



# **Chabot Las Positas Community College District COVID-19 Site Safety Plan**

**Updated March 9, 2021**

## Table of Contents

<b>Glossary .....</b>	<b>1</b>
<b>1. Introduction .....</b>	<b>4</b>
<b>2. Application and Implementation Overview .....</b>	<b>5</b>
<b>3. Roles and Responsibilities.....</b>	<b>6</b>
3.1. COVID-19 Safety Coordinator .....	6
3.2. Supervisors .....	6
3.3. All Employees .....	7
3.4. Vendors, Contractors, Temporary Workers and Other Non-Employees.....	7
3.5. Identification and evaluation of COVID-19 hazards.....	7
3.6. Reporting, recordkeeping, and access. ....	8
<b>4. Infection Prevention.....</b>	<b>9</b>
4.1. Hazard Assessment and Safety Practice Development .....	9
4.2. HVAC Considerations.....	10
4.3. Training and Communications.....	11
4.4. Correction of COVID-19 Hazards .....	12
4.5. Medical Considerations.....	12
<b>5. Case Response .....</b>	<b>15</b>

# Appendices

<b>Appendix A</b>	<b>Contacts and Resources</b>
<b>Appendix B</b>	<b>Building Closure Checklist</b>
<b>Appendix B1</b>	<b>EBMUD, Ensuring Water Quality for Business Reopening</b>
<b>Appendix C</b>	<b>Critical Supply List</b>
<b>Appendix D</b>	<b>Inventory of Safety Practices</b>
<b>Appendix E</b>	<b>Inspection Form</b>
<b>Appendix F</b>	<b>Case Response Form</b>
<b>Appendix G</b>	<b>Cleaning/Disinfection Form</b>
<b>Appendix H</b>	<b>Training Resources</b>

## Glossary

**At-Risk Group:** people at higher risk for developing more severe symptoms related to COVID-19 illness, according to the CDC<sup>1</sup>, 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:** CDC defines "close contact" as being within six (6) feet (approximately 2 meters) of an infected person for a prolonged period ( $\geq 15$  minutes, cumulative over a 24-hr period) while not wearing recommended PPE<sup>2</sup>. Close contact also includes instances where there is direct contact with infectious secretions while not wearing recommended PPE. Close contact generally does not include brief interactions, such as walking past a person; however, additional factors such as exposure proximity, duration and symptoms (coughing, sneezing) must be considered.

**Community Facilities:** (e.g. businesses, schools, daycare centers) comprise most non-healthcare settings that are visited by the general public outside of a household.

**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.

**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 maker, water dispenser, microwave/refrigerator handles, and common area cabinet handles.

**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.

**Illness:** COVID-19 is the name given to identify the illness associated with infections caused by the current novel human Coronavirus, SARS-CoV-2.

**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.<sup>3</sup>

**Period of Concern:** See Cal/OSHA definition of "*High Risk Period*" below.

**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.

**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 for 10 days<sup>4</sup> (incubation period)

---

<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

<sup>3</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html>

<sup>4</sup> Persons who reside or work in a high-risk congregate living setting (e.g. skilled nursing facilities, prisons, jails, shelters) or persons residing or working with severely immunosuppressed persons (eg. Bone marrow or solid organ transplants, chemotherapy) should quarantine for 14 days in the absence of staffing shortages.

and monitor themselves for any signs of infection such as coughing, fever, chills, body aches, and vomiting, and must take their temperature every morning and evening and report symptoms as directed

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

### **Cal/OSHA 8 CCR §3205 Definitions:**

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

**“COVID-19 case”** means a person who:

- (1) Has a positive “COVID-19 test” as defined in this section;
- (2) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (3) 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.

A person is no longer a “COVID-19 case” in this section when a *licensed health care professional determines that the person does not have COVID-19*, in accordance with recommendations made by the California Department of Public Health (CDPH) or the local health department pursuant to authority granted under the Health and Safety Code or Title 17, California Code of Regulations to CDPH or the local health department.

**“COVID-19 exposure”** 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”* defined by this section. This definition applies regardless of the use of face coverings.

**“COVID-19 hazard”** means exposure to 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, among other things. This also includes *objects or surfaces* that may be contaminated with SARS-CoV-2.

**“COVID-19 symptoms”** means 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”** means 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.

**“Exposed workplace”** means any work location, working area, or common area at work used or accessed by a COVID-19 case *during the high-risk period*, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The exposed workplace does not include buildings or facilities not entered by a COVID-19 case.

Effective January 1, 2021, the “exposed workplace” also includes but is not limited to the “worksite” of the COVID-19 case as defined by Labor Code section 6409.6(d)(5).

“**Face covering**” means a tightly woven fabric or non-woven material with no visible holes or openings, which covers the nose and mouth.

“**High-risk exposure period**” means the following time period:

(1) *For persons who develop COVID-19 symptoms:*

- a. from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or

(2) *For persons who test positive who never develop COVID-19 symptoms:*

from two days before until ten days after the specimen for their first positive test for COVID-19 was collected.

## 1. Introduction

The purpose of this plan 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, as of the date of this document, including the World Health Organization (WHO), the U.S. Environmental Protection Agency (EPA), U.S. Centers for Disease Control and Prevention (CDC), U.S. Occupational Safety and Health Administration (OSHA), California Department of Public Health, Alameda County Public Health Department, and other published environmental health research and guidance materials. Though the provisions of this document are intended to help reduce COVID-19 risk, they cannot guarantee that infection will not occur.

The initial sections of this plan provide an overview of how it is applied and implemented, followed by a description of the roles and responsibilities of personnel assigned to implement the plan. Subsequent sections provide details of the plan's critical elements.

This document and all associated appendices are intended to be a 'living' or dynamic document, being edited and updated as new health information and/or site conditions may change. At a minimum, appendices should be reviewed by appropriate operational staff with noted edits forwarded to the Safety Coordinator. It will be the role of the Safety Coordinator to ensure that all documents are updated, as required, on a minimally annual basis, and all documents will be made available online to all staff.

## 2. Application and Implementation Overview

The COVID-19 Safety Coordinator is responsible for implementing the elements of this Site Safety Plan. This plan applies to all CLPCCD buildings, work sites, departments, operations, and employees and is implemented as follows:

1. COVID-19 Safety Teams. 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, 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.

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.

2. Prevention. The COVID-19 Safety Coordinator defines global practices and provides general resources for developing area/operation specific practices, 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. More specific provisions are addressed in the Infection Prevention section of this program.
3. 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 surfaces, execution of response plans (e.g., notifications, environmental cleaning/disinfection), and documentation of response actions. More specific provisions are addressed in the Incident Response section of this program.
4. Building Closure. The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties (e.g., Public Works Facilities Maintenance) 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). A checklist of common environmental health issues associated with building closures is included in Appendix B.
5. Supply Management. The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties (e.g., Public Works) to address the specification, acquisition, distribution and inventory of supplies critical to implementation of COVID-19 safe practices. Critical supplies and associated management protocols are provided in Appendix C.



### 3. Roles and Responsibilities

The key roles involved in the implementation of this plan and their associated responsibilities are summarized below. More specific descriptions of requirements are provided in the other sections of this program.

#### 3.1. COVID-19 Safety Coordinator

The COVID-19 Safety Coordinator maintains this plan and facilitates its implementation. Key responsibilities of the COVID-19 Safety Coordinator include:

- a. Ensuring this plan and associated practices are updated to reflect current public health guidance.
- b. Facilitating the core and extended safety teams.
- c. Developing global and common environment safe practices, as well as guidance for creating area/operation specific safe practices.
- d. Providing support to supervisors in developing area/operation specific practices
- e. Managing global facility color-coded mapping activities.
- f. Reviewing, approving, and inventorying all safe practices and facility maps.
- g. Providing training on global and common environment safe practices, as well as training for supervisors on their responsibilities under this plan, including the creation of specific area/operation safe practices.
- h. Coordinating global communications to visitors/vendors.
- i. Reviewing and archiving inspection records.
- j. Reviewing and managing the completion of response actions related to known or suspected cases of COVID-19.
- k. Coordinating with responsible parties (e.g., building maintenance) to ensure proper consideration is given to minimizing potential environmental health concerns related to building closures.
- l. Coordinating with responsible parties (e.g., purchasing) to address the specification, acquisition, distribution and inventory of supplies critical to implementation of safe practices.

#### 3.2. Supervisors

Supervisors are responsible for ensuring the provisions of this plan are implemented in the areas/operations and among the employees under their responsibility.

Key responsibilities of supervisors include:

- a. Developing safe practices for their specific work areas and operations, inclusive of area/operation color-coded mapping.
- b. Completing supervisor training related to this plan.
- c. Providing area/operation specific training on safe practices and ensuring employees under their responsibility complete training related to this plan.
- d. Inspecting work areas/operations under their responsibility on a regular basis to ensure compliance with safety practices, and for correcting deficiencies identified.
- e. Initiating immediate response actions regarding known or suspected cases of COVID-19 and working with the COVID-19 Safety Coordinator to complete response actions.

### **3.3. All Employees**

All employees are responsible for complying with the provisions of this plan. Key responsibilities of employees include:

- a. Following safe work practices posted throughout work operations and as communicated to them by their supervisor or through training.
- b. Completing staff training related to this plan.
- c. Reporting hazardous conditions to their supervisor or Human Resources related to potential transmission of the COVID-19 virus.
- d. Staying home and immediately informing their supervisor, if they exhibit symptoms of COVID-19, have tested positive for COVID-19 or have been exposed to known or suspected cases. Coordinate with Human Resources to discuss options for accommodations.

