



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

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Glossary

At-Risk Group: people at higher risk for developing more severe symptoms related to COVID-19 illness, according to the CDC¹, 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 (≥ 15 minutes, cumulative over a 24-hr period) while not wearing recommended PPE². 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.³

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 days⁴ (incubation period)

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

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

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

⁴ 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

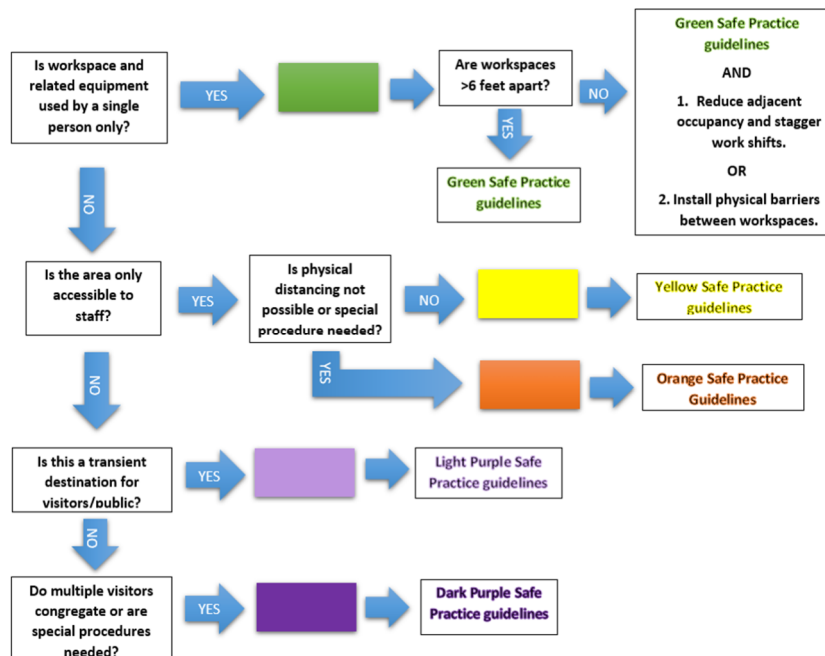
Efforts to reduce the risk of infection from the COVID-19 virus are being enacted through a process of assessing infection risk, establishing and communicating safe work practices, providing training, and confirming that the safe work practices are being implemented properly. These and other elements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

4.1. Hazard Assessment and Safety Practice Development

- Global Practices. The COVID-19 Safety Coordinator coordinates the development safe practices that apply to all work areas and operations.
- Common Environments. The COVID-19 Safety Coordinator coordinates the development of general safe practices for common work areas and operations.
- 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.
- 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*.



- 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 quarantine⁵ 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

⁵ 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 & 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		
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).

Internal Team Resources

Safety Practices Location	http://districtazure.clpccd.org/urgentalerts/index.php
Environmental Health Consultant	Forensic Analytical Consulting Services (www.forensicanalytical.com) Karina Garcia o. 510-266-4600 ♦ d. 510-921-4284 ♦ kgarcia@forensicanalytical.com
Cleaning/Disinfection Contractor	CLPCCD Custodial Staff – Art Valencia avalencia@clpccd.org c 510-453-0209

Local Public Health Department Contacts

Alameda County	https://covid-19.acgov.org/index.page
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Key Guidance & References

<p>CDC (Centers for Disease Control)</p>	<p>Main: https://www.cdc.gov/coronavirus/2019-ncov/index.html Industry Guidance: 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</p>
<p>California</p>	<p>Main: https://covid19.ca.gov/ Industry Guidance: https://covid19.ca.gov/industry-guidance/ Cal/OSHA: https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html</p>
<p>Back to Work Safely</p>	<p>https://www.backtoworksafely.org/</p>

Appendix B

Building Closure Checklist



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

Building:			
Completed by:		Date:	

Before Closure		Done
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"/>
During Closure		Done
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"/>
Before Reopening		Done
1.	Ensure that water damage or standing water is not present. Address any mold/moisture issues before re-occupancy.	<input type="checkbox"/>
2.	Ensure that garbage, food, and other perishable materials are removed as appropriate.	<input type="checkbox"/>
3.	Inspect for pests and rodents. Reduced maintenance activities can allow for infestation of pests or accumulation of pest allergens, dander, and droppings.	<input type="checkbox"/>
4.	Ensure no objectionable odors are present. Investigate and address as needed (e.g., dry drain-traps, garbage, pests, water intrusion, unattended plants, spoiled food).	<input type="checkbox"/>
5.	Evaluate spaces for COVID-19 safety concerns and implementing related modifications (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"/>

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.



