



Chabot Las Positas Community College District COVID-19 Prevention Program

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Appendices

Appendix A	Contacts and Resources
Appendix B	Building Closure Checklists
Appendix C	General Safe Work Practices
Appendix D	COVID-19 Hazard Identification Form
Appendix E	COVID-19 Inspection Form
Appendix F	Case Response Form
Appendix G	Training Roster
Appendix H	Employee Vaccination Status (<i>Confidential – do not include in “all access” document</i>)

Supplemental Resources

Videos:

- FACS Training Webinar link: [<https://attendee.gotowebinar.com/register/1245165448768980750>]
- Cal-OSHA “Know Your Rights: Safe and Healthy Workplace in California”:
https://www.youtube.com/watch?v=KSp_P2G2FDA

Posters:

- Cal-OSHA “Combine Physical Distancing with Face Coverings” ([other language versions](#))
- Cal-OSHA “Face Coverings, Masks and Respirators” ([other language versions](#))
- CDC “Back to Work” ([other language versions](#))
- CDC “Vaccine Facts” ([other language versions](#))

Educational Material and FAQs:

- COVID-19 Vaccine Information and Safety Tips ([other language versions](#))
- COVID-19 Family and Medical Leave Act FAQ
- California Paid Sick Leave FAQ
- CDPH Face Coverings FAQ

Other Resources:

- CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments
- CDPH Guidance for the Use of Face Coverings
- CCR Title 8 § 5144 Appendix D (Mandatory) Information for Employees Voluntary Use of Respirators
- CDPH Vaccines and Medical Exemptions

1. Introduction

The purpose of this program is to define the measures being taken by the Chabot Las Positas Community College District (CLPCCD) to help reduce the risk of infection from the COVID-19 virus (a.k.a., SARS-CoV-2, coronavirus). The defined measures are based upon guidance from established public health authorities and requirements of the California Division of Occupational Safety and Health (Cal/OSHA) and Alameda County Public Health Department, as of the date of this document. Though the provisions of this document are intended to help reduce COVID-19 risk, they cannot guarantee that infection will not occur.

This program applies to all CLPCCD employees and worksites, with the following exceptions:

- Work locations with one employee who does not have contact with other persons.
- Employees working from home.
- Employees with occupational exposure as defined by section 5199, when covered by that section.
- Employees teleworking from a location of the employee's choice, which is not under the control of the employer.

Nothing in this program is intended to limit more protective or stringent state or local health department mandates or guidance. This document and all associated appendices are intended to be a 'living' or dynamic document, to be revised and updated as public health guidance and/or site conditions change. Updates to this program will be based on guidance from established health authorities, such as:

- World Health Organization (WHO)
- U.S. Environmental Protection Agency (EPA)
- U.S. Centers for Disease Control and Prevention (CDC)
- U.S. Occupational Safety and Health Administration (OSHA)
- California Division of Occupational Safety and Health (Cal/OSHA)
- California Department of Public Health (CDPH)
- Alameda County Public Health Department (ACPHD)

It is the responsibility of all employees to follow these safe work practices and to assist in maintaining a safe work environment.

2. Program Authority and Implementation Overview

The COVID-19 Safety Coordinator has overall authority and responsibility for implementing the provisions of the program. In addition, all managers and supervisors are responsible for implementing and maintaining the program in their assigned work areas. All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

This program authority is as follows:

1. COVID-19 Safety Coordinator. The COVID-19 Safety Coordinator is responsible for managing this program and facilitating the COVID-19 safety teams, which are described below:
 - a. Safety Committee. This standing CLPCCD committee monitors current public health guidance and requirements, along with information regarding program implementation, and determines how COVID-19 safety will be addressed by updating the provisions of this program as appropriate.
 - b. Extended Team. This team consists of representatives from each CLPCCD building/department and serves as a bridge between the Safety Committee and all employees and stakeholders. The team reviews information and program updates provided by the Safety Committee and provides feedback regarding challenges and opportunities related to the implementation of program provisions.
 - c. Vendors, Visitors, and other Non-Employees. Persons arranging the work of vendors, contractors, temporary workers, and other outside parties are responsible for communicating CLPCCD expectations regarding COVID-19 safety. All outside parties should be provided the General Safe Work Practices document in Appendix C and must attest to understanding and agree to comply with the program requirements.

The COVID-19 Safety Coordinator, Safety Committee and Extended Team members are listed in Appendix A, along with associated contact information and current meeting plans.

The program implementation is structured as follows:

1. Prevention. The COVID-19 Safety Coordinator defines general practices and provides resources for identifying and addressing COVID-19 hazards, delivering training, and conducting inspections. Supervisors are responsible for implementing safe work practices, training employees in these practices, ensuring these practices are followed, and documenting their implementation through periodic inspections.
2. Response. The COVID-19 Safety Coordinator is responsible for managing the response to each reported known or suspected COVID-19 case that occurs around employees or at facilities. This response includes assessment of impacted persons and areas, execution of response plans (e.g., notifications, environmental cleaning/disinfection), and documentation of response actions.
3. Building Closure. The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties to ensure proper consideration is given to minimizing potential environmental health concerns, prior to closing and re-opening buildings (including substantially reduced occupancy and partial closures).

4. Supply Management. The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties to address the specification, acquisition, distribution and inventory of supplies critical to implementation of COVID-19 safe practices. Management of critical supplies, including inventory and distribution, is conducted by Maintenance and Operations leadership in conjunction with the Facilities Planning Department and Custodial Supervisor for the District.

3. Infection Prevention

Efforts to reduce the risk of infection from the COVID-19 virus are being enacted through a process of assessing hazards, establishing and communicating safe work practices, providing training, and confirming that the safe work practices are being implemented properly. These and other elements intended to minimize the chance of infection are discussed below and summarized in the General Safe Work Practices document in Appendix C.

All employees are asked to self attest for proof of their vaccination status. Employees that decline to state their vaccination status will be presumed to be unvaccinated. This information will be documented by Human Resources and is maintained in a confidential file. Copies of medical records will not be retained.

3.1. Identification and Evaluation of COVID-19 Hazards

The workplace has been evaluated in order to identify and reduce potential workplace exposures to COVID-19. In addition, a third-party environmental health consultant, Forensic Analytical Consulting Services, has been retained to evaluate the workplace, the development and implementation of this program, provide training and to be a resource to CLPCCD. Policies and procedures instituted to reduce COVID-19 risk are current as of the date of this document. CLPCCD will regularly review applicable health orders and guidance from established public health authorities related to COVID-19 hazards and prevention.

All CLPCCD employees and authorized employee representatives are permitted to participate in the identification and evaluation of COVID-19 hazards.

Additional evaluations may be conducted as conditions or guidance change. The COVID Hazard Identification Form provided in Appendix D should be used to guide and document these evaluations. These evaluations should generally take into consideration the following:

Exclusion of symptomatic individuals from the worksite and responding to COVID-19 cases in the workplace.

Workplace-specific identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards to include:

1. Identification of places and times when people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, for instance during meetings or trainings and including in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.
2. Evaluation of employees' potential workplace exposure to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors.
3. Evaluation of how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.
4. Assessment of indoor spaces to evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether

the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, may be needed.

5. Evaluation and periodic inspection of existing COVID-19 prevention controls at the workplace and the need for different or additional controls.

The COVID-19 Safety Coordinator, supervisor or designee will conduct periodic evaluations of existing COVID-19 prevention controls to identify unsafe conditions, practices, and procedures related to COVID-19 prevention to ensure compliance with employers' COVID-19 policies and procedures. These evaluations will be documented using the Inspection Form provided in Appendix E.

All conditions or activities that may result in increased risk of COVID-19 transmission, as documented in Appendix D or E, will be addressed and corrected as soon as possible. The COVID-19 Safety Coordinator is responsible for ensuring and documenting correction of Hazards.

All employees are encouraged to actively participate in the identification of potential COVID-19 hazards. Conditions or activities that may result in increased risk of COVID-19 transmission should be reported to the employee's supervisor or the COVID-19 Safety Coordinator promptly.

3.2. Symptom Screening and COVID-19 Testing

Prior to coming to work, employees must screen themselves for symptoms of COVID-19. If symptoms are noted, employees must notify their supervisor (via phone/email) and stay home. Symptoms include, but are not limited to, fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea. CDC guidance on symptoms is located at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Employees must notify their supervisor (via phone/email) and stay/return home if any of the following conditions are met:

1. Employee notes symptoms of COVID during the pre-work screening or at any time during the workday.
2. Employee is not fully vaccinated and has been in close contact (closer than 6 feet for a cumulative total of at least 15 minutes over a 24-hour period) with a known or suspected case of COVID-19.
3. Employee receives a positive COVID-19 test.
4. Employee is subject to an order to isolate by a state or local public health official.

The supervisor will inform the Covid Safety Coordinator and Human Resources Benefits Manager who in turn will provide direction to both the supervisor and the employee.

If an employee is at higher risk of serious complications from COVID-19, they should inform their supervisor. At risk people include older adults and people of any age who have serious underlying medical conditions. More information is available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Testing will be provided at no cost to any employee with COVID-19 symptoms that is not fully vaccinated, during the employees' paid work time. Employees may consult Human Resources for available COVID-

19 testing sites. COVID-19 testing results must be communicated to the Covid Safety Coordinator and Human Resources Benefits Manager. Positive tests will trigger the Case Response protocol and should be documented using the Case Response Form in Appendix F.

3.3. Face Coverings and Personal Protective Equipment

Face Coverings

CLPCCD will provide face coverings to all employees regardless of vaccination status. Proper use of face coverings is **required** for all employees and visitors while indoors or in shared district vehicles. Unvaccinated individuals may source their own face covering if it consists of a surgical mask, a medical procedure mask or a mask constructed of tightly woven fabric or non-woven material of at least two layers. Face coverings must be free of visible holes and cover the nose and mouth at all times, when required. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric. Respirators may be voluntarily worn by employees in lieu of face coverings.

Employees may wear a face covering when not required by this program, unless it would create a safety hazard, such as interfering with the safe operation of equipment.

Employees may only remove face coverings indoors under the following conditions:

1. When alone in a room or vehicle.
2. While eating or drinking at the workplace, provided employees are at least six feet apart.
3. If they cannot wear face coverings due to a medical or mental health condition or disability or are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it.
4. Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

All employees must wear face coverings in the following settings regardless of vaccination status:

1. When visiting another employer's worksite where face coverings are required by their COVID-19 Safety Plan.
2. When required by orders from the applicable public health agencies such as the CDPH in California. [Current CDPH guidance](#) includes the following:
 - On public transit (examples: airplanes, taxis, ride-shares) and in transportation hubs (examples: airport, subway station)
 - Indoors in K-12 schools, childcare, and other youth settings
 - Healthcare settings, including long term care facilities
 - Correctional facilities and detention centers
 - Homeless shelters, emergency shelters, and cooling centers
 - At any worksite where internal policies require universal masking

Personal Protective Equipment

CLPCCD does not currently anticipate the need for personal protective equipment such as gloves, goggles, and face shields. If it is determined that personal protective equipment is required, it will be provided at no cost to the employee.

Upon request, CLPCCD will provide respirators (N95) for voluntary use to employees for use in the workplace. Employees should choose a respirator that fits properly and will be required to review and acknowledge the Cal/OSHA voluntary use guidance (<https://www.dir.ca.gov/title8/5144d.html>). Employees voluntarily using a respirator will be required to be clean shaven and to follow the manufacturer's directions for use.

3.4. Physical Distancing

Unvaccinated employees not wearing a face covering must maintain at least six feet apart from all other employees unless the unvaccinated employee is tested at least weekly for COVID-19.

Unvaccinated employees must maintain at least 6 feet of physical distancing when face coverings are removed for eating or drinking.

3.5. Personal Hygiene

Employees are encouraged to wash their hand frequently with soap and water. Employees should wash their hands for at least 20 seconds, at minimum, following restroom use or touching of communal surfaces/equipment and prior to eating, drinking or touching face.

If soap and water is not available, employer-provided hand sanitizer should be used.

3.6. Cleaning and Disinfection

Frequently touched surfaces and objects are regularly cleaned by a janitorial vendor using commercially available products (e.g. soaps or detergents). Frequently touched surfaces include doorknobs, elevator buttons, shared equipment, handrails, handles and bathroom surfaces. Employees will be provided cleaning products and adequate time to clean surfaces in their work areas.

Disinfection of surfaces will be conducted per the case response protocol if it is determined that a COVID-19 case has been in the workplace during the high-risk exposure period. Routine disinfection of surfaces is not recommended as exposure to disinfectants may pose a hazard to employees.

3.7. Engineering Controls

CLPCCD has evaluated how to maximize, to the extent feasible, clean air (outdoor and filtered) ventilation.

Some CLPCCD office space features windows, which when utilized correctly, can provide effective natural ventilation of the space. When temperature and outdoor pollution is tolerable operable windows will be opened by equal amounts.

During periods when outdoor air quality is poor (e.g. heat, wildfire smoke, or when the [EPA Air Quality Index](#) is greater than 100 for any pollutant), use of natural ventilation may not be appropriate. During these periods, interventions such as modifying work schedules, telecommuting or use of respiratory protection will be considered in consultation with a qualified health and safety professional. Additional information can be found at the following links:

CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#)

Cal-OSHA [Protecting Indoor Workplaces](#)

3.8. Program Training and Communication

Communication of Program Elements

All employees are required to report to their supervisor or designated departmental representative, without fear of reprisal, COVID-19 symptoms, possible close contacts, and possible COVID-19 hazards at the workplace.

Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations through their supervisor and in collaboration with Human Resources Benefits Department.

Information about access to COVID-19 testing and when testing is required under this section will be communicated to employees by their supervisor or departmental representative. COVID-19 testing will be made available at no cost to employees with COVID-19 symptoms who are not fully vaccinated, during employees' paid time.

Information about COVID-19 hazards and the COVID-19 policies and procedures will be communicated to employees through training events. Additionally, the General Safe Practices document (Appendix C) will be made available (through digital shared access link or, if requested, a physical printed copy) to all employees and to other employers, visitors, vendors and any other individuals accessing the workspace.

The CLPCCD COVID-19 Safety Plan will be made accessible, in either a digital or hard-copy format, to all employees and employee representatives upon request.

Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee medical records required by this program, shall be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases shall be provided to the local health department, CDPH, Cal-OSHA, and the National Institute of Safety and Health (NIOSH) immediately upon request, and when required by law.

COVID-19 Safety Plan Training

All supervisors and employees will be trained on the elements of this program and as required by Cal/OSHA under Title 8 CCR Section 3205. Training will be provided either by video conference, recorded video or live in-person. Live in-person training may be documented using Appendix G and submitted to the Covid Safety Coordinator. Video training will be documented, as appropriate, and submitted to the Covid Safety Coordinator.

All employee training will include:

1. The elements of this program.
2. COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
3. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick and vaccination leave, if applicable, workers' compensation law, local

governmental requirements, the employer's own leave policies, and leave guaranteed by contract.

4. Information about how COVID-19 can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.
5. The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
6. Policies for providing respirators, and the right of employees who are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation and at no cost to employees.
7. The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when immediate access to a sink or hand washing facility is not available, and that hand sanitizer does not work if the hands are soiled.
8. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. N95s and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
9. COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
10. Information on the COVID-19 policies; how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
11. The conditions under which face coverings must be worn at the workplace and that face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance between people cannot be maintained. Employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

4. COVID-19 Case Incident Response

Efforts to help contain and minimize the risk of infection from the COVID-19 virus related to a known or suspected COVID-19 case are enacted through a process involving an initial assessment of impacted personnel and work areas, development of response actions that address notifications and environmental cleaning/disinfection, and documentation of the completion of response actions. These and other response elements are discussed below.

4.1. Initial Assessment

An initial assessment that characterizes people and area impacted by the infected person is necessary in order to determine the appropriate response actions. The initial assessment should be initiated by the COVID-19 Safety Coordinator or designee immediately after notification of an incident.

Identification of High-risk Exposure Period. Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.

Identification of Close Contacts. Determine who may have had a close contact and their vaccination status. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period.

Area Closure. For indoor areas known to be significantly impacted by the infected person, it is recommended to close or isolate the area for at least 24 hours from the time the infected person was present, in order to minimize the potential for exposure to infectious droplets in the air. If possible, leave outside doors and windows open to ventilate the space. Access should continue to be restricted until the assessment can be completed and a proper response action plan determined.

4.2. Case Incident Communication

Communication regarding case incidents and the status of response actions is key to maintaining stakeholder trust and reducing concern.

Communication with COVID-19 Case. Communicate with the person with COVID-19 that they should follow their healthcare provider's guidance regarding proper management of their illness and remain home until the return to work requirements have been met (see Section 4.7).

Communication with Employees at the Worksite. Within one business day of the time the employer knew of or should have known of a COVID-19 case, the employer will give written notice, in a form readily understandable by employees, that people at the worksite may have been exposed to COVID-19. The notice will be written in a way that does not reveal any personal identifying information of the COVID-19 case. The notice will include a summary of the response plan and sent to all employees and outside parties at the worksite during the high-risk exposure period.

Communication with Close Contacts. Unvaccinated employees who have had close contact with the case will be notified immediately. Those individuals will be directed to remain home until the return to work requirements have been met (see Section 4.7), to get tested for COVID-19 at a testing site, to maintain social distance from others at all times, and to self-monitor for symptoms (fever, cough, or shortness of breath, etc.). Fully vaccinated employees are not required to quarantine if they do not have COVID-19 symptoms.

4.3. COVID-19 Testing

COVID-19 testing will be made available at no cost, during paid time, to all employees who have had a close contact in the workplace. The following groups may choose to be exempt from testing requirements:

- Employees who were fully vaccinated before the close contact and do not have COVID-19 symptoms.
- COVID-19 cases who returned to work following a positive test and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 90 days after the first positive test.

Any employee receiving a COVID-19 test will be provided with information regarding COVID-19 related benefits to which the employee may be entitled under applicable federal, state, or local laws.

4.4. Cleaning and Disinfection

Cleaning and disinfecting will be performed to reduce or eliminate potential viral contamination deposited on surfaces that may have occurred due to the presence of a person with COVID-19 at the worksite. Cleaning and disinfection of high-touch surfaces will be conducted in areas where the COVID-19 case was identified as having spent significant time (~15 minutes) as determined by the initial assessment.

Prior to performing any environmental cleaning or surface disinfection, all personnel conducting environmental cleaning/disinfection will be trained on the proper, safe use of any cleaning or disinfecting agents, as well as proper PPE. The cleaning team will be specialty response contractors trained and experienced in environmental cleaning and disinfection in compliance with CDC and EPA guidelines. In some instances, subcontracted janitorial staff or other trained people at the work site may participate in the cleaning/disinfection process.

Impacted areas will be cordoned off and unoccupied during cleaning/disinfection; only cleaning personnel should be present. Where possible, provide adequate ventilation for the space undergoing cleaning by leaving outside doors and windows open to increase air circulation.

Cleaning and disinfection activities should be monitored by a supervisor, person of authority, or an outside professional that is not performing cleaning/disinfection. This monitor should be familiar with the provisions of this document and cleaning and disinfection practices. At a minimum, the monitor should document that surfaces and items were cleaned/disinfected per the response action plan. This includes documenting that 1) the appropriate surfaces were cleaned, 2) the appropriate products were used, and 3) that the cleaning/disinfection products manufacturer's instructions relating to contact time and dilution were followed.

4.5. Confirmation

Completion of the response action plan should be documented and confirmed by the Safety Coordinator using the Case Response Form provided in Appendix F.

4.6. Investigation

An investigation will be conducted to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

4.7. Return to Work Requirements

Any employee with COVID-19 symptoms will not be permitted to return to the site until all the following criteria have been met:

1. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications; and
2. COVID-19 symptoms have improved; and
3. At least 10 days have passed since COVID-19 symptoms first appeared.

Any employee who tests positive but never developed COVID-19 symptoms will not be permitted to return to the site until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test. A negative COVID-19 test is *not* required for an employee to return to work or for vendors or visitors to return to the site.

Unvaccinated employees who had close contact to a known or suspected case will not be permitted to return to the site until the following criteria have been met:

1. Unvaccinated employees who had a close contact but never developed any COVID-19 symptoms may return to work when 10 days have passed since the last known close contact.
2. Unvaccinated employees who had a close contact and developed any COVID-19 symptom cannot return to work until the following criteria have been met
 - a. At least 24 hours have passed since symptoms or fever without the use of fever-reducing medication; and
 - b. Either (1) the employee tested negative for COVID-19 using a PCR test with specimen taken after onset of symptoms and at least 10 days have passed since the last known close contact OR (2) at least 10 days have passed since the employee's symptoms first appeared

Fully vaccinated employees that had close contact to a known or suspected case and do *not* develop symptoms do *not* need to be excluded from work.

If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be in accordance with the return to work periods specified above.

For employees excluded from work due to close contact, the employee's earnings, wages, seniority, and all other employee rights and benefits, including the employee's right to their former job status, will continue to be maintained as if the employee had not been removed from their job. Employee sick leave may be used for this purpose to the extent permitted by law and will be paid at the employee's regular rate of pay no later than the regular pay day for the pay period(s) in which the employee is excluded from the workplace unless the following exemptions apply:

1. The employee is receiving disability payments or is covered by workers' compensation and received temporary disability.
2. The close contact is not work related.

The requirements described in this section do not limit any other applicable law, employer policy, or collective bargaining agreement that provides for greater protections and are subject to review by Human Resources prior to implementation.

4.8. Multiple COVID-19 Infections and COVID-19 Outbreaks

If three or more COVID-19 cases are identified as having visited the workplace during their high-risk exposure period within any 14-day period, protocols will be initiated as required by Title 8 CCR 3205.1.

If twenty or more COVID-19 cases are identified as having visited the workplace during their high-risk exposure period within any 30-day period, protocols will be initiated as required by Title 8 CCR 3205.2.

5. Reporting, Recordkeeping and Access.

Employees are to report, without fear of reprisal, COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace.

Information about COVID-19 cases and outbreaks at the workplace will be reported to the local health department whenever required by law, as well as any related information requested by the local health department.

Records of the steps taken to implement the written COVID-19 Prevention Program will be maintained by the COVID-19 Safety Coordinator.

The written COVID-19 Prevention Program shall be made available at the workplace to employees, authorized employee representatives, and to representatives of the Division immediately upon request.

Tracking of all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test will be recorded and maintained by the Covid Safety Coordinator.

Employees or their representatives have the right to request and obtain an employer's Log of Work-Related Injuries and Illnesses (Log 300), without redaction, or to request and obtain information as otherwise allowed by law.

6. Glossary

At-Risk Group: people at higher risk for developing more severe symptoms related to COVID-19 illness, according to the CDC, include older individuals (over the age of 65) and people of all ages with: chronic lung disease or moderate to severe asthma; serious heart conditions; compromised immune systems; severe obesity; diabetes; chronic kidney disease undergoing dialysis; or liver disease.

Cleaning: the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, cleaning decreases their number and therefore risk of spreading infection.

Close contact: being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings. Exception: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk exposure period.

COVID-19: coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

COVID-19 case: a person who:

- (1) Has a positive “COVID-19 test” as defined in this section; or
- (2) Has a positive COVID-19 diagnosis from a licensed health care provider; or
- (3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (4) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

COVID-19 hazard: potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include *airborne droplets, small particle aerosols, and airborne droplet nuclei*, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids. This also includes *objects or surfaces* that may be contaminated with SARS-CoV-2.

COVID-19 symptoms: fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

COVID-19 test: a viral test for SARS-CoV-2 that is:

- (1) Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and
- (2) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

Disinfection: using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces the risk of spreading infection.

Exposed group: all employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the high-risk exposure period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

- (1) For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- (2) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- (3) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the high-risk exposure period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

Face covering: a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

Frequently Touched Surfaces: surfaces, equipment, tools and items that are touched multiple times throughout the day or may be touched by more than one individual. Examples include, but may not be limited to: tables, chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks, phones, shared tools or office equipment, copiers, drinking fountains, vending machines, oven, toaster, coffee, water dispenser, microwave/refrigerator handles, and common area cabinet handles.

Fully vaccinated: the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

Hand Hygiene: the process of removing soil, contaminants and microbes from hands. Hand hygiene can include hand washing, hand sanitization or a combination of the two.

Hand Sanitization: the process of applying an anti-microbial agent such as an alcohol-based hand sanitizer with a minimum 60% ethanol or 70% isopropanol to hands to kill microbes that may be present.

Hand Washing: the process of washing hands with soap and water, then rinsing with clean, running water to remove soil and contaminants from the hands. **Isolation:** to separate people possibly infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected.

Isolation: to separate people possibly infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected.

High-risk exposure period: the following time period:

- (1) *For COVID-19 cases who develop COVID-19 symptoms:*
 - a. from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved;
- (2) *For COVID-19 cases who never develop COVID-19 symptoms:*
 - a. from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

Personal Protective Equipment: referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, which include face coverings, disposable gloves, etc.

Physical Distancing: keeping space between yourself and others by staying apart by at least 6 feet (2 meters).

Quarantine: To Keep someone who might have been exposed to COVID-19 away from others. Individual exposed, or possibly exposed to COVID-19 must stay home and monitor themselves for COVID-19 symptoms.

Respirator: a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

Worksite: for the limited purposes of COVID-19 prevention regulations only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the high-risk exposure period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.



**Chabot Las Positas Community College District
COVID-19 Prevention Program:
Contacts & Resources**

COVID-19 Safety Coordinator

Name	Department/Title	Phone	Email
Owen Letcher	Facilities & Operations	925-485-5277	oletcher@clpccd.org

Core COVID-19 Safety Team

Name	Department/Title	Phone	Email
Nan Ho	LPC Math & Science - Dean	925-424-1182	nho@laspositascollege.edu
Kristin Lima	CC Applied Technology - Dean	510-723-6653	klima@chabotcollege.edu
Chad McMullen	LPC		cmcmullen@laspositascollege.edu
Matt Kritscher	CC Vice President of Student Services	510-723-6743	mkritscher@chabotcollege.edu
Walt Blevins	Director of Maint & Operations	707-337-0506	wblevins@clpccd.org

Notes

- Team Meetings—Bi-Weekly on Thurs (Zoom).

Extended COVID-19 Safety Team

Name	Department/Title	Phone	Email
Art Valencia	Custodial Supervisor	510-453-0209	avalencia@clpccd.org
Donna Alaoen	Executive Assistant to VC Facilities	925-485-5234	dalaoen@clpccd.org
Stacy Thompson	CC Vice President of Academic Services	510-723-6626	slthompson@chabotcollege.edu
Kristina Whalen	LPC Vice President of Academic Services	925-424-1103	kwhalen@laspositascollege.edu
Jamal Cooks	CC Language Arts – Dean		
Guisselle Nunez	Director- Public Relations, Marketing and Government Relations	925-485-5216	gnunez@clpccd.org
Wyman Fong	Vice Chancellor of Human Resources	925-485-5261	wfong@clpccd.org
David Betts	Director, Employee & Labor Relations	925-485-5513	dbetts@clpccd.org

Notes

- Team Meetings—Bi-Weekly on Thurs (Zoom).

Internal Team Resources

Safety Practices Location	http://districtazure.clpccd.org/urgentalerts/index.php
Environmental Health Consultant	Forensic Analytical Consulting Services (www.forensicanalytical.com) Madeleine Rebulida o. 510-266-4600 ♦ d. 510-330-6026 ♦ mrebulida@forensicanalytical.com
Cleaning/Disinfection Contractor	CLPCCD Custodial Staff – Art Valencia avalencia@clpccd.org c 510-453-0209

Local Public Health Department Contacts

Alameda County	https://covid-19.acgov.org/index.page
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**Chabot Las Positas Community College District
 COVID-19 Prevention Program:
 Building Reopening Checklist**

Building:			
Completed by:		Date:	

Before Reopening		Done
1.	Ensure that water damage or standing water is not present. Address any mold/moisture issues before re-occupancy.	<input type="checkbox"/>
2.	Ensure that garbage, food, and other perishable materials are removed as appropriate.	<input type="checkbox"/>
3.	Inspect for pests and rodents. Reduced maintenance activities can allow for infestation of pests or accumulation of pest allergens, dander, and droppings.	<input type="checkbox"/>
4.	Ensure no objectionable odors are present. Investigate and address as needed (e.g., dry drain-traps, garbage, pests, water intrusion, unattended plants, spoiled food).	<input type="checkbox"/>
5.	Evaluate spaces for COVID-19 safety concerns and implementing related modifications. Evaluate the need for cleaning, either based on actual risk or as a precaution to address occupant concerns about contamination.	<input type="checkbox"/>
6.	Flush water fixtures prior to re-occupancy to remove stagnant water, using respiratory protection if stagnant for an extended period. Address potential issues associated with specialized water systems (e.g., fountains, cooling towers, misters, etc.). Consider further assessment if conditions of concern present. Reference the EPA Building Water Quality Checklist for specific guidance.	<input type="checkbox"/>
7.	Ensure HVAC systems are in good condition. Inspect air handling units (filters, coils, pans, outdoor air intakes, etc.). Reference the CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments and Cal-OSHA Protecting Indoor Workplaces for specific guidance.	<input type="checkbox"/>
8.	Maximize clean air ventilation to occupied areas. Lack of ventilation and circulation of fresh air during low occupancy can result in the buildup of indoor air and surface contaminants such as dust, particulates, and volatile organic compounds.	<input type="checkbox"/>



What is the hazard?

COVID-19 is the respiratory illness caused by the SARS-CoV-2 virus (a.k.a., novel coronavirus). The latest information regarding COVID-19 is available on the U.S. Centers for Disease Control (CDC) website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). This website should be regularly reviewed in order to stay current on the dynamics of the disease, including its risks, symptoms, and current guidance on prevention and what to do if you are sick.

What safe work practices should be followed?

The following general safe work practices should be followed by all Chabot Las-Positas Community College District (CLPCCD) employees, visitors and onsite vendors. Questions regarding COVID-19 safety should be directed to the COVID-19 Safety Coordinator.

Vaccinated and Unvaccinated Employees

In some instances, safe work practices will differ for fully vaccinated individuals compared to unvaccinated individuals, as unvaccinated individuals are at a higher risk of becoming ill from SARS-CoV-2 and transmitting COVID-19 to others. In general, people are considered fully vaccinated 2 weeks after their second dose in a 2-dose series, such as the Pfizer or Moderna vaccines, or 2 weeks after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine. At this time all individuals are required to follow guidance for **UNVACCINATED** employees. In the future those who have provided proof of being fully vaccinated to Human Resources may follow protocols for **VACCINATED** employees and those who have not or who have declined to state must follow the protocols for **UNVACCINATED** employees.



MEDICAL SCREENING

VACCINATED and UNVACCINATED Employees:

1. *Symptoms.* Prior to coming to work, employees must screen themselves for symptoms of COVID-19. If symptoms are noted, employees must notify their supervisor (via phone/email) and stay home. Symptoms include, but are not limited to, fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea. CDC guidance on symptoms is located at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> (see Attachment A for summary posting). The supervisor will inform Human Resources who in turn will provide direction to both the supervisor and the employee.
2. *Positive Test.* Employees must notify their immediate supervisor (via phone/email) and stay home if they receive a positive COVID-19 test. The Supervisor in cooperation with the Covid Safety Coordinator and HR Benefits Staff will provide direction to both the supervisor and the employee.
3. *Exposure.* Employees must notify their supervisor (via phone) and stay home if they have been in close contact with or otherwise exposed to a known or suspected case of COVID-19, if not fully vaccinated at the time of exposure. The supervisor will inform the Covid Safety Coordinator and Human Resources who in turn will provide direction to both the supervisor and the employee.
4. *Order to Isolate.* Employees must notify their supervisor (via phone/email) and stay home if they are subject to an order to isolate by a state or local public health official. The supervisor will inform the Covid Safety Coordinator and Human Resources who will provide direction to both the supervisor and the employee.

5. *At Risk Persons.* If an employee is at higher risk of serious complications from COVID-19, they should inform their supervisor. The supervisor will inform Human Resources who will in turn provide direction to both the supervisor and the employee. At risk people include older adults and people of any age who have serious underlying medical conditions. More information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>.



PHYSICAL DISTANCING

VACCINATED Employees:

1. Physical distancing is no longer required. However, CLPCCD supports employee efforts to minimize large gatherings and close contact with others (<6 feet of distance for more than 15 minutes) to the extent practical.

UNVACCINATED Employees:

2. Unvaccinated employees must maintain at least 6 feet of physical distancing when face coverings are removed for eating or drinking.



PERSONAL HYGIENE

VACCINATED and **UNVACCINATED** Employees:

1. *Hand Hygiene.* Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands. Avoid handshakes or physical contact with others. Wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, use a proper hand sanitizer (e.g., 60% ethyl alcohol or 70% isopropyl alcohol, methyl alcohol prohibited). Cover all surfaces of your hands and rub them together until they feel dry. Guidance on hand washing technique from the World Health Organization (WHO) is provided in Attachment B. CDC guidance on hand washing is located at: <https://www.cdc.gov/handwashing/when-how-handwashing.html>.
2. *Sneezing & Coughing.* Cover your mouth and nose when coughing or sneezing with a tissue, then throw the tissue in the trash and wash hands. If no tissue is available, then cough and sneeze into your elbow. Do not come to work if you have COVID-19 symptoms (see medical screening above).



PROTECTIVE EQUIPMENT

VACCINATED and **UNVACCINATED** Employees:

1. *Masks—When to Use.* Face coverings (e.g., cloth masks or surgical masks) will be provided upon request. Face coverings must be worn in the following settings regardless of vaccination status:
 - a. On public transit (examples: airplanes, taxis, ride-shares) and in transportation hubs (examples: airport, subway station).
 - b. Indoors in at all **CLPCCD facilities** and K-12 schools, childcare, and other youth settings.
 - c. Healthcare settings, including long term care facilities.
 - d. Correctional facilities and detention centers.
 - e. Homeless shelters, emergency shelters, and cooling centers.
 - f. Inside residential dwellings (when present for business purposes).
 - g. When recommended or required by local health authorities.
 - h. At any worksite or place of business where use of face coverings is requested.
2. *Masks—How to Use.* Masks must be kept clean and undamaged. Masks primarily protect those around the wearer and may provide some protection to the wearer. CDC mask guidance is at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>.

CDPH mask guidance is at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/guidance-for-face-coverings.aspx>.

3. *Respirators—Approval for Use.* N95 filtering facepiece respirators will be provided for voluntary use upon request. Employees may voluntarily use N95 respirators after reviewing the Cal/OSHA voluntary use guidance (<https://www.dir.ca.gov/title8/5144d.html>).
4. *Masks.* Face coverings (e.g., cloth masks or surgical masks) must be worn at all times when indoors unless you are alone in a closed private room (e.g., private office or car) that is not used by others.



ENVIRONMENTAL CLEANING

VACCINATED and **UNVACCINATED** Employees:

1. *What to Clean.* Frequently touched surfaces (i.e., those touched multiple times or by multiple people). Examples include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, and shared work equipment.
2. *When to Clean.* The fewer people that touch the surface between cleaning/disinfection the better. Daily cleaning of frequently touched surfaces is generally considered sufficient.
3. *How to Clean.* For frequently touched surfaces, daily cleaning with a general cleaner is generally sufficient, although disinfectants may also be used as well. Disinfection with an approved disinfectant must be conducted when there has been a confirmed or suspected case in an area during the high-risk period. Disinfectants must be used per the product label, which typically includes a minimum contact time to ensure proper disinfection, as well as precautions for using the product safely (e.g., using gloves). A list of EPA-approved disinfectants for SARS-CoV-2 can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.



ADDITIONAL PRACTICES

VACCINATED and **UNVACCINATED** Employees:

1. *Training.* Ensure that you have completed all required COVID-19 safety training.
2. *Hazard Reporting.* Potential COVID-19 hazards in the workplace should be immediately reported to your supervisor, the Covid Safety Coordinator, or a member of the safety committee.
3. *Case Incident Response.* If a known or suspected case of COVID-19 is found to have been present in the workplace, or exposed to employees, notify your supervisor, the Covid Safety Coordinator, or a member of the safety committee immediately. A case incident response assessment will be performed to evaluate who was potentially exposed, and what surfaces were potentially contaminated. Notification to affected parties will be provided and a cleaning/disinfection plan will be implemented, as appropriate.
4. *Visitor/Vendor Communications.* Employees who are primary contacts for visitors and vendors must ensure that visitors/vendors are aware of and follow the “FACS COVID-19 Visitor Guidance” included in Attachment C.
5. *Non-Work Activities.* Employees are encouraged to apply COVID-19 precautions similar to these safe work practices to their non-work personal activities. Such diligence in and out of the workplace will serve to protect co-workers, customers, families, and communities during this pandemic.

Additional Requirements for UNVACCINATED Employees:

6. *Eating & Drinking.* When eating meals, try to be alone outdoors or indoors in a space not used by others (e.g., private office). If you cannot be alone, maintain as much distance as possible from others (minimum 6 ft.) and wear a face covering when you are not in the process of eating. Do not socialize with others when eating, even at a 6 ft.+ distance. Masks may be momentarily removed to eat or drink if 6 ft.+ of distance is maintained from others.

References: Current CDPH, Cal/OSHA, and CDC COVID-19 guidance.

Attachments:

- A. CDC COVID-19 Symptoms Poster
- B. WHO Hand Wash/Rub Posters
- C. Visitor Posting

Attachment A

CDC COVID-19 Symptoms Poster

Print Resources Home:

<https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>

“Symptoms of Coronavirus (COVID-19”, 7/22/20

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID19-symptoms.pdf>

Attachment B

WHO Hand Wash/Rub Posters

May 2009:

https://www.who.int/docs/default-source/infection-prevention-and-control/how-to-handwash-poster.pdf?sfvrsn=8ab212f0_2

https://www.who.int/docs/default-source/infection-prevention-and-control/how-to-handrub-poster.pdf?sfvrsn=f5e8bf1_2

Attachment C
Visitor Posting

COVID-19 VISITOR GUIDANCE

Visitors and vendors to FACS facilities are requested to follow the COVID-19 safety practices listed below. Please direct any additional questions to your site contact.



Medical Screening. Leave the area and remain at home if you are experiencing symptoms related to COVID-19, test positive, or have been exposed to a known or suspected case.



Physical Distancing. Although physical distancing is not required, please respect the preferences of others. FACS supports maintaining a distance of at least six feet to the extent practical.



Personal Hygiene. Wash your hands or use hand sanitizer immediately before or upon entering the work area. Cover coughs and sneezes.



Protective Equipment. When indoors, wear a face covering/mask which covers your nose and mouth at all times. FACS supports the use of masks regardless of vaccination status.



Environmental Cleaning. Cleaning of frequently touched surfaces is generally performed daily. Perform additional cleaning of surfaces you will be using at your discretion.



Additional Practices. Subsequent to your visit, if you are known or suspected to have had COVID-19 while on site, notify your FACS contact immediately.



Conducted by:		Date:	
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Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls



Chabot Las Positas Community College District
 COVID-19 Prevention Program:
Inspection Form

Date: _____ Inspector: _____ Page ____ of ____

Location: _____

Q#	Question	Yes	No	n/a
1.	Are COVID-19 safety practices applicable to the area posted or otherwise available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have employees completed required COVID-19 safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has clean air ventilation been maximized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are portable air purifiers needed to maximize clean air ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are portable air purifiers being used, if present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is routine cleaning being conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are adequate hand washing facilities present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are hand washing facilities properly stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are people practicing proper personal hygiene (e.g., frequent hand washing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is hand sanitizer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are face coverings being properly worn, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are respirators being worn properly, if used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have vendors been notified of program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q#	Notes (Comment on deficiencies/improvements. Reference question number above.)	Action Needed?	Action Done?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>



Instructions:

The purpose of this form is to provide direction and documentation regarding the response actions to take to help mitigate potential risk of COVID-19 transmission upon learning of a known or suspected COVID-19 case potentially impacting facilities, employees, students, or other stakeholders. Supervisors (Director, Dean, Manager, Vice President, President, Vice Chancellor or Chancellor) are responsible for completing the “Incident Information” and “Immediate Response” section of this form and working with the COVID-19 Safety Coordinator who is responsible for completing the additional sections of this form.

Key Definitions

Known or suspected case. For purposes of this plan, a known or suspected case is someone who has COVID-19 symptoms or who has tested positive for COVID-19, unless otherwise determined (e.g., medical professional). A negative test does not necessarily mean that a person does not have COVID-19.

Exposure/Close contact. An exposure or Close contact means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period”. This definition applies regardless of the use of face coverings. Exposure may also occur within a shorter duration depending on the nature of interaction (e.g., being coughed/sneezed upon, physical contact, long periods in a small space). Cloth face coverings (a.k.a., “masks”) are not considered to prevent exposure within six feet, however respirators (e.g., N95) may prevent exposures to airborne contaminants. “High-risk exposure period” means the following time period:

- For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved.
- For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

Supervisors: Complete the Incident Information and Immediate Response sections below and use the form in Attachment A to record any additional information or detail.

Incident Information			
Area/Operation:			
Supervisor:		Report Date:	
Subject Person:		Employee? <input type="checkbox"/> Student/Visitor? <input type="checkbox"/>	
Phone/Email:			
Is the person reporting exposure to a case? <input type="checkbox"/> Yes <input type="checkbox"/> No		If “yes”, list date of exposure:	
Is the person reporting <u>symptoms</u> or positive test? <input type="checkbox"/> Yes <input type="checkbox"/> No		If “yes”, list date of symptom onset/positive test result (whichever is earlier):	
Has the person reporting exposure to a case received the full COVID-19 vaccination?		<input type="checkbox"/> Yes Date of final/2 nd injection: ____ <input type="checkbox"/> No <input type="checkbox"/> Declined to state	
		Date the person was last in the subject area: (If >14 days ago, no further action is required).	

Supervisors: Complete the Immediate Response section below and use the form in Attachment A to record any additional information or detail.

Immediate Response		Done
Note: Immediate response actions are interim until a more detailed assessment is performed. If uncertainties arise, actions should err on the side of being more protective of people's health.		
1.	Notify. Inform the COVID-19 Safety Coordinator of the incident. Do not share the identity of the person involved with any other parties except Human Resources.	<input type="checkbox"/>
2.	Address the subject person. Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits. If the case is reported while they are still in the area, isolate them from others until they leave. Be aware that the case may need assistance in arranging transport home or to a healthcare provider.	<input type="checkbox"/>
3.	Address potentially exposed people. <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person is a known or suspected case, send home people with potential exposure to the person. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits. Record the names of persons sent home in Attachment B.	<input type="checkbox"/>
4.	Address areas with prolonged exposure (closure). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area within the high-risk exposure period, then no action is needed. <input type="checkbox"/> If the subject person is a known or suspected case and they have been in the area within the high-risk exposure period, then shut-down areas where they spent a prolonged period (e.g., ≥15 minutes) or had substantial interactions with the area. The time period in question begins starting from two days before the case first showed symptoms, or two days from date a positive test was collected, whichever is earlier. If it has been less than 24 hours since they were in an indoor area, then open exterior doors/windows to and stay out until at least 24 hours have passed. Inventory the closed areas using the cleaning/disinfection log in Attachment C.	<input type="checkbox"/>
5.	Address areas without prolonged exposure (cleaning). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area for >7 days, then no action is needed. <input type="checkbox"/> Cleaning of areas, material, and equipment used by a COVID-19 case during the high-risk exposure period, and disinfection if the area, material, or equipment is indoors and will be used by another employee within 24 hours of the COVID-19 case. Inventory the surfaces cleaned using the cleaning/disinfection log in Attachment C.	<input type="checkbox"/>
6.	Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.	<input type="checkbox"/>

COVID-19 Safety Coordinator: Complete the incident assessment section below corresponding to the type of incident and use Attachment A to record any additional information or detail.

Incident Assessment: Exposed Person		Done
1.	Review the "Incident Information" and "Immediate Response" sections of this form and confirm that have been properly addressed.	<input type="checkbox"/>
2.	Confirm that Human Resources is aware of the employee and that the employee may follow up with HR regarding benefits specific to COVID-19	<input type="checkbox"/>
3.	Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan "Inspection Form".	<input type="checkbox"/>
4.	Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call).	<input type="checkbox"/>
5.	Follow-up with subject person to see if they develop symptoms or a positive test. If so, initiate a new case response form. If not, they can return 10 days after their last exposure. Document return using the form in Attachment B.	<input type="checkbox"/>
6.	Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.	<input type="checkbox"/>
7.	If vaccinated, refer to current Alameda County Public Health & CDC Guidelines on quarantine to provide recommendations to those exposed to a person known or suspected to have COVID-19. https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html	<input type="checkbox"/>

Incident Assessment: Known/Suspected Case		
1.	Review the "Incident Information" section of this form and confirm accuracy.	<input type="checkbox"/>
2.	Confirm that Human Resources is aware of the case and that employee may contact HR with questions regarding benefits specific to COVID-19 if the subject person is an employee.	<input type="checkbox"/>
3.	Contact the local county health department to report confirmed cases and the response plan if the number of cases in any one location exceeds 3 in a 14-day period. Modify the response plan based on direction from the county.	<input type="checkbox"/>
4.	Review "Immediate Response" item #3 (exposed persons) and conduct an assessment (in-house or by third party consultant) to ensure proper identification of potentially exposed people. Update the list in Attachment B.	<input type="checkbox"/>
5.	Take further actions as needed regarding potentially exposed people. This may involve sending more employees home or telling some they can come back, as well as communicating exposure to non-employees as appropriate (e.g., direct notification, contacting employers, postings).	<input type="checkbox"/>
6.	Confirm that Human Resources has provided COVID-19 benefit information with potentially exposed employees.	<input type="checkbox"/>
7.	Review "Immediate Response" item #4 (impacted areas) and conduct an assessment (in-house or by third party consultant) to ensure proper identification of areas for closure. Adjust areas and update Attachment C as appropriate.	<input type="checkbox"/>
8.	Review "Immediate Response" item #5 (non-closed areas) and conduct an assessment (in-house or by third party consultant) to ensure that the appropriate surfaces have been cleaned/disinfected. Ensure immediate cleaning/disinfection of additional surfaces and update Attachment C as appropriate.	<input type="checkbox"/>

9.	<p>If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the occupied space(s) and impacted common areas and surfaces. If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean the occupied space(s) and impacted common areas and surfaces. Disinfect if conditions indicate, e.g. if the person were coughing during their time in the space(s). If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed. Develop a cleaning/disinfection scope for impacted/closed areas using Attachment C and arrange for the cleaning/disinfection by appropriate in-house or outside resources.</p>	<input type="checkbox"/>
10.	<p>Monitor cleaning/disinfection (in-house or by third party consultant) to document that the proper scope is completed following proper methods (e.g., registered products, application method, contact time).</p>	<input type="checkbox"/>
11.	<p>Inspect the work area/operation to ensure that proper COVID-19 safe practices are being followed using the COVID-19 Safety Plan "Inspection Form".</p>	<input type="checkbox"/>
12.	<p>Evaluate the level of concern among employees regarding the incident and consider further communications as appropriate (e.g., update letters, town hall call).</p>	<input type="checkbox"/>
13.	<p>Follow-up with the subject person to determine when they can return according to CDC guidance. In general, known or suspect cases can return after all of the following are met:</p> <ul style="list-style-type: none"> • At least 10 days since symptoms first appeared and • At least 24 hours with no fever without fever-reducing medication and • Other symptoms of COVID-19 are improving <p>If vaccinated, refer to current CDC Guidelines on quarantine to provide recommendations to those exposed to a person known or suspected to have COVID-19. Additional guidance may be given by medical professionals. Document their return using the form in Attachment A.</p>	<input type="checkbox"/>
14.	<p>Follow-up with employees sent home due to potential exposure to see if they develop symptoms or a positive test. If so, initiate a new case response form. If not, they can return 14 days after their last exposure. Document return using the form in Attachment B.</p>	<input type="checkbox"/>
15.	<p>Update general notes in Attachment A as appropriate, attach additional documents, sign below, and retain this form and attachments for recordkeeping purposes.</p>	<input type="checkbox"/>

COVID-19 Safety Coordinator: Sign below to confirm completion of the protocol in this form.

_____ Name

_____ Signature

_____ Date

Attachment A: Case Response--General Notes

Area/Operation:		Report Date:	
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Date	Notes/Event
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	Supervisor's Notes:

	HR's Notes:

	COVID-19 Safety Coordinator Notes:

Attachment C: Case Response—Cleaning/Disinfection Log				
Area/Operation:				Report Date: 7/2/21
Done	ID#	Area/Surface	Infection Risk ¹	Cleaning/Disinfection Protocol (method/product/party)
<input type="checkbox"/>		Clean common areas in accordance with the current COVID-19 safe work practices	2	
<input type="checkbox"/>		No entry into Employee’s office until s/he has returned and cleans frequently touched surfaces following the current cleaning and disinfection protocols in the current CLPCCD COVID-19 Safe Work Practices	1	
<input type="checkbox"/>				
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Notes:
 1--Infection Risk: Degree of infection risk presented by the surface based on degree of impact and frequency of contact (High, Med, Low or 1,2,3,4...)