### **3.4. Vendors, Contractors, Temporary Workers and Other Non-Employees**

- a. Persons arranging the work of vendors, contractors, temporary workers, and other outside parties are responsible for communicating the CLPCCD's expectations regarding COVID-19 safety. The vendor/contractor or temporary worker must attest to understanding and comply with the CLPCCD's requirements.
- b. Contact companies that provide vendors, contract and temporary employees to emphasize the importance of instructing sick employees to stay home.
- c. To the extent feasible, schedule outside vendors and contractors to perform site work during off-hours when a minimal number of employees are present.
- d. Notify vendors, outside contractors, and visitors of the CLPCCD's COVID-19 Site Safety Plan and explicitly state that they are expected to abide by these protocols when performing site work.
- e. Provide vendors and visitors with the Global Safe Work Practices (Appendix D1) or site-specific Safe Work Practices for areas where they will be visiting.

### **3.5. Identification and evaluation of COVID-19 hazards.**

The identification and evaluation of COVID-19 hazards will be the primary responsibility of the COVID-19 Safety Team and may include additional staff, vendors and third-party consultants (e.g. Certified Industrial Hygienists, Medical Professionals, Environmental Health and Safety Consultants)

#### **3.5.1. Hazard identification and evaluation includes:**

- Identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees, vendors or visitors to COVID-19 hazards. All persons, regardless of symptoms or negative COVID-19 test results, are treated as potentially infectious.
- Identification of places and times when people may congregate or come in contact with one another. Such as, meetings or trainings and including in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.
- Evaluation of how employees and other persons enter, leave, and travel through the site, in addition to addressing fixed work locations.

- Evaluation of how to maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation systems.

- 3.5.2.** All employees, vendors and visitors are required to conduct and report daily COVID-19 symptom screening prior to arriving on site. Symptom screening conducted upon entry to site will be done distanced with face coverings.
- 3.5.3.** A Case Response protocol is in place to respond effectively and immediately to individuals with site access and/or contact with employees, vendors or visitors who are a COVID-19 case to prevent or reduce the risk of transmission of COVID-19 on site.
- 3.5.4.** The COVID-19 Safety Teams will conduct regular review of applicable health orders and guidance from the State of California and the local health department related to COVID-19 hazards and prevention.
- 3.5.5.** The COVID-19 Safety Teams will conduct periodic evaluations of existing COVID-19 prevention controls, the need for different or additional controls and inspections to identify unhealthy conditions, practices, and procedures related to COVID-19 prevention to ensure compliance with employers' COVID-19 policies and procedures.

### **3.6. Reporting, recordkeeping, and access.**

- 3.6.1.** Employees are to report, without fear of reprisal, COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace.
- 3.6.2.** Information about COVID-19 cases on site will be reported to the local health department whenever required by law and shall provide any related information requested by the local health department.
- 3.6.3.** Any COVID-19-related serious illnesses or death of an employee occurring on site or in connection with any site activity will be reported immediately to the California Department of Occupational Safety and Health (DOSH).
- 3.6.4.** Records of the steps taken to implement the written COVID-19 Prevention Program, such as inspection forms, case response forms, cleaning and disinfection logs and contact tracing forms, will be maintained and archived with the COVID-19 Safety Coordinator.
- 3.6.5.** The written CLPCCD COVID-19 Safety Plan shall be made available at the workplace to all employees, authorized employee representatives, and to representatives of the DOSH immediately upon request.
- 3.6.6.** Records and tracking 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 maintained by the COVID-19 Safety Coordinator. Medical information will be kept confidential. The information shall be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
- 3.6.7.** 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.

## 4. Infection Prevention

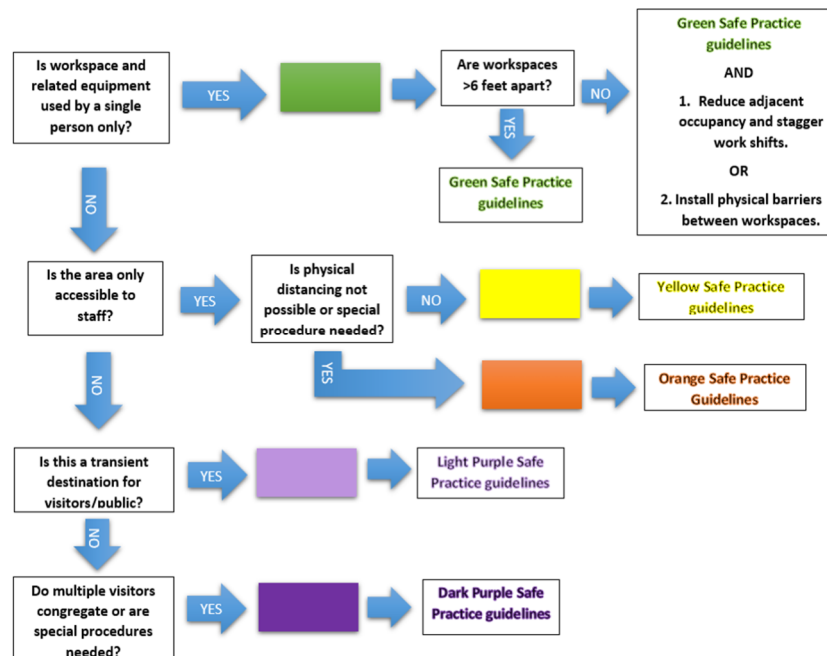
Efforts to reduce the risk of infection from the COVID-19 virus are being enacted through a process of assessing infection risk, establishing and communicating safe work practices, providing training, and confirming that the safe work practices are being implemented properly. These and other elements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

### 4.1. Hazard Assessment and Safety Practice Development

- a. Global Practices. The COVID-19 Safety Coordinator coordinates the development safe practices that apply to all work areas and operations.
- b. Common Environments. The COVID-19 Safety Coordinator coordinates the development of general safe practices for common work areas and operations.
- c. Specific Work Areas/Operations. Supervisors are responsible for the development of safe practices for their specific work areas and operations. The COVID-19 Safety Coordinator provides guidelines and support for creating these specific practices.
- d. Facility Mapping. A color-coded system of mapping facility areas based on general COVID-19 safety practices is utilized to help facilitate implementation. Coded floorplans may be posted along with relevant similarly coded safe practice documents in the subject areas. Area/operation mapping activities are managed by area/operation supervisors and global facilities mapping activities are managed by the COVID-19 Safety Coordinator. The following color codes are used to characterize areas and safe practice documents:

Green = staff personal spaces	Blue = global practices
Yellow = staff common areas	Light Purple = public common areas
Orange = staff specialized areas	Dark Purple = public specialized areas

Color-coded floorplans and accompanying safe work practices have been developed for CLPCCD buildings using the following *Safe Work Practice Area Decision Diagram*.



- e. Approval. All color-coded floorplans and safety practice documents must be reviewed, approved, inventoried, and archived by the COVID-19 Safety Coordinator. An inventory of all developed safe work practices is provided in Appendix D.

## 4.2. HVAC Considerations

Cal/OSHA requires that employers evaluate how to maximize the quantity of outdoor air entering a building and whether it is possible to increase filtration efficiency, unless air quality is poor (AQI above 100) or doing so would create a hazard. In addition, numerous entities have provided general recommendations for optimizing heating, ventilation and air conditioning (HVAC) system design and function to minimize risks related to COVID-19.

The following are general recommendations to consider. Each HVAC system and building must be evaluated by an appropriately qualified professional to determine the feasibility and applicability of these general recommendations.

- Ensure HVAC system equipment, filters and air vents are functioning properly and as designed.
- Increase the percentage of outdoor air entering the building to the extent feasible, potentially as high as 100% (first verify compatibility with HVAC system capabilities for both temperature and humidity control as well as compatibility with outdoor/indoor air quality considerations).
- Increase total airflow supply to occupied spaces, if possible.
- Disable demand-control ventilation (DCV) controls that reduce air supply based on temperature or occupancy.
- Consider using natural ventilation (i.e., opening windows if possible and safe to do so) to increase outdoor air dilution of indoor air when environmental conditions and building requirements allow.
- Improve central air filtration:
  - Increase air filtration to the extent feasible (MERV 13 or 14) without significantly diminishing design airflow.
  - Inspect filter housing and racks to ensure appropriate filter fit and check for ways to minimize filter bypass.
- Consider running the building ventilation system during unoccupied times to maximize dilution ventilation.
- Generate clean-to-less-clean air movement by optimizing the positioning of supply and exhaust air diffusers and/or dampers and adjusting zone supply and exhaust flow rates to establish measurable pressure differentials. Have staff work in areas served by “clean” ventilation zones that do not include higher-risk areas such as visitor reception or exercise facilities (if open).
- Increase circulation of outdoor air as much as possible by opening windows and exterior doors, and other methods. Do not open windows and doors if doing so poses a safety or health risk for current or subsequent occupants, including children (e.g., allowing outdoor environmental contaminants including carbon monoxide, molds, or pollens into the building). Consider using portable high-efficiency particulate air (HEPA) fan/filtration systems to help (especially in higher risk areas).
- Ensure exhaust fans in restroom and kitchen facilities are functional and operating at full capacity when the building is occupied.

When increasing outdoor air ventilation, the quality of outdoor air must be considered, particularly when events such as wildfires are in progress. During periods when outdoor air quality is poor, several of the recommendations above may not be appropriate, including opening windows and exterior doors and increasing outdoor air supply. During these periods, interventions such as modifying work schedules, telecommuting or use of respiratory protection should be considered in consultation with a qualified health and safety professional. Additional information can be found at the links below:

### 4.3. Training and Communications

All supervisor and employee training will be documented in accordance with Cal/OSHA Injury and Illness Prevention Program requirements.

#### 4.3.1. Training

**4.3.1.1. General Training.** The COVID-19 Safety Coordinator is responsible for providing resources to support training for all employees on global and common environment safe practices and for supervisors on their responsibilities under this plan. An inventory of available training resources is maintained by the COVID-19 Safety Coordinator.

**4.3.1.2. Area/Operation Specific Training.** Supervisors are responsible for ensuring their employee/faculty complete the area and operation specific training (i.e. dorm employees, coaches, etc.).

**4.3.1.3. All Employee training will include:**

- CLPCCD's COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- 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 workers' compensation law, the federal Families First Coronavirus Response Act, Labor Code sections 248.1 and 248.5, Labor Code sections 3212.86 through 3212.88, local governmental requirements, the employer's own leave policies, and leave guaranteed by contract.
- 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.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- 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.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment.
- COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.

#### 4.3.2. Communication

**4.3.2.1. Vendor Communications.** Staff arranging the work of outside vendors are responsible for communicating expectations of vendors regarding COVID-19 safety and documenting that this communication occurred.

**4.3.2.2. Other Stakeholder Communications.** The COVID-19 Safety Coordinator is responsible for arranging and documenting COVID-19 safety communications

with customers, visitors, and other stakeholders (e.g., visitor safety guidelines document). This may be done through postings, email notifications, social media, or other means as deemed appropriate.

#### **4.4. Correction of COVID-19 Hazards**

**Inspections.** Supervisors are responsible for regularly evaluating their work areas and operations for compliance with safe work practices and to correct deficiencies identified. This occurs on a continuous basis as part of ongoing operations and is formally documented the inspection form provided in Appendix E. Completed inspection forms are provided to the COVID-19 Safety Coordinator.

**Review.** The COVID-19 Safety Coordinator is responsible for reviewing and archiving inspection records and to confirm that noted deficiencies have been corrected. Inspection records are maintained per the Injury and Illness Prevention Program. Appendix G contains an environmental cleaning and disinfection log that can be used to track efforts.

#### **4.5. Medical Considerations**

The global safety practice documents include provisions that address screening employees for symptoms and identifying employees at risk for greater illness susceptibility and severity. Specific protocols regarding how these and other medical issues related to COVID-19 in the workplace will be addressed, along with related legal and human resources issues. A screening process will be implemented to ensure employees with symptoms are not missed, prior to entering a building or area. Symptoms may appear 2-14 days after exposure to the virus. A licensed physician should be consulted if more specific medical monitoring, screening, or management protocols are needed. See the glossary for symptom list.

##### **4.5.1. COVID-19 Testing**

- 4.5.1.1.** Employees may consult Human Resources for available COVID-19 testing sites.
- 4.5.1.2.** Testing is provided at no cost to employees during regular working hours.
- 4.5.1.3.** COVID-19 viral testing results must be communicated to Human Resources. Positive tests will trigger the Case Response protocol (see Appendix F).

##### **4.5.2. Identification and Tracing of Contacts.**

- 4.5.2.1.** As part of the routine COVID-19 surveillance and outbreak testing plan, trained staff will be provided to conduct contact tracing.
- 4.5.2.2.** In addition to the Case Response Protocol and screening procedures, the following items may also be utilized to facilitate Contact Tracing:
  - Daily maintenance and updates of all Staff work schedules (to include locations and prolonged contact interactions)
  - Vendor monitoring and tracking of all employee work locations and prolonged contact interactions
  - Online reservation systems and non-contact logs for visitors

##### **4.5.3. General Health & Wellness**

- 4.5.3.1.** Employees are encouraged to contact their medical providers for routine health maintenance and optimize their physical health and medications.

##### **4.5.4. Identification of High-Risk Individuals**

- 4.5.4.1. The current guidance regarding individuals at higher-risk for severe illness from COVID-19 are posted at the CDC website. If an employee, visitor or vendors feels that they may be at higher risk, they should contact their medical provider for recommendations.
- 4.5.4.2. High-Risk employees and or employees requesting accommodation should contact the Human Resources Department.

#### 4.5.5. Exclusion of COVID-19 cases.

- 4.5.5.1. In an effort to limit transmission of COVID-19 on site, all employees, visitors and vendors are required to conduct a daily symptom check prior to arriving on site.
- 4.5.5.2. If an individual fails to pass the symptom screening they will not be permitted to return to the site unless the following criteria are met:
  - o At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
  - o COVID-19 symptoms have improved; and
  - o At least 10 days have passed since COVID-19 symptoms first appeared.
- 4.5.5.3. COVID-19 cases who tested positive but never developed COVID-19 symptoms shall not 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.
- 4.5.5.4. 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.
- 4.5.5.5. If an order to isolate or quarantine is issued by a local or state health official, the person may not return to the site until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be 10 days from the time the order to isolate was effective, or 10 days from the time the order to quarantine was effective.
- 4.5.5.6. Employees, vendors or visitors with COVID-19 exposure may return to the site 14 days after the last known COVID-19 exposure to a COVID-19 case.
- 4.5.5.7. For employees excluded from work due to known or suspected exposure or case and otherwise able and available to work, the CLPCCD shall continue and maintain the employee's earnings, seniority, and all other employee rights and benefits, including the employee's right to their former job status, as if the employee had not been removed from their job. Employee sick leave benefits may be used for this purpose.

#### 4.5.6. Multiple COVID-19 Infections and COVID-19 Outbreaks.

In the event that a CLPCCD site is identified by a local health department as the location of a COVID-19 outbreak or when there are three or more COVID-19 cases in an exposed workplace within a 14-day period, the following protocols will be initiated:

- 4.5.6.1. COVID-19 testing:
  - o Immediately upon identifying a CLPCCD building or facility as an outbreak site, the CLPCCD will begin testing of all employees, visitors and vendors present during the period of an outbreak identified by a local health department or the relevant 14-day period(s).
  - o All individuals tested will be tested again one week later.



- Testing shall be provided at no cost to employees during regular working hours.
  - Negative COVID-19 test results of individuals with COVID-19 exposure shall not impact the duration of any quarantine<sup>5</sup> period required by, or orders issued by, the local health department.
  - After the first two COVID-19 tests, the CLPCCD shall provide continuous COVID-19 testing of employees, visitors and vendors who remain at an impacted location at least once per week, or more frequently if recommended by the local health department, until the location is no longer identified as an outbreak site.
- 4.5.6.2.** Exclusion of COVID-19 cases. COVID-19 cases and employees, visitors or vendors who had COVID-19 exposure are excluded from the impacted location.
- 4.5.6.3.** Investigation, review and hazard correction. The Case Response Team will investigate and determine possible workplace related factors that contributed to the COVID-19 outbreak and perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.
- 4.5.6.4.** The investigation and review shall be documented and include investigation of new or unabated COVID-19 hazards including:
- existing employee leave policies and practices and whether employees are discouraged from remaining home when sick;
  - COVID-19 testing policies;
  - insufficient outdoor air and/or insufficient air filtration; and
  - lack of physical distancing.
- 4.5.6.5.** The review shall be updated every thirty days that the outbreak continues, in response to new information or to new or previously unrecognized COVID-19 hazards, or when otherwise necessary.
- 4.5.6.6.** Changes implemented based on the investigation and review may include consideration of moving indoor tasks outdoors or having them performed remotely, increasing outdoor air supply when work is done indoors, improving air filtration, increasing physical distancing as much as possible, respiratory protection, and other applicable controls.
- 4.5.6.7.** Notifications to the local health department:
- The CLPCCD will contact the local health department immediately but no longer than 48 hours if three or more *workplace-related* COVID-19 cases are reported for guidance on preventing the further spread of COVID-19 within the workplace.
  - The CLPCCD will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business

---

<sup>5</sup> During critical staffing shortages when there are not enough staff to provide safe patient care, essential critical infrastructure workers in the following categories are not prohibited from returning after Day 7 from the date of last exposure if they have received a negative PCR test result from a specimen collected after Day 5:

- Exposed asymptomatic health care workers; and
- Exposed asymptomatic emergency response and social service workers who work face to face with clients in the child welfare system or in assisted living facilities.

address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department.

- The CLPCCD will continue to give notice to the local health department of any subsequent COVID-19 cases at the workplace.

#### **4.5.7. Major COVID-19 Outbreaks.**

In the event that a CLPCCD site is identified by a local health department as the location of a COVID-19 outbreak or when there are twenty or more COVID-19 cases in an exposed workplace within a 30-day period, the following protocols will be initiated until there are no new COVID-19 cases detected in a workplace for a 14-day period:

##### **4.5.7.1. COVID-19 testing.**

- The CLPCCD will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees, vendors and visitors that were present at the exposed workplace during the relevant 30-day period(s) and who remain on site.
- Testing will be provided at no cost to employees during normal working hours.

##### **4.5.7.2. Exclusion of COVID-19 cases.** COVID-19 cases and employees, visitors or vendors who had COVID-19 exposure are excluded from impacted location.

##### **4.5.7.3. Investigation, review and hazard correction.** The Case Response Team will investigate and determine possible workplace related factors that contributed to the COVID-19 outbreak and make the following corrections (where applicable):

- In buildings or structures with mechanical ventilation, recirculated air should be filtered with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used.
- Evaluate whether additional portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
- Evaluate the need for a respiratory protection program or changes to an existing respiratory protection program under title 8 section 5144 to address COVID-19 hazards.
- Evaluate whether to halt some or all operations until COVID-19 hazards have been corrected.

## **5. Case Response**

A case response protocol is enacted to help mitigate potential risk of COVID-19 transmission upon discovery of a COVID-19 case potentially impacting facilities, employees, or other stakeholders (a.k.a.,

COVID-19 case incident). The case response protocol is detailed in the “Case Response Form” (see Appendix F), which guides specific actions to take and information to document related to different types of COVID-19 case incidents. The protocol is summarized below:

1. Upon learning of COVID-19 case incident, area/operation supervisors are responsible for initiating the Case Response Form.
2. Supervisors gather incident information and take immediate response actions per the form. These actions involve addressing the subject case, potentially exposed persons, and the impacted environment.
3. The COVID-19 Safety Coordinator, after being notified by the area/operation supervisor, takes ownership of the form and conducts a more detailed incident assessment and response per the form. This includes additional follow-up on potentially exposed persons, cleaning/disinfection of the impacted environment, communication with concerned stakeholders, and implementation of the area/operation specific COVID-19 safe practices. The COVID-19 Safety Coordinator conducts these actions working in conjunction with Human Resources, the area/operation Supervisor, outside environmental health consultants and cleaning/disinfection contractors as needed.
4. The COVID-19 Safety Coordinator manages the case response protocol until the subject environment has been properly addressed and all identified potentially exposed persons have been cleared to return to the area/operation.
5. The COVID-19 Safety Coordinator compiles the completed and signed case response form, along with all associated documentation, and retains these materials for recordkeeping purposes.

# **Appendix A**

## **Contacts and Resources**



**Chabot Las Positas Community College District  
COVID-19 Safety Plan:  
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 @ 9:00 am (Zoom). SLT Meeting Weekly on Mon @ 10:30 am

**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	sithompson@chabotcollege.edu
Kristina Whalen	LPC Vice President of Academic Services	925-424-1103	kwhalen@laspositascollege.edu
Jamal Cooks	CC Language Arts – Dean		
Mujeeb Dadgar	Public Relations, Marketing and Government Relations	925-485-5211	mdadgar@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-Weekly on Thur @ 9:00 am (Zoom).

**Internal Team Resources**

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

**Local Public Health Department Contacts**

<b>Alameda County</b>	<a href="https://covid-19.acgov.org/index.page">https://covid-19.acgov.org/index.page</a>
-----------------------	---

## Key Guidance & References

<b>CDC (Centers for Disease Control)</b>	Main: <a href="https://www.cdc.gov/coronavirus/2019-ncov/index.html">https://www.cdc.gov/coronavirus/2019-ncov/index.html</a> Industry Guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html">https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html</a>
<b>California</b>	Main: <a href="https://covid19.ca.gov/">https://covid19.ca.gov/</a> Industry Guidance: <a href="https://covid19.ca.gov/industry-guidance/">https://covid19.ca.gov/industry-guidance/</a> Cal/OSHA: <a href="https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html">https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html</a>
<b>Back to Work Safely</b>	<a href="https://www.backtoworksafely.org/">https://www.backtoworksafely.org/</a>



**COVID-19 Safety Plan:  
Building Closure Checklist**

<b>Building:</b>			
<b>Completed by:</b>		<b>Date:</b>	

<b>Before Closure</b>		<b>Done</b>
1.	Remove garbage, food, and other perishable materials prior to closure.	<input type="checkbox"/>
2.	Develop a plan for maintaining water systems during closure.	<input type="checkbox"/>
3.	Develop a plan for managing HVAC systems during closure.	<input type="checkbox"/>
<b>During Closure</b>		<b>Done</b>
1.	Routinely inspect for water intrusion events, which can result in water damage or mold growth if left unaddressed (e.g., roof leaks, plumbing leaks, surface flooding).	<input type="checkbox"/>
2.	Continue pest control measures on a modified schedule. Reduced maintenance activities can allow for infestation of pests or accumulation of pest allergens, dander, and droppings.	<input type="checkbox"/>
3.	Consider ways to prevent water stagnation, including flushing fixtures routinely, to avoid issues with water quality including microbial growth of organisms, leaching of metals, and buildup of sediment. Address potable water system components as well as specialized water systems (e.g., fountains, cooling towers, misters, etc.).	<input type="checkbox"/>
4.	Ensure drain traps remain filled.	<input type="checkbox"/>
5.	Periodically run HVAC system to ventilate the building and reduce buildup of indoor air and surface contaminants such as dust, particulates,	<input type="checkbox"/>
<b>Before Reopening</b>		<b>Done</b>
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 (e.g., postings, traffic routing, barriers, etc.). Consider the need for cleaning/disinfection, 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.	<input type="checkbox"/>
7.	Ensure HVAC systems are in good condition. Inspect air handling units (filters, coils, pans, outdoor air intakes, etc.).	<input type="checkbox"/>
8.	Ensure adequate 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"/>

# **Appendix B**

## **Building Closure Checklist**



## **Appendix B1**

# **EBMUD, Ensuring Water Quality for Business Reopening**

# Ensuring Water Quality for Business Reopenings



## Recommendations for restaurants, businesses and other facilities restarting water use after shutdowns

EBMUD ensures high-water quality for all customers with constant testing and proper treatment. The water we deliver is disinfected, but it's not sterile. As the coronavirus shelter-in-place restrictions phase out or change, and businesses reopen, managers of large buildings and campuses should take precautions to ensure water is safe and tastes good.

### **Water is perishable just like any food or drink**

During the health crisis shutdown, many businesses closed or limited operations. That resulted in water becoming stagnant in pipes and plumbing systems. When water sits in pipes, water heaters, and

storage tanks, the chlorine gradually dissipates. Without that chlorine residual in the building's water systems, microorganisms can grow, causing water quality problems. Some pathogenic

---

*Water quality can be improved with proper cleaning and flushing of the entire plumbing system when a building or facility is returned to service after any prolonged closure.*

---

microorganisms, notably Legionella, can proliferate inside of a building's water system and cause serious disease.

In addition, the protective film on the inside of the pipes can erode, leading to dissolution of metal pipes.

Fortunately, water quality can be improved with proper cleaning and flushing of the entire plumbing system when a building or facility is returned to service after any prolonged closure.

### **Flush your water system before you open**

This is especially important for schools, gyms, hotels, factories, and other facilities that have complicated onsite water systems. Standard maintenance includes checking temperature settings for hot water heaters, and [continued]



## Key steps of flushing protocols

Note that flushing instructions vary depending on the structure.

1. Remove or bypass devices like point-of-entry treatment units (large devices that treat all water as it enters a building) prior to flushing.
2. Take steps to prevent backflow or the siphoning of contaminants back into plumbing (close valves separating irrigation systems from home plumbing, disconnect hoses attached to faucets, etc.).
3. Organize flushing to maximize the flow of water (open all outlets simultaneously to flush the service line and then flush outlets individually starting near where the water enters the structure).
4. Run enough water through all outlets (hose bibs, faucets, showerheads, toilets, etc.), removing aerators when possible. This should be done for 10 to 30 minutes for each outlet (duration varies based on outlet velocity).
5. Flush the cold water lines first, and then the hot water lines. The hot water tank can be drained directly. It may take 45 minutes to fully flush a typical 40-gallon hot water tank.
6. Replace all point-of-use devices (small filters that treat the water from just one faucet or refrigerator).
7. Additional precautions may be warranted if there is excessive disruption of pipe scale or if there are concerns about biofilm development. If the plumbing system is not ready for use, you may temporarily use bottled water, install a point-of-use device, or hire a plumber/contractor to thoroughly clean the plumbing system.

These recommendations for residences and small buildings are based on American Water Works Association guidelines:

<https://www.awwa.org/Resources-Tools/Resource-Topics/Coronavirus/#lt-10681543-shutoffs-and-return-to-service-guidance>



Please see the guidance available from the Centers for Disease Control:

<https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>



ensuring that tanks, cooling towers, hot tubs, ice machines, soda fountains, dishwashers, and other plumbing components are safe for use.

Flushing clears out low-quality water that accumulated during periods of no or minimal water use, and replaces it with high-quality water from EBMUD's distribution system. In particular, shower heads, faucets, and other fixtures should be thoroughly cleaned.

All large buildings should have a comprehensive water management program that is tailored to the individual on-site water system.



If you have questions about your water quality, please call 510-287-1842 or email [customerservice@ebmud.com](mailto:customerservice@ebmud.com).



EBMUD has a proud history of providing high-quality drinking water for 1.4 million customers in Alameda and Contra Costa counties. The District's award-winning wastewater treatment protects San Francisco Bay and serves 685,000 customers.

### General Manager

Alexander R. Coate

### East Bay Municipal Utility District

Toll Free: 1-866-403-2683

[www.ebmud.com](http://www.ebmud.com)

# **Appendix C**

## **Critical Supply List**



## COVID-19 Safety Plan: Critical Supply List

Item	Specification	Management Notes	Updated
Hand Sanitizer	At least 60% isopropyl alcohol.	CAL OES Supplies received	10/12/20
Gloves	Various sizes of latex, rubber, and poly gloves		10/12/20
Cloth Face Coverings	Non-woven Fabric	Logo masks	10/12/20
Cloth Face Coverings	Woven fabric	CAL OES Supplies received	10/12/20
Procedure Masks	Disposable masks	CAL OES Supplies received	10/12/20
N-95 Respirator Masks	N-95 Particulate Respirator	CAL OES Supplies received	10/12/20
Disinfection Solution	3% Hydrogen Peroxide Solution	Bulk solution with individual spray bottles	10/12/20
Reusable Face Shields	Clear face shield with adjustable head strap	CAL OES Supplies received	10/12/20
Non-Contact Infrared Thermometer		CAL OES Supplies received	10/12/20

# **Appendix D**

## **Inventory of Safe Practices**



**COVID-19 Safety Plan:  
Inventory of Safe Practices**

Safe practices files are located at <https://facsync.egnyte.com/fl/4QLZFHSCtX>.

**Chabot Community College**

Category	Safe Practice Title	Revised
Global	General Practices for All Employees	9/10/20
Global	General Practices for Visitors	9/10/20
Forms	Cleaning/Disinfection Log	10/12/20
Forms	Inspection Form	10/12/20
Public General	Buildings Postings	10/12/20
Public General	Restrooms Posting	9/10/20
Public Special	Public Special Areas—Auto Shop Safe Practices Guides	10/12/20
Public Special	Public Special Areas—Classrooms Safe Practices Guides	10/12/20
Staff General	Offices—Safe Practices Guide	3/09/2021
Staff General	Restrooms Posting	3/09/2021
Staff General	Work Room Posting	3/09/2021
Staff Personal	Personal Work Areas	3/09/2021
Staff Special	Staff Special Area—Safe Practices Guide	3/09/2021

**Specific Work Area/Operation Safe Practices – CLIENT DEVELOPED**

Category	Area/Operation	Safe Practice Title	Revised

# **Appendix E**

## **Inspection Form**







# **Appendix F**

## **Case Response Form**



# Chabot Las Positas CCD COVID-19 Safety Plan: Case Response Form

**Note: These practices are current as of the revision date. Since the COVID-19 pandemic is evolving rapidly, extra diligence should be used in watching for updates to these practices.**

### 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, or other stakeholders. Supervisors 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 by a medical professional. A negative test does not necessarily mean that a person does not have COVID-19. Further information on case identification can be found at: <https://wwwn.cdc.gov/nndss/conditions/coronavirus-disease-2019-covid-19/case-definition/2020/>.
- **Exposure.** An exposure is generally considered to occur when someone is within six feet of a known or suspected case for ≥ 15 minutes, starting 48 hours prior to when the case first had symptoms or took a positive test (whichever is earlier) without the benefit of proper personal protective equipment. 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 be. CDC guidance on evaluating exposure can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html> and <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/appendix.html#contact>.

**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? <input type="checkbox"/>
Phone/Email:		Date of Birth:	
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 symptoms or a positive test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list symptom onset date or date test collected (whichever is earlier):	
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.	<b>Notify.</b> 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.	<b>Address the subject person.</b> Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an employee, tell them that they will be contacted by Human Resources with further information. 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.	<b>Address potentially exposed people.</b> <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 ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an employee, tell them that they will be contacted by Human Resources with further information. Record the names of persons sent home in Attachment B.	<input type="checkbox"/>
4.	<b>Address areas with prolonged exposure (closure).</b> <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"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, 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.	<b>Address areas without prolonged exposure (cleaning).</b> <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"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, ensure frequently contacted surfaces throughout remaining open areas are cleaned/disinfected as soon as possible, along with any additional surfaces the case is believed to have touched outside of closed areas. Inventory the surfaces cleaned using the cleaning/disinfection log in Attachment C.	<input type="checkbox"/>
6.	<b>Additional assessment.</b> 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.

<b>Incident Assessment: Exposed Person</b>		<b>Done</b>
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 has followed up with the subject person if an employee.	<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 14 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"/>

<b>Incident Assessment: Known/Suspected Case (&gt;7 days since in the area)</b>		
1.	Review the "Incident Information" section of this form and confirm accuracy.	<input type="checkbox"/>
2.	Confirm that Human Resources has followed up with the subject person if an employee.	<input type="checkbox"/>
3.	Contact the Alameda County Health Department to report the incident and response plan. 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 followed up with potentially exposed employees.	<input type="checkbox"/>
7.	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"/>
8.	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"/>
9.	Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a> ). In general, known or suspect cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B.	<input type="checkbox"/>
10.	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.	<input type="checkbox"/>
11.	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"/>

<b>Incident Assessment: Known/Suspected Case (≤7 days since in the area)</b>		
1.	Review the "Incident Information" section of this form and confirm accuracy.	<input type="checkbox"/>
2.	Confirm that Human Resources has followed up with the subject person if an employee.	<input type="checkbox"/>
3.	Contact the Alameda County Health Department to report the incident and response plan. 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 followed up 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.	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.	<input type="checkbox"/>
10.	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).	<input type="checkbox"/>
11.	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"/>
12.	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"/>
13.	Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html</a> ). In general, known or suspect cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B.	<input type="checkbox"/>
14.	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.	<input type="checkbox"/>
15.	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"/>

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

\_\_\_\_\_  
 Name Signature Date









# **Appendix G**

## **Cleaning/Disinfection Form**

# **Appendix H**

## **Training Resource**

**The following document is a summarized compilation of general industry guidance to be considered during the deployment of Non-Contact Infrared Thermometers (NCITs) for temperature checks during COVID-19 symptom screening. This document is not intended to be used as diagnostic tool for COVID-19 symptoms. Consult with a licensed medical professional regarding all medical procedures and symptom-specific guidance for COVID-19.**

The information in this document has been compiled from several sources, including the U.S. Food & Drug Administration (FDA), Center for Disease Control (CDC) and various manufacturer user guides. Prior to usage, the person operating the device should review the reference links provided below and strictly follow the manufacturer's guidelines and instructions for the specific equipment being used.

Additionally, the organization responsible for collecting temperatures with the NCIT should keep a log of the make, model number and serial numbers for each NCIT in use as well as any significant service or maintenance information. A supply of appropriate batteries and cleaning wipes should be kept on hand and accessible to the designated users.

The organization and user should also clearly understand the following benefits and limitations of the NCIT:

Benefits	Limitations
Non-contact approach may reduce the risk of spreading disease between people being evaluated	The close distance required to properly take a person's temperature represents a risk of spreading disease between the person using the device and the person being evaluated.
Easy to operate, clean and disinfect	How and where the NCIT is used may affect the measurement (for example, head covers, environment, positioning on forehead).
Rapid reading and display of temperature Provides ability to retake temperature quickly	The accuracy of the reading is dependent on the correct operation and maintenance of the NCIT

**Note:** Consult with a medical professional regarding guidance on body temperature variance by person, age, activity, and time of day. The [CDC](#) considers a person (of any age) to have a fever when he or she has a measured temperature of at least 100.4 °F [38 °C].

**NCIT Cleaning & Disinfection:**

Follow all manufacturer specific guidance for cleaning. Generally, this includes use of an alcohol cloth or cloth moistened with 70%-75% isopropyl alcohol solution without allowing moisture to penetrate the interior of the device.

**Recommended environment of use:**

- Use in a draft-free space and out of direct sun or near radiant heat sources.
- Typically, the environmental temperature should be between 60.8-104 °F (16-40 °C) and relative humidity below 85 percent.
- Place the NCIT in the testing environment or room for 10-30 minutes prior to use to allow the NCIT to adjust to the environment.
- If the individual being tested is wearing a hat, they should remove the hat and wait ~5 minutes in a shaded area (outside of the building) prior to being tested.

### Collecting a Temperature Reading:

As previously noted, the person using the device should strictly follow the manufacturer's guidelines and instructions for use for the specific NCIT being used. The following are typical instructions for NCIT usage:

- Do not touch the sensing area of the NCIT and keep the sensor clean and dry.
- Hold the NCIT sensing area perpendicular to the forehead and instruct the person to remain stationary.
- The distance between the NCIT and forehead is specific to each NCIT. Consult the manufacturer's instructions for correct measurement distances. Generally, this is 1-5 centimeters.
- Collect the measurement.
- If the temperature reading is out of range, and environmental or activity factors are suspected, instruct the individual to wait in a shaded area (outside of the building) for ~5 minutes prior to retesting.

Figure 1-3: FDA Guidance on temperature collection with a NCIT.

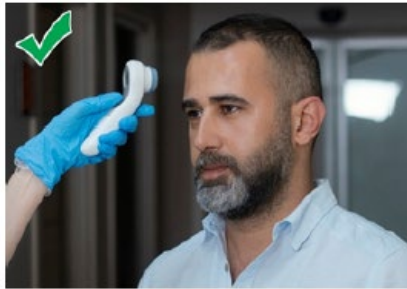


Figure 1: Correct Use – Forehead unobstructed, and NCIT perpendicular to forehead and used at distance identified in manufacturer's instructions.



Figure 2: Incorrect Use – Not perpendicular to forehead



Figure 3: Incorrect Use – Forehead exposed to direct sunlight outdoors

### References:

[ASTM E1965-98\(2016\), Standard Specification for Infrared Thermometers for Intermittent Determination of Patient Temperature](#), ASTM International, West Conshohocken, PA, 2016, [www.astm.org](http://www.astm.org) DOI: 10.1520/E1965-98R16

[ISO 80601-2-56:2017\(E\) Medical electrical equipment - Part 2-56: Particular requirements for basic safety and essential performance of clinical thermometers for body temperature measurement](#). 2017



Forensic Analytical Consulting Services

[www.ForensicAnalytical.com](http://www.ForensicAnalytical.com)

# COVID-19 Safety Plan - Training for Instructional Staff



Chabot-Las Positas CCD

Presented by:

Karina Garcia &

Dave Brinkerhoff, CIH, CIEC

Forensic Analytical Consulting Services, Inc.

11/04/20

**Right** People. **Right** Perspective. **Right** Now.

# Agenda

- Site Safety Plan Implementation
  - Roles & Responsibilities
  - Safe Work Practices: Color Mapping
  - Signage & Forms
    - Cleaning & Disinfection
    - Inspection
  - Contact Tracing
  - Symptom Screening
  - Case Response
  - Classroom Safe Work Practice Overview
- Q&A



# COVID-19 Safety Plan Objectives



Protect People



Protect Resources



Protect Reputation

✓ *Defensible*

✓ *Practical*

✓ *Flexible*

# COVID-19 Safety Plan



**COVID-19  
Safety Team**

**Prevention**

**Response**

# COVID-19 Safety Team

## Appendix A: 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--TBD

### 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	stthompson@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 Thur @ 9:00 am (Zoom).

# COVID-19 Safety Team

## Appendix A: Contacts & Resources

## 2. Application & Implementation Overview

This plan applies to all work areas and operations and is implemented as follows:

1. COVID-19 Safety Teams. The COVID-19 Safety Coordinator is responsible for managing this plan and facilitating the COVID-19 safety teams, which are described below:
  - a. *Core Team*. This team monitors current public health guidance, along with information regarding plan implementation, and determines how COVID-19 safety will be addressed by updating the provisions of this plan as appropriate.
  - b. *Extended Team*. This team consists of representatives from primary organizational units and serves as a bridge between the core team and all employees and stakeholders. The team reviews information and plan updates provided by the core team and provides feedback regarding challenges and opportunities related to the implementation of plan provisions.

# Prevention



Assess Hazards

Potential air & surface transmission of virus



Develop Safe Practices

Reduce risks, general and specific



Provide Training

Employee sessions, stakeholder outreach



Verify Implementation

Inspection, correction, improvement

7

# Safe Practices: Consistent Format



**PHYSICAL DISTANCING**



**PERSONAL HYGIENE**



**PROTECTIVE EQUIPMENT**

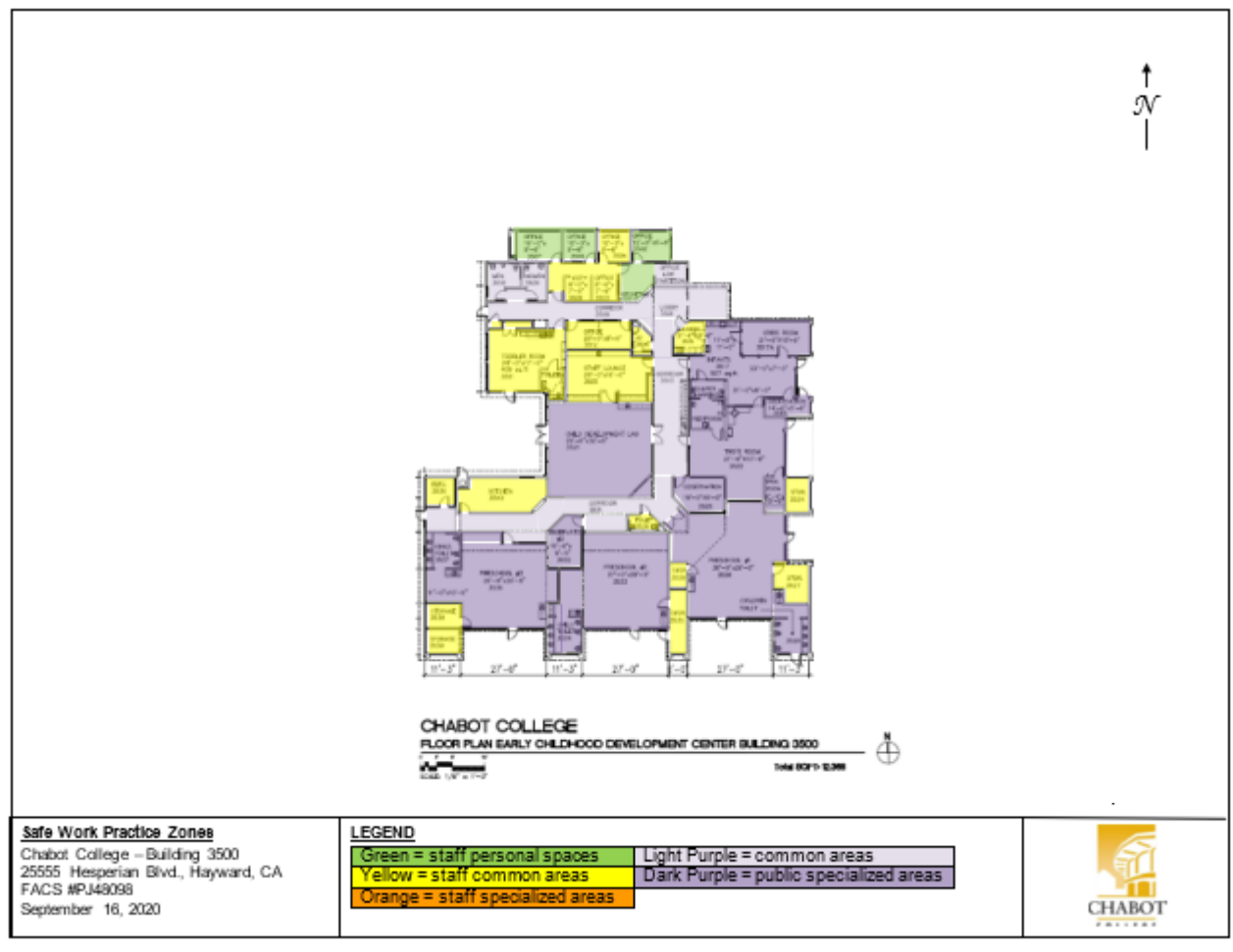


**ENVIRONMENTAL CLEANING**



**MEDICAL SCREENING**

# SWP Zones



# Color Code: Linked SWPs

The collage displays five FACS COVID-19 Safety Plan documents, each with color-coded sections:

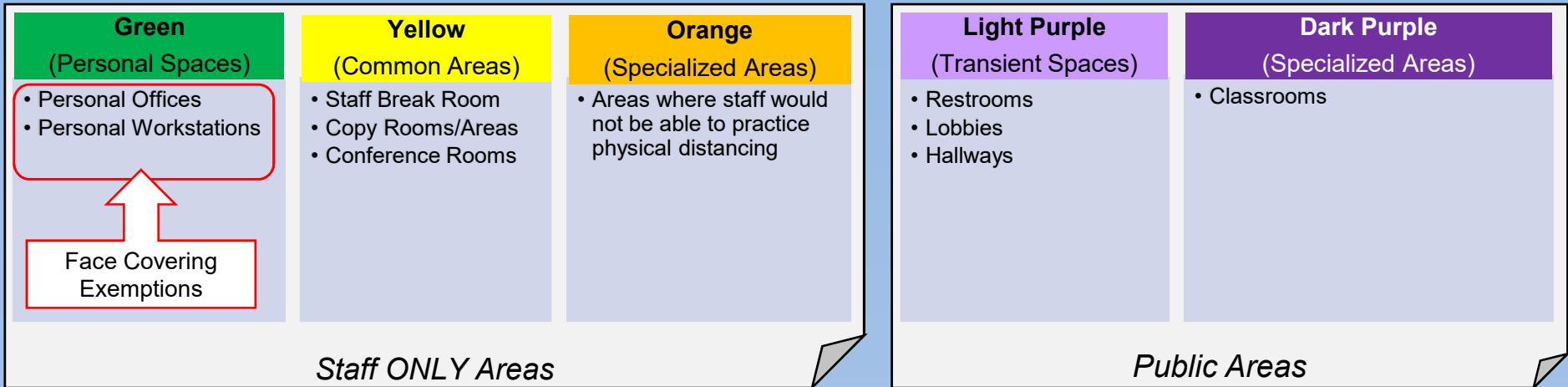
- Restaurants (Bob's Diner):** Sections include Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.
- Public Areas (Lobby):** Section includes Physical Distancing.
- Specialized Areas (Vehicle Maintenance Shop):** Section includes Physical Distancing.
- Common Areas (Restrooms/Locker Rooms):** Sections include Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.
- Personal Areas (Personal Offices and Workstations):** Sections include Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.

Yellow highlights indicate Physical Distancing, Personal Hygiene, and Medical Screening across multiple documents. Green highlights indicate Protective Equipment and Environmental Cleaning across multiple documents. A large blue arrow points from the right side of the collage towards the icons on the right.










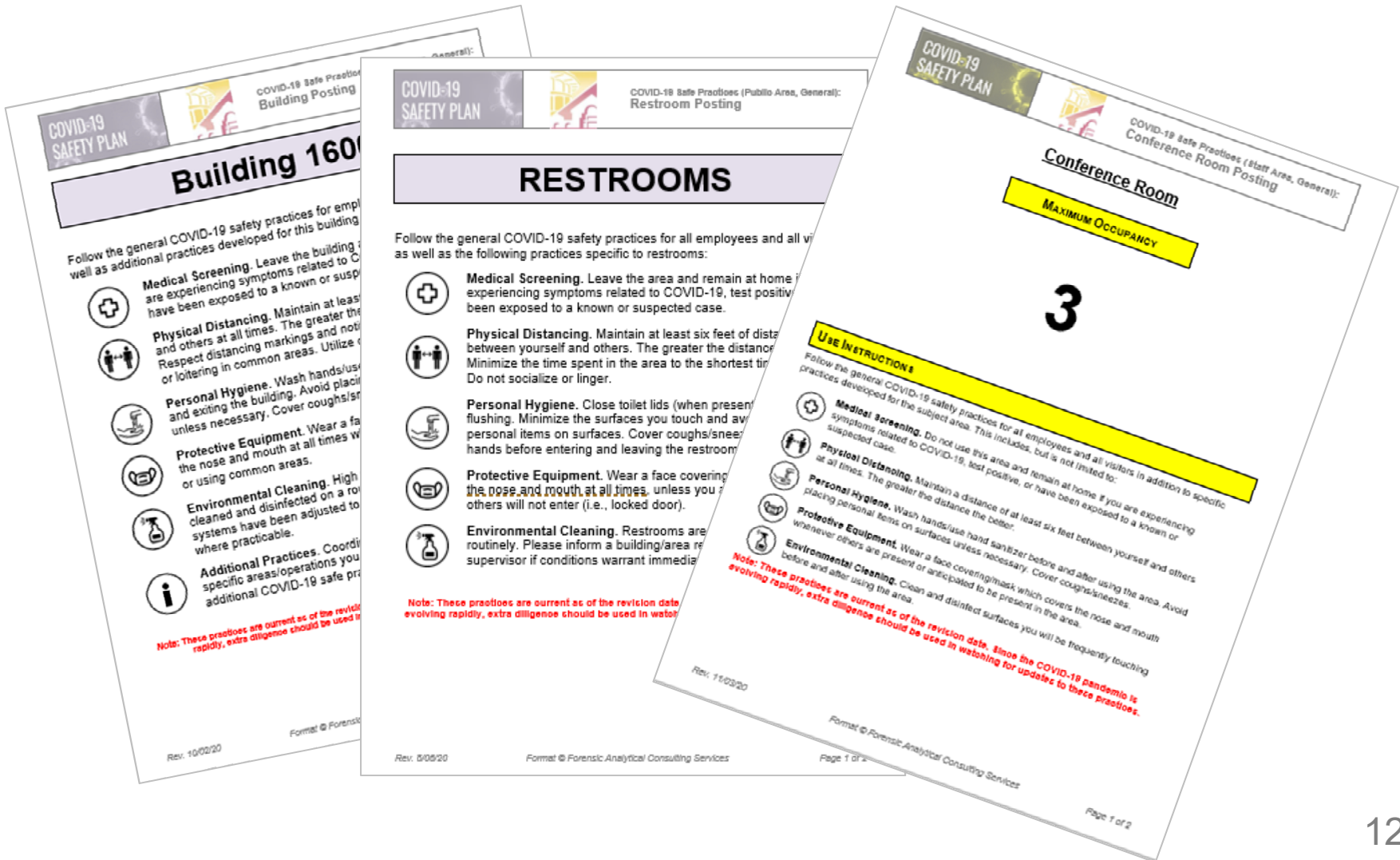
## COVID-19 Safe Work Practices Color Code Mapping



### Global Safe Work Practices for All Areas:

-  Six Feet Distancing
-  Hand Hygiene
-  Enhanced Cleaning & Disinfection
-  Symptom Screening
-  Face Coverings (with exemptions)

# Postings





# Inspection Form

- Completed by supervisors– Weekly, Monthly, Quarterly?
- Can be updated to more “area-specific”

**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.	Are each of the listed safety practices being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have employees completed required COVID-19 safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have modifications been made to eliminates person-to-person contact and support physical distancing (e.g., virtual technology, traffic flow indicators, seating removal)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are people maintaining at least six feet of physical distance, or using a physical barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are people practicing proper personal hygiene (e.g., frequent hand washing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are people using a cloth face covering or equivalent outside of personal workspaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are high-touch surfaces being routinely disinfected? Note frequency below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is signage in place instructing visitors on safe practices to follow, including not entering the space if experiencing symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is an adequate supply of disinfectant and hand sanitizer available to support cleaning of work surfaces and proper personal hygiene?	<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"/>

# Cleaning/Disinfection Log Form

- Completed DAILY
  - cleaning/disinfection tracked separately by custodial vendor
- Reviewed REGULARLY
- Disinfect High-Touch surfaces frequently
- Disinfect communal items before/after use

# Disinfection vs. Cleaning

- Disinfecting Wipes:
  - Remove excess dirt with wipes
  - Allow to air dry



- Disinfecting Spray:
  - Follow manufacturer directions
  - Spray until surface is covered/saturated
  - Allow to remain on surface for designated contact time
    - May be up to 10 minutes
  - Wipe off or let air dry

# Response Element



Incident Assessment

People exposed, surfaces impacted



Notification & Communication

Customers/visitors, employees... quarantine protocol



Cleaning & Disinfection

Scope, products, methods... enhanced practices



Verification & Documentation

Monitoring, confirmation, incident closure

# Response





## Suspected Case or Exposure (Staff)

- Positive symptoms:
  - Stay home, notify supervisor that you will not be coming in
  - Call your health care provider for next steps
    - testing, quarantine, isolation, etc.
  - Notify the designated COVID-19 Safety Coordinator (Owen Letcher) with the Health Care Provider next steps
  - If “unclear” HR will work with FACS to resolve next steps

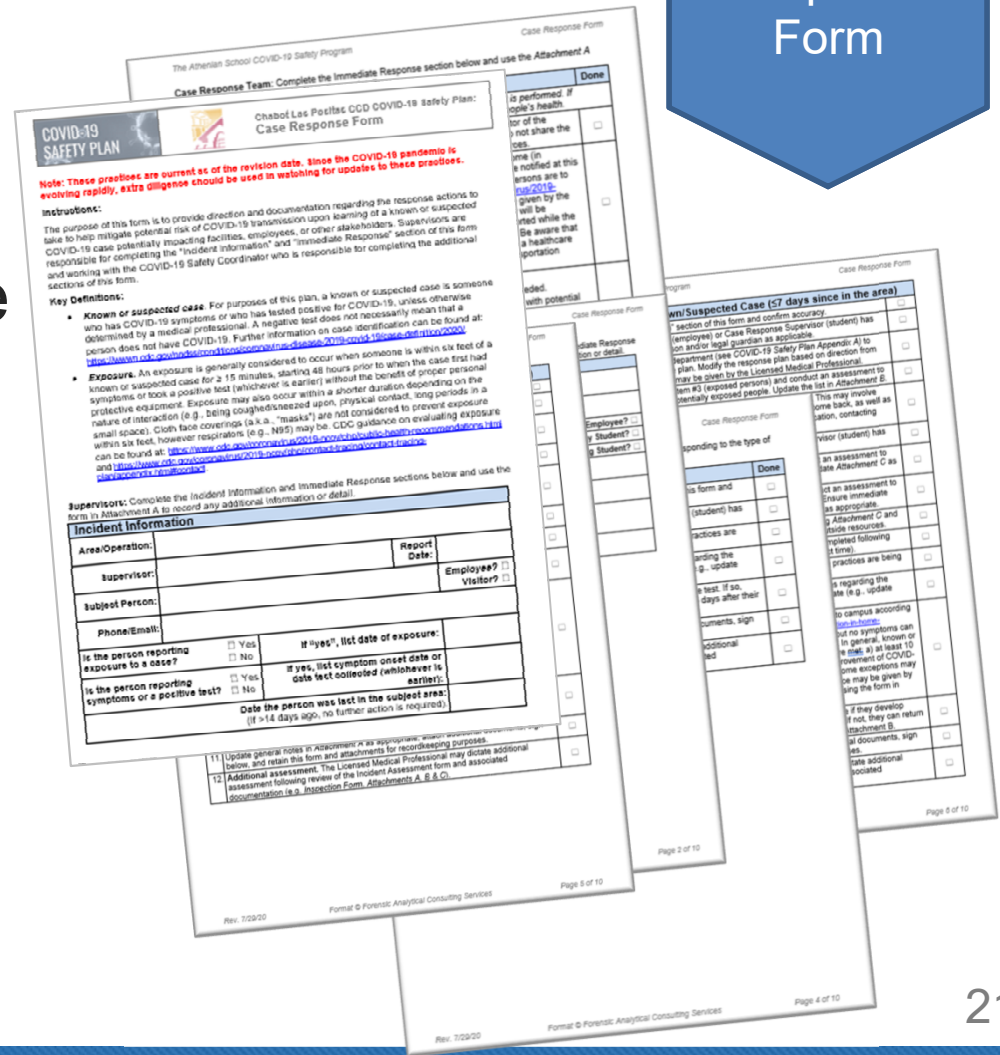
# Case Response Definitions

- ***Unclear exposure or case.***
  - possibly symptomatic but not yet verified by the Health Care Provider or
  - suspected indirect exposures
- ***Known or suspected case.***
  - someone who has COVID-19 symptoms or
  - who has tested positive for COVID-19, unless otherwise determined by a medical professional
- ***Exposure.***
  - within six feet of a known or suspected case for  $\geq 15$  minutes,
    - starting 48 hours prior to when the case first had symptoms or took a positive test (whichever is earlier) without the benefit of PPE.
  - 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).

Appendix G:  
Case Response Form

# Case Response Form

- Defines “Exposure” and “Suspected or Confirmed Case”
- Immediate Response
  - Case Response Supervisor
  - COVID-19 Coordinator
- Incident Assessment
  - Case Response Team
  - EHS Consultant
  - Remediation Vendor



The Athensian School COVID-19 Safety Program  
Case Response Team: Complete the Immediate Response section below and use the Attachment A

**COVID-19 SAFETY PLAN**  
Chasod Las Poulas COVID-19 Safety Plan: Case Response Form

**Note:** These practices are current as of the revision date. Since the COVID-19 pandemic is evolving rapidly, extra diligence should be used in watching for updates to these practices.

**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, or other stakeholders. Supervisors 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 by a medical professional. A negative test does not necessarily mean that a person does not have COVID-19. Further information on case identification can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/about/2019-09-09-00000>
- **Exposure:** An exposure is generally considered to occur when someone is within six feet of a known or suspected case for ≥ 15 minutes, starting 48 hours prior to when the case first had known or suspected case for a positive test (whichever is earlier) without the benefit of proper personal protective equipment. 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 (e.g., "masks") are not considered to prevent exposure within six feet, however respirators (e.g., N95) may be. CDC guidance on evaluating exposure can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/faq/evaluating-exposure.html> and <https://www.cdc.gov/coronavirus/2019-ncov/faq/evaluating-exposure.html>

**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:	Report Date:
Supervisor:	Employee? <input type="checkbox"/> Visitor? <input type="checkbox"/>
Subject Person:	
Phone/Email:	

Is the person reporting exposure to a case?  Yes  No

Is the person reporting symptoms or a positive test?  Yes  No

If "yes", list date of exposure:

If "yes", list symptom onset date or date test collected (whichever is earlier):

Date the person was last in the subject area: (if > 14 days ago, no further action is required)


11 Update general roles in Attachment A as appropriate, which is appropriate for recordkeeping purposes.


12 Additional assessment. The Licensed Medical Professional may desire additional assessment following review of the Incident Assessment form and associated documentation in a Inspection Form, Attachments A, B & C.

Page 1 of 10  
Page 2 of 10  
Page 3 of 10  
Page 4 of 10

# Case Response Form

## Appendix F: Case Response Form





Chabot Las Positas CCD COVID-19 Safety Plan:  
Case Response Form

Note: These practices are current as of the revision date. Since the COVID-19 pandemic is evolving rapidly, extra diligence should be used in watching for updates to these practices.

**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, or other stakeholders. Supervisors 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 by a medical professional. A negative test does not necessarily mean that a person does not have COVID-19. Further information on case identification can be found at: <https://www.cdc.gov/ncdncd/cond/nis/compar/us-disease-2019-covid-19-case-definition/2020/>
- Exposure.** An exposure is generally considered to occur when someone is within six feet of a known or suspected case for ≥ 15 minutes, starting 48 hours prior to when the case first had symptoms or took a positive test (whichever is earlier) without the benefit of proper personal protective equipment. 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 be. CDC guidance on evaluating exposure can be found at: <https://www.cdc.gov/coronavirus/2019-nCoV/tbn/tublio-health-recommendations.html> and <https://www.cdc.gov/coronavirus/2019-nCoV/tbn/contact-tracing/contact-tracing-plan/appendix.html#contact>.

**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"/> Visitor? <input type="checkbox"/>
Phone/Email:	
Is the person reporting exposure to a case?	If "yes", list date of exposure:
Is the person reporting symptoms or a positive test?	If yes, list symptom onset date or date test collected (whichever is earlier):
Date the person was last in the subject area: (If >14 days ago, no further action is required).	

# Appendix H

- Supervisor Immediate Response Checklists

**Supervisors:** Complete the Incident Information section 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"/> 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 symptoms or a positive test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list symptom onset date or date test collected (whichever is earlier):	
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. <b>Notify.</b> 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. <b>Address the subject person.</b> Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an employee, tell them that they will be contacted by Human Resources with further information. 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. <b>Address potentially exposed people.</b> <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 ( <a href="https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html">https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html</a> ). If they are an employee, tell them that they will be contacted by Human Resources with further information. Record the names of persons sent home in Attachment B.	<input type="checkbox"/>
4. <b>Address areas with prolonged exposure (closure).</b> <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"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, 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. <b>Address areas without prolonged exposure (cleaning).</b> <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"/> If the subject person is a known or suspected case and they have been in the area within the last 7 days, ensure frequently contacted surfaces throughout remaining open areas are cleaned/disinfected as soon as possible, along with any additional surfaces the case is believed to have touched outside of closed areas. Inventory the surfaces cleaned using the cleaning/disinfection log in Attachment C.	<input type="checkbox"/>
6. <b>Additional assessment.</b> Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.	<input type="checkbox"/>

# Appendix H

**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 has followed up with the subject person if an employee.	<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 14 days after their last exposure.	<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"/>

Incident Assessment: Known/Suspected Case (>7 days since in the area)		Done
1	Review the "Incident Information" section of this form and confirm accuracy.	<input type="checkbox"/>
2	Confirm that Human Resources has followed up with the subject person if an employee.	<input type="checkbox"/>
3	Contact the Alameda County Health Department to report the incident and response plan. 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 followed up with potentially exposed employees.	<input type="checkbox"/>
7	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"/>
8	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"/>
9	Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html">https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html</a> ). In general, known or suspected cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B.	<input type="checkbox"/>
10	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.	<input type="checkbox"/>
11	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"/>

Incident Assessment: Known/Suspected Case (≤7 days since in the area)		Done
1	Review the "Incident Information" section of this form and confirm accuracy.	<input type="checkbox"/>
2	Confirm that Human Resources has followed up with the subject person if an employee.	<input type="checkbox"/>
3	Contact the Alameda County Health Department to report the incident and response plan. 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 followed up 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	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.	<input type="checkbox"/>
10	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).	<input type="checkbox"/>
11	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"/>
12	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"/>
13	Follow-up with the subject person to determine when they can return according to CDC guidance ( <a href="https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html">https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html</a> ). In general, known or suspect cases with a positive test but no symptoms can return after at least 10 days have passed since their first positive test. In general, known or suspected cases with symptoms can return after all of the following are met: a) at least 10 days since symptom onset, b) at least 1 day without fever, and c) improvement of COVID-19 related symptoms. Test-based strategies may also be used, and some exceptions may apply depending on circumstances (see guidance). Additional guidance may be given by medical professionals. Document their return using the form in Attachment B.	<input type="checkbox"/>
14	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.	<input type="checkbox"/>
15	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"/>

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

Name	Signature	Date
------	-----------	------

# Outside Vendors for Response Action

- FACS and Vendor
- Consult with COVID-19 Safety Coordinator
- May include:
  - Initial Assessment and Recommendations
  - Qualified Contractor to Perform Cleaning
  - Cleaning & Disinfection Oversight
  - Verification & Validation
  - Formal Report

# All Forms

- Filled out by hand where possible
- Submit hard-copy forms to Dean periodically
- Scan digital copies to archive
- If you don't write it down, it didn't happen!







# Safe Practices: Consistent Format



**PHYSICAL DISTANCING**



**PERSONAL HYGIENE**



**PROTECTIVE EQUIPMENT**



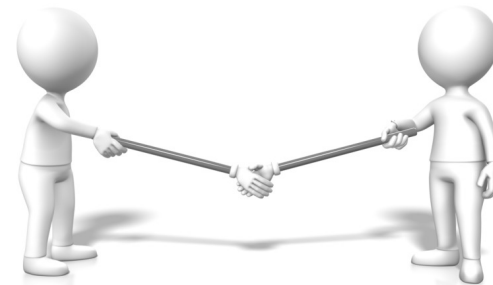
**ENVIRONMENTAL CLEANING**



**MEDICAL SCREENING**

# Physical Distancing

- Classrooms have been arranged to allow for physical distancing, do not move/add furniture
- Maximum occupancies (students + 1 instructor) have been established to allow for at least 6' between students
- Cohorts: to the extent feasible, keep students and staff groupings static
- Plan individual activities rather than group activities, when possible
- Assign seating for students if possible
- Conduct instruction from a designated area
- Discontinue use of personal fans as they can contribute to the spread of respiratory droplets
- Instructors are responsible for reinforcing the implementation of safe work practices within the classroom



# Personal Hygiene



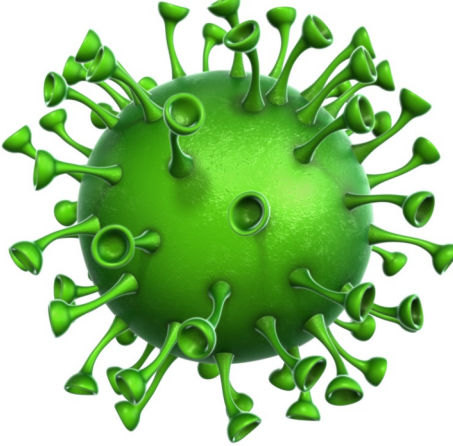
- Staff should wash their hands regularly
- If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol and does not contain methanol
- Appropriate hand washing signage should be posted
- Limit the amount of items brought from home for both staff and students
- Avoid sharing supplies/community items
- Discourage sharing of items between students

# PPE

- Face coverings must always be worn for staff and students
- Face shields, in addition to face coverings, and/or protective clothing may be worn if close interaction with students is necessary
- Gloves may be worn while applying disinfectant
- Remember that wearing gloves does not substitute handwashing



# Environmental Cleaning

- Cleaning removes surface debris/dust and should be conducted before disinfecting a surface
  - High touch surfaces should be cleaned/disinfected multiple times a day. This includes and is not limited to doorknobs/handles, phones, keyboards, and faucets
  - Use disinfectants on the EPA's List N. These are effective against SARS-CoV-2. Use according to product label and ensure appropriate contact time has been met (Up to 10 minutes)
  - Increase ventilation while cleaning/disinfecting
- 
- Students will be expected to disinfect high touch surfaces in their workstations
  - Appropriate signage should be posted as guidance for cleaning/disinfecting

# Medical Screening



- Temperature checks should be conducted at home for both staff and students
- Entry should be denied to anyone who expresses symptoms related to COVID-19
- If someone expresses symptoms, they will be asked to go to an outdoor space
- Notify the Designated COVID-19 Safety Coordinator (Owen Letcher) if you have any symptoms or have an exposure

# FACS Assistance



Program Orientation

Initial meeting, adjust plan, follow-up training webinars



Develop Specific Practices

Assess, create, assist, review



Audit Implementation

Review how practices are being enacted



Case Response Support

Assessment, cleaning/disinfection scope & oversight, final report



# CDC FAQ Page

<https://www.cdc.gov/coronavirus/2019-ncov/faq.html>



## Frequently Asked Questions

Updated Aug. 4, 2020

Languages ▾

Print



What are you looking for?

Enter a word or phrase below to locate questions and answers that match.

Go

### On This Page

- |   |  |
|---|--|
| Basics  | People at Higher Risk for Severe Illness |
| Spread  | Contact Tracing                          |
| Prevention  | Funerals                                 |
| If You or Someone You Know is Sick or Had Contact with Someone who Has COVID-19 | Cleaning and Disinfection                |
| Children  | Pets and Animals                         |
| Preparing for an Outbreak   | Community Mitigation                     |
| Symptoms & Emergency Warning Signs  | Water                                    |
| Testing   | More                                     |



# Thank you!

## FACS Insider Blog

<https://forensicanalytical.com/blog/>

### FILTER BY CATEGORY

- All
- Community Giving Programs
- Construction/General Contractor
- Environmental Health & Safety Man
- General Industrial Hygiene
- Hazardous Building Materials
- Healthcare
- Hospitality
- Incident Response
- Mold & Moisture
- Property Management
- Structure Fire
- Waterborne Pathogens
- Wildfire


### When Disasters Collide

FACS COVID-19 Update #17

General Industrial Hygiene

#### When Disasters Collide – FACS COVID-19 Update #17

While in the continued grip of a global pandemic and the need for the public to follow significant preventative measures, the US is faced with the onset of other natural disasters. On the West Coast and along the Continental Divide there are a rash of wildfires that have erupted this month, and on the East and Gulf Coasts hurricanes and severe weather



### Public Safety Power Shutoffs (PSPS)

And Wildfire Smoke Preparation Planning

Wildfire

#### Public Safety Power Shutoffs (PSPS) and Wildfire Smoke Preparation Planning

Wildfire preparation plans are essential for helping staff at schools, hospitals, and other commercial buildings prepare for

# Thank You!

Forensic Analytical Consulting Services, Inc.

**Right  
People.**

**Right  
Perspective.**

**Right  
Now.**