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

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

Work Area Diagram

Appendix E

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	TBD
Staff General	Restrooms Posting	TBD
Staff General	Work Room Posting	TBD
Staff Personal	Personal Work Areas	TBD
Staff Special	Staff Special Area—Safe Practices Guide	TBD

Specific Work Area/Operation Safe Practices – CLIENT DEVELOPED

Category	Area/Operation	Safe Practice Title	Revised
????	????	????	??/??/??



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.

What is the hazard?

COVID-19 is the respiratory illness caused by the SARS-CoV-2 virus (a.k.a., novel coronavirus). The virus is thought to be spread mainly from person-to-person through respiratory droplets and contact. It may also be spread by touching a surface that has the virus on it and then touching your eyes, nose, or mouth. There is the potential to be exposed to the virus while at work, in the community, and at home. The latest information regarding COVID-19 is available on the U.S. Centers for Disease Control (CDC) website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). This website should be regularly reviewed in order to stay current on the dynamics of the disease, including its risks, symptoms, and current guidance on prevention and what to do if you are sick.

What safe work practices should be followed?

The following general safe work practices should be followed by all Chabot-Las Positas CCD employee. Each work area is also evaluated, and additional more specific practices tailored to a specific area or operation may also apply. All employees should be familiar with these additional practices within their work area and should inquire regarding additional practices when visiting other work areas. Questions regarding COVID-19 safety should be directed to your supervisor and you can review additional resources at Chabot-Las Positas CCD COVID-19 Website.



MEDICAL SCREENING

1. *Symptoms.* Prior to coming to work, employees must screen themselves for symptoms of COVID-19. If symptoms are noted, or a positive COVID-19 test is obtained, employees must notify their supervisor (via phone/email) and stay home. Symptoms include, but are not limited to, fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea. CDC guidance on symptoms is located at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html> (see Attachment A for summary posting). The supervisor will inform Human Resources who in turn will provide direction to both the supervisor and the employee.
2. *Exposure.* Employees must notify their supervisor (via phone) and stay home if they have been in close contact with or otherwise exposed to a known or suspected case of COVID-19. The supervisor will inform Human Resources who in turn will provide direction to both the supervisor and the employee.
3. *At Risk Persons.* If an employee is at higher risk of serious complications from COVID-19, they should inform their supervisor. The supervisor will inform Human Resources who will in turn provide direction to both the supervisor and the employee. At risk people include older adults and people of any age who have serious underlying medical conditions. More information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>.



PHYSICAL DISTANCING

1. *Maintain Physical Distance.* Maintain at least six feet of distance between yourself and others. More distance and more physical barriers between people are better.
2. *Reduce Need for Physical Interaction.* Coordinate with your supervisor to determine a plan for reducing the need for physical interactions (e.g., working from home, staggered work/break schedules, online interactions).

3. **Evaluate Work Area Layout.** Coordinate with your supervisor and evaluate the need for changing the work area to support physical distancing (e.g., rearranging seating/desks/workstations, installing barriers, directing traffic flow patterns, defining maximum occupancy of conference and break rooms, closing areas).
4. **Distancing Markings/Notifications.** Follow any markings regarding location indicators, traffic flow, or maximum occupancy which may appear on walls, floors, signage, seats or other locations. These notifications are in place to help promote proper physical distancing. Common examples include designations for in use/out of use seating, “wait here” markings on floors, designated entry/exit doors, and “this way” arrows on floors.
5. **Discontinue Non-Essential In-Person Meetings.** If an in-person meeting is determined to be essential, it must be limited to essential attendees, short as possible in duration, and conducted maintaining at least six feet of distancing with masks.
6. **Discontinue Non-Essential Travel.** Due to the challenges inherent in travel (e.g., airplanes, public transit, lodging) it should be avoided when possible. If travel is determined to be essential, develop a trip-specific safety plan incorporating physical distancing as well as other general COVID-19 safety precautions as described below.



PERSONAL HYGIENE

1. **Hand Hygiene.** Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands. Avoid handshakes or physical contact with others. Wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, use a proper hand sanitizer (e.g., 70% isopropyl alcohol). Cover all surfaces of your hands and rub them together until they feel dry. Guidance on hand washing technique from the World Health Organization (WHO) is provided in Attachment B. CDC guidance on hand washing is located at: <https://www.cdc.gov/handwashing/when-how-handwashing.html>.
2. **Sneezing & Coughing.** Cover your mouth and nose when coughing or sneezing with a tissue, then throw the tissue in the trash and wash hands. If no tissue is available, then cough and sneeze into your elbow. Do not come to work if you have COVID-19 symptoms (see below).
3. **Personal Items.** Be cognizant of the handling of frequently used personal items (e.g., phone, keys, wallet/purse, credit/debit cards, tablets, laptops). As these items are frequently touched, they may be viewed as an extension of your hands. Avoid placing these items on public surfaces which may be contaminated. Clean and disinfect these items frequently.



PROTECTIVE EQUIPMENT

1. **Masks.** Surgical, paper or cloth masks (a.k.a., face coverings) must be worn at all times unless both: a) you are alone in a substantially enclosed personal workspace (office, cubicle), room, or isolated area, and b) no other persons are anticipated to come within six (6) feet. CDC guidance on such masks are located at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. Masks, unlike respirators, are not intended to protect the wearer, but to help protect those around the wearer. Any employee using a respirator (e.g., N95), voluntarily or as assigned, must have received approval per the respiratory protection program.
2. **Additional Protective Equipment.** Assignment of any other protective equipment (e.g., gloves, face shields, respirators) must be coordinated through your supervisor and used in accordance with work area/operation specific safety practices.



ENVIRONMENTAL CLEANING

1. *What to Clean.* Frequently touched surfaces (i.e., those touched multiple times or by multiple people) and personal work areas should be cleaned/disinfected regularly. Examples include tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, and shared work equipment.
2. *When to Clean.* The fewer people that touch the surface between cleaning/disinfection the better. For frequently touched surfaces, daily cleaning/disinfection should be viewed as a minimum, with cleaning/disinfection multiple times a day or between each use being generally preferred.
3. *How to Clean.* Environmental cleaning involves first cleaning a surface to remove dirt and debris, and then using an approved disinfectant to inactivate the virus. Disinfectants must be used per the product label, which typically includes a minimum contact time to ensure proper disinfection, as well as precautions for using the product safely (e.g., using gloves). A list of EPA-approved disinfectants for SARS-CoV-2 can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
4. *Coordination.* Coordinate with your supervisor regarding an environmental cleaning plan for your work area, including access to hand sanitizer, surface cleaning/disinfection products, and other associated supplies. Additional guidance on cleaning/disinfection from the CDC can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>.



ADDITIONAL PRACTICES

1. *Training.* Coordinate with your supervisor to ensure you complete required COVID-19 safety training and watch for ongoing updates.
2. *Inspection.* Coordinate with your supervisor to ensure the work area is periodically inspected to ensure COVID-19 hazards are addressed and safety practices are being properly implemented.
3. *Case Incident Response.* If a known or suspected case of COVID-19 is found to have been present in the workplace, or exposed to employees, notify your supervisor and Vice Chancellor, Owen Letcher, immediately. A case incident response assessment will be performed to evaluate who was potentially exposed, and what surfaces were potentially contaminated. Notification to affected parties will be provided as appropriate and a cleaning/disinfection plan will be implemented.
4. *Visitor/Vendor Communications.* Employees who are primary contacts for visitors and vendors must ensure that visitors/vendors understand that they are expected to follow the COVID-19 safety guidance for visitors, as well as additional any area/operation-specific COVID-19 safety practices. In addition, employees who are primary contacts for vendors must coordinate with the vendor to learn of any additional safety practices that should be followed by employees or visitors as a result of the vendor's work. This information must then be communicated to affected parties.
5. *Non-Work Activities.* Employees are encouraged to apply COVID-19 precautions similar to these safe work practices to their non-work personal activities. Such diligence in and out of the workplace will serve to protect co-workers, customers, families and communities during this pandemic.

Attachments:

- Attachment A: WHO Hand Wash/Rub Posters
- Attachment B: CDC COVID-19 Symptoms Poster

Attachment A
CDC COVID-19 Symptoms Poster

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

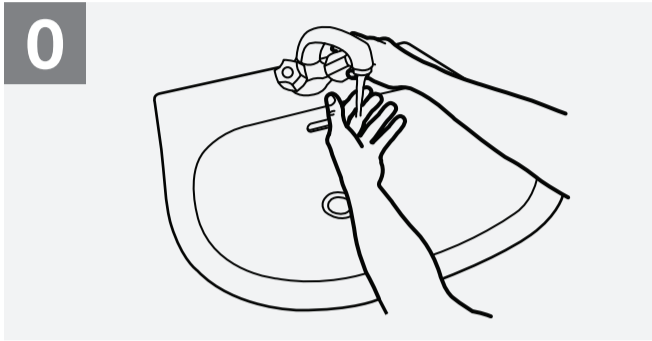


Attachment B
WHO Hand Wash/Rub Posters

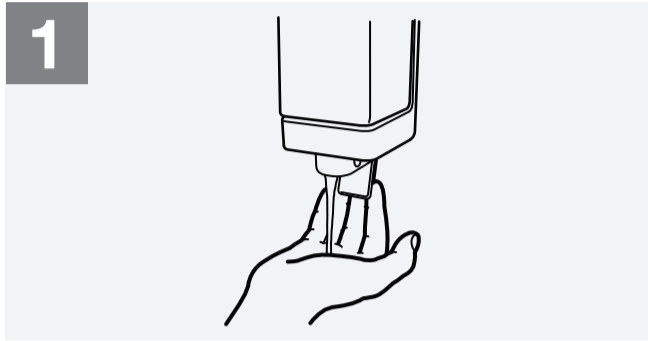
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

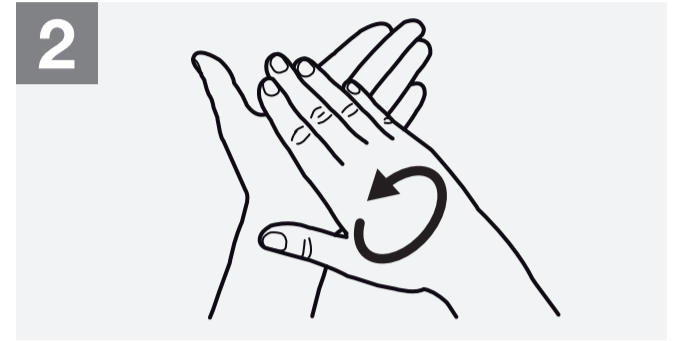
 **Duration of the entire procedure: 40-60 seconds**



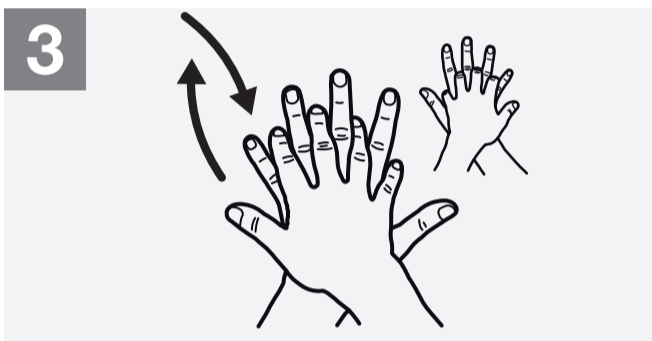
0 Wet hands with water;



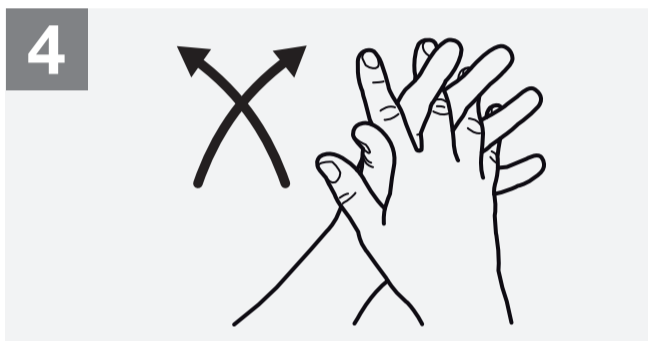
1 Apply enough soap to cover all hand surfaces;



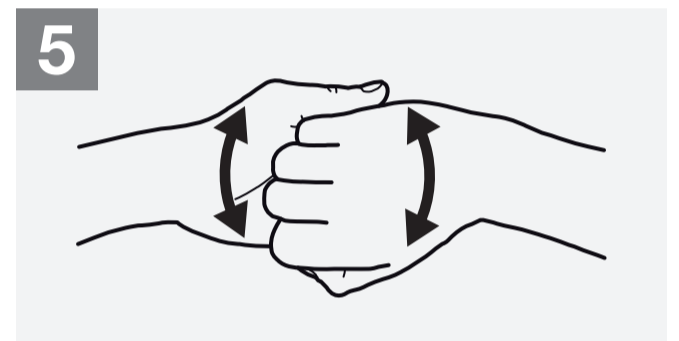
2 Rub hands palm to palm;



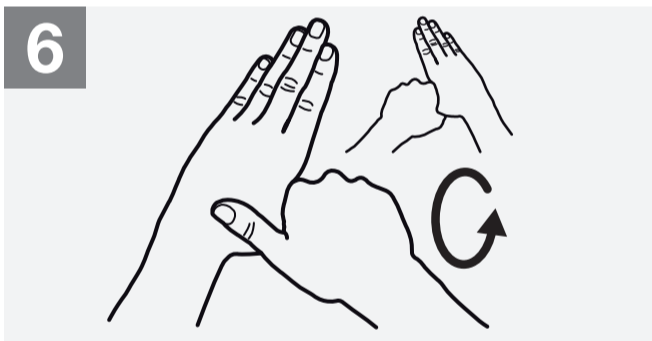
3 Right palm over left dorsum with interlaced fingers and vice versa;



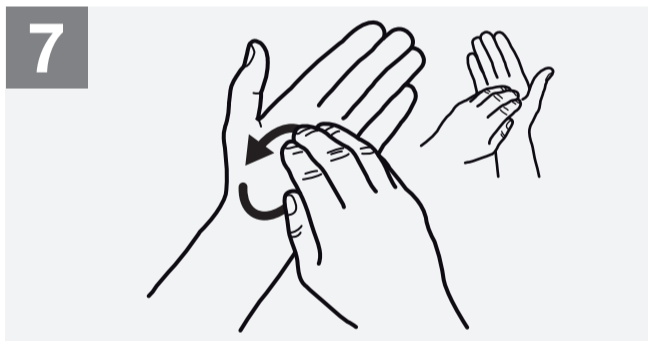
4 Palm to palm with fingers interlaced;



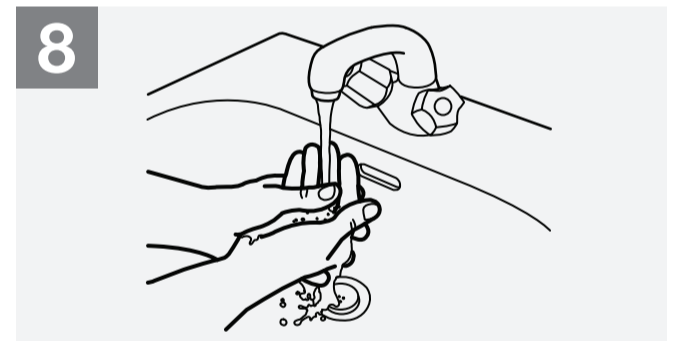
5 Backs of fingers to opposing palms with fingers interlocked;



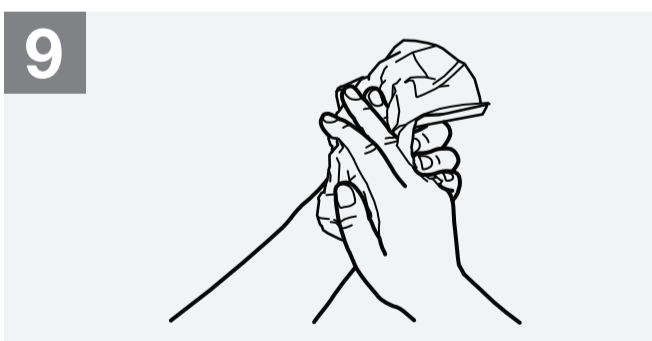
6 Rotational rubbing of left thumb clasped in right palm and vice versa;



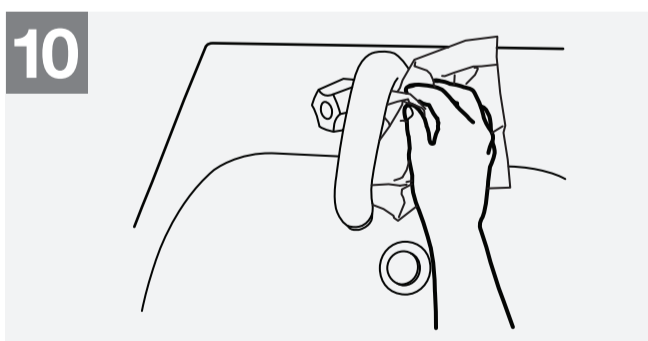
7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



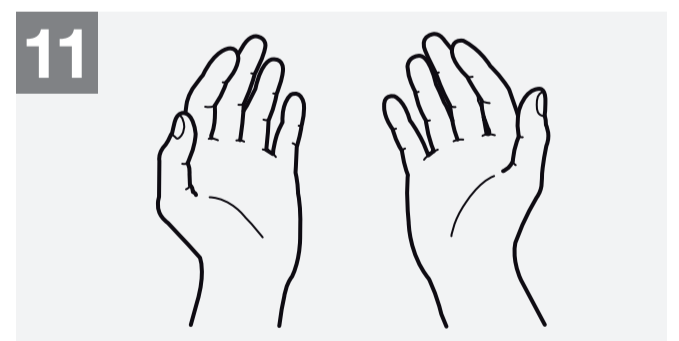
8 Rinse hands with water;



9 Dry hands thoroughly with a single use towel;



10 Use towel to turn off faucet;



11 Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

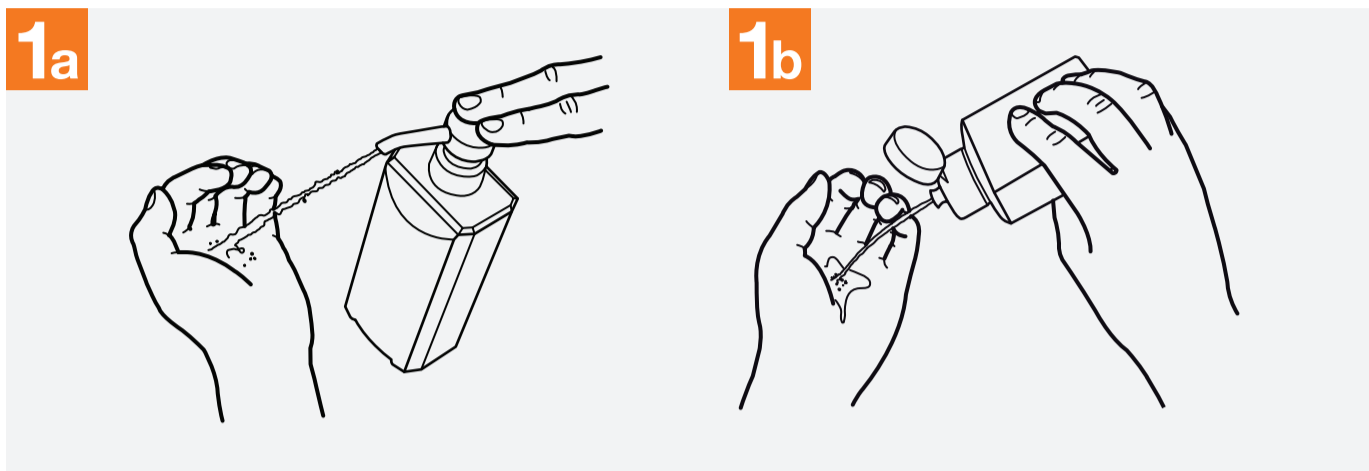
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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

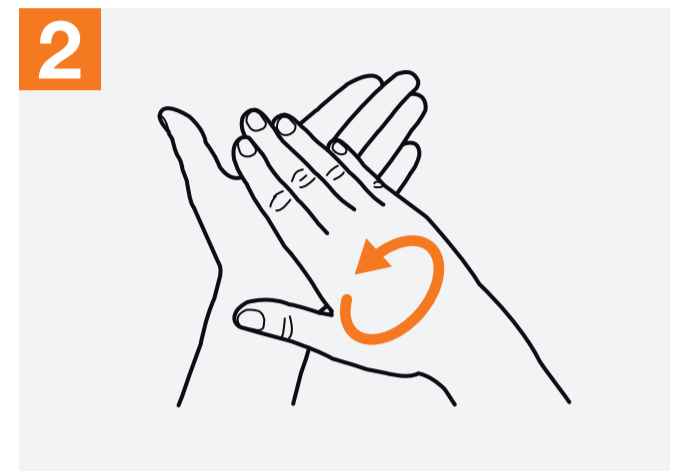
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

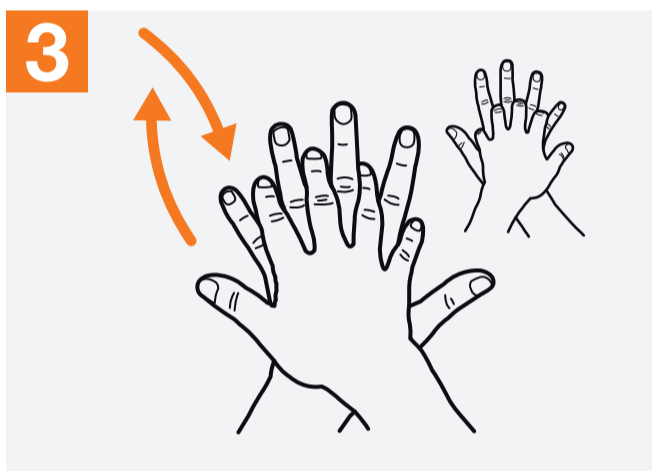
 **Duration of the entire procedure: 20-30 seconds**



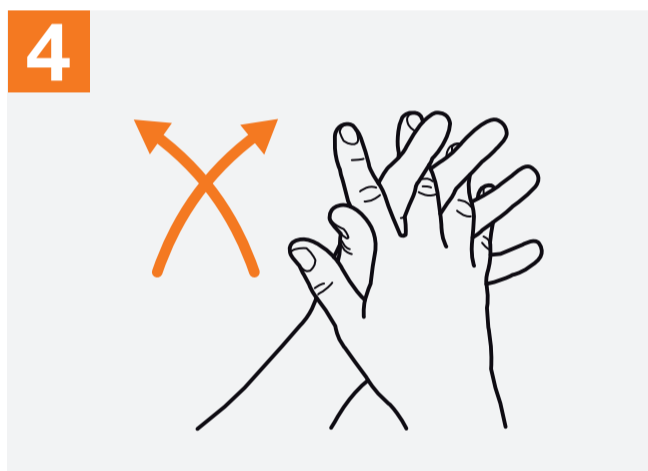
1a Apply a palmful of the product in a cupped hand, covering all surfaces;



2 Rub hands palm to palm;



3 Right palm over left dorsum with interlaced fingers and vice versa;



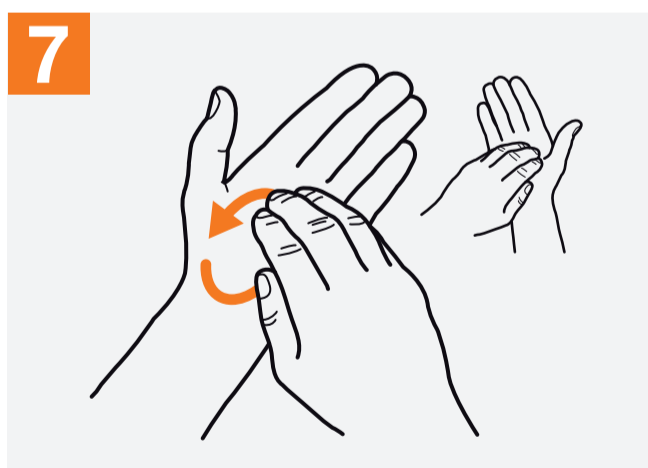
4 Palm to palm with fingers interlaced;



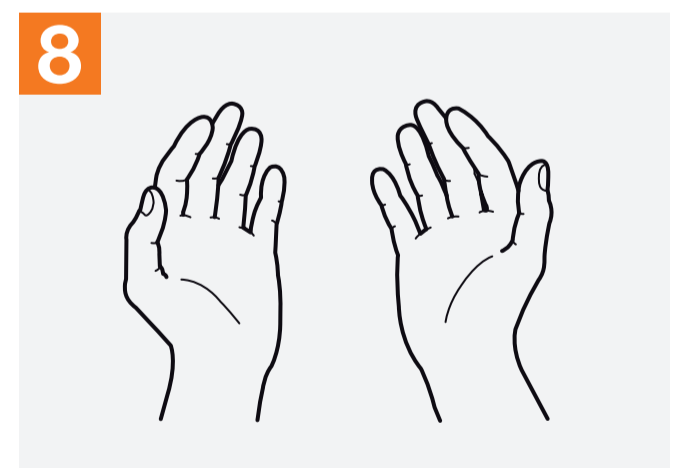
5 Backs of fingers to opposing palms with fingers interlocked;



6 Rotational rubbing of left thumb clasped in right palm and vice versa;



7 Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



8 Once dry, your hands are safe.



World Health Organization

Patient Safety

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SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.



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.

What is the hazard?

COVID-19 is the respiratory illness caused by the SARS-CoV-2 virus (a.k.a., novel coronavirus). The virus is thought to be spread mainly from person-to-person through respiratory droplets and contact. It may also be spread by touching a surface that has the virus on it and then touching your eyes, nose, or mouth. There is the potential to be exposed to the virus while at work, in the community, and at home. The latest information regarding COVID-19 is available on the U.S. Centers for Disease Control (CDC) website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>). This website should be regularly reviewed in order to stay current on the dynamics of the disease, including its risks, symptoms, and current guidance on prevention and what to do if you are sick.

What safe work practices should be followed?

The following general guidance should be followed by all Chabot-Las Positas CCD visitors and students. Additional more specific practices tailored to specific areas and operations may also apply. All visitors/students should be familiar with these additional practices within the areas they are entering. Questions regarding COVID-19 safety should be directed to your instructor, your campus contact, or a campus departmental office. Additional resources related to COVID-19 can be found at: <https://www.districtazure.clpccd.org/urgentalerts/index.php>
<http://districtazure.clpccd.org/urgentalerts/index.php>



MEDICAL SCREENING

1. *Symptoms.* Visitors and students must screen themselves for symptoms of COVID-19 and not come to campus if symptoms are noted or if a positive COVID-19 test is obtained. Symptoms include, but are not limited to, cough, fever, chills, muscle pain, shortness of breath, difficulty breathing, sore throat, and new loss of taste or smell. Visitors and students should not come to campus until they have been cleared to do so by a medical professional following guidance from the CDC. CDC guidance on symptoms is located at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.
2. *Exposure.* Visitors and students should not come to campus if they have been in close contact with or otherwise exposed to a known or suspected case of COVID-19. Visitