reuse single-use masks.
 - vii. Discard single-use masks after each use and dispose of them immediately upon removal.
- b. Encourage learners, parents, and staff to stay home when sick.
 - i. Teach learners, parents, and staff the importance of staying home when sick until at least **24 hours** after they no longer have a fever* or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine, no cough and colds.
- c. Personal hygiene, including frequent and proper handwashing with soap and water for 20 seconds, the application of rubbing alcohol or hand sanitizer, and proper cough etiquette (maintain distance and cover coughs and sneezes with a tissue or the crook of your elbow).
- d. Including handwashing time in student schedules.
- e. Maintaining healthy lifestyles, including proper hydration by drinking 8-10 glasses of water within the day, consumption of nutritious foods, and ensuring food safety.
- f. Vitamin C supplements and vitamin C-rich fruits and vegetables should be taken daily.
- g. Crowded places and contact with farm and wild animals should be avoided.





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- h. Disseminate accurate information to school personnel, learners, and parents on communicable diseases.
- i. Closed monitoring of the health status of personnel and learners, and appropriate management and referral of persons exhibiting respiratory infection (e.g. coughs, colds, fever, and other related symptoms)
- j. Consulting a physician when symptoms attributes to respiratory infection (e.g. cough, colds, fever, and other related symptoms) persist.
- k. Learners, teachers, and other personnel, evaluated by school health personnel/referred to hospitals shall strictly observe the advice of the health personnel/hospital, including the possibility of home quarantine.
- I. Learners on home quarantine shall be given Alternative Delivery Mode (ADM) of education.

6. Testing for Management and Surveillance

- In principle, testing of suspect cases and individuals with mild symptoms shall be optional. If testing shall be done, rapid antigen test shall be used for symptomatic cases. If rapid antigen test is negative, RT-PCR is not required for confirmatory testing.
- b. For COVID 19 cases, testing of the asymptomatic close contacts who are not at high risk for severe disease regardless of vaccination status shall be optional. If testing will be done, use of RT-PCR shall remain the gold standard.

B. ISOLATION/QUARANTINE PROTOCOLS

1. Quarantine of Asymptomatic Close Contact

- a. Immediate quarantine of asymptomatic close contacts of the suspect, probable, or confirmed cases shall be completed depending on the vaccination status: NO NEED TO QUARANTINE; REQUIRED TO WEAR A FACEMASK FOR 10 DAYS AND REPORT TO THE SCHOOL CLINIC.
- b. All asymptomatic close contacts shall not be required to test, however, should symptoms develop, immediate isolation shall be required for confirmed cases. They shall report to the local government or private health facility to be tested using RT-PCR, or if not available, antigen test (DOH Accredited laboratories/ facilities). If results are NEGATIVE, they shall be discharged after the completion of the prescribed quarantine (see previous bullet). If POSITIVE, they shall be isolated, managed, and discharged, as per guidelines.
- c. All asymptomatic close contacts shall conduct symptom monitoring for at least fourteen (14) days, regardless of shortened quarantine period. They shall strictly observe minimum public health standards, which include physical distancing, hand hygiene, cough etiquette, and wearing of masks, regardless of vaccination status.

2. Isolation of individuals with symptoms and Suspect, Probable, and Confirmed COVID-19 Cases

- a. Immediate home isolation shall be required for any individual with fever OR at least two (2) or more symptoms of COVID-19 (i.e cough and cold, or cold and sore throat).
- b. All suspect, probable, and confirmed cases who are asymptomatic or present with mild symptoms, and who have been VACCINATED WITH AT LEAST PRIMARY SERIES, shall isolate for at least FIVE (5) days from the sample collection date or from onset of signs and symptoms, whichever is earlier. If symptoms develop within or after the prescribed period of the asymptomatic individual, they shall complete the required isolation period counting from the first day of documented symptom onset as the start. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty-four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Concerned learners and personnel are required to submit a medical certificate for clearance.
- c. All suspect, probable, and confirmed cases who are <u>asymptomatic or present with mild symptoms</u>, and who are <u>PARTIALLY VACCINATED OR UNVACCINATED</u>, shall isolate for at least FIVE (5) days from the sample collection <u>date or from onset of signs and symptoms</u>, whichever is earlier. If symptoms develop within or after the prescribed period of the asymptomatic individual, they shall complete the required isolation period counting from the first day of documented symptom onset as the start. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty-four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Concerned learners and personnel are required to submit a medical certificate for clearance.
- d. All suspect, probable, and confirmed cases presenting with moderate symptoms, regardless of vaccination status, shall be isolated for at least TEN (10) days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty-four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Concerned learners and personnel are required to submit a medical certificate for clearance.
- e. All suspect, probable, and confirmed cases presenting with severe and critical symptoms, regardless of vaccination status, shall be isolated for at least TEN (10) days from onset of signs and symptoms. Isolation can be discontinued without the need for repeat testing upon completion of the recommended isolation period, provided that they do not have fever for at least twenty-four (24) hours without the use of any antipyretic medications, and shall have improvement of respiratory signs and symptoms. Concerned learners and personnel are required to submit a medical certificate for clearance.

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- Isolation of individuals with other communicable diseases such as chickenpox, measles, German measles, conjunctivitis, and others that falls under the same category
 - a. All diagnosed learners and school personnel, shall be isolated for at least FOURTEEN (14) days from onset of signs and symptoms. Isolation can be discontinued or extended depending on the recommendations of the school physician and/or health services staff. Concerned learners and personnel are required to submit a medical certificate for clearance.
- 4. Learners and school personnel who were absent (for more than 2 days) due to illness shall be required to submit a medical certificate thru the health services Gmail account (clinic.andreans@gmail.com) for clearance.
- 5. Quarantine and Isolation of Travelers

Students and school personnel who have travel history are not required to submit vaccination card and medical certificates.

GUIDANCE IN QUARANTINE/ ISOLATION OF PATIENTS AND REQUIRED DOCUMENTS TO SUBMIT

GOIDANCE IN GOMMININE ISOCIATION OF TANIENTS AND REGOINED DOCOMENTS TO SOCIALITY							
Classification	Quarantine/ Isolation		Documents				
Close contact – Asymptomatic	 No need to quarantine; and Wear a well-fitted face mask for 10 days. 		NOT APPLICABLE				
Closed contact – Symptomatic Asymptomatic (Positive RT PCR/Antigen)	 Home isolation for FIVE (5) days <u>OR</u> until afebrile/ fever – free for at least 24 hours without using antipyretics (e.g. Paracetamol) 	. 🗸	*Medical Certificate from the LGU or private physician/ health facility				
Symptomatic - MILD (Positive RT PCR/Antigen) Symptomatic - Respiratory symptoms (Negative RT PCR/Antigen) including allergic rhinitis	and with an improvement of respiratory symptoms, whichever is earlier; and Wear a well-fitted face mask for 10 days. Note: Isolation may be shortened upon the advice of the attending physician						
Symptomatic - MODERATE TO SEVERE (Positive RT PCR/Antigen)	 Home isolation for TEN (10) days from onset of signs and symptoms following the advice of the attending physician, including whether to be admitted to a health care facility; and Wear a well-fitted face mask for 10 days. Note: For severe disease and immunocompromised, discontinue Isolation only upon the advice of the attending physician 						
Symptomatic (Non-COVID)	Based on the advice of the Medical officer (LGU) or private physician provided that the symptoms of the learner or personnel are resolved.	√	*Medical Certificate from the LGU or private physician/ health facility				
Other communicable diseases (Chickenpox, Measles, German Measles, Conjunctivitis, etc.)	 Home isolation for FOURTEEN (14) days from onset of signs and symptoms 	√	*Medical Certificate from or private physician/ health facility				

*Kindly submit all the required documents via Gmail (clinic.andreans@gmail.com)

Please refer to the following documents in identifying and describing the health and safety protocols and contingency plan to follow:

- 1. DOH AO, 2021-0043, 5.2021
- 2. DOH MEMO, 2022-0433, s. 2022
- 3. DEPED ORDER 039, s 2022
- 4. DEPED ORDER 034, \$ 2022
- 5. DEPED MEMO 030, s. 2022

- 6. DEPED ORDER 017, s. 2022
- 7. DEPED ORDER 014, s. 2020
- 8. DEPED-DOH JMC, 001, s. 2022

9. DOH DC No. 2023-0324

Approved by:

Mr/LORD CELESTE E. BALC

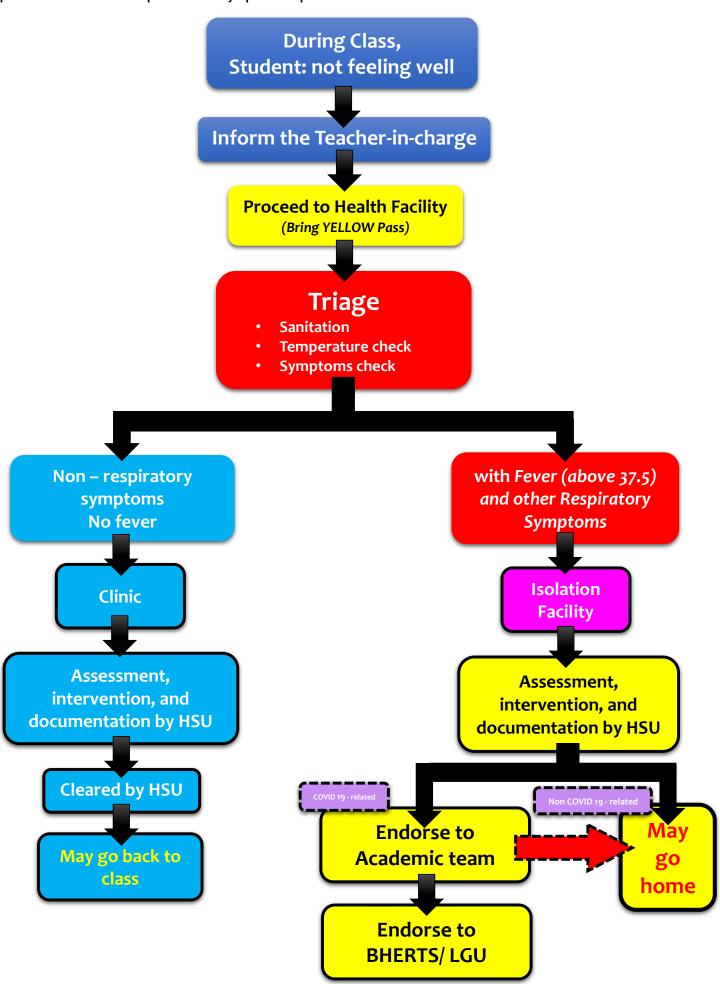
School Principal



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Appendix A: Health Services protocols on symptomatic patients





Appendix B: Yellow Pass (Clinic Pass) design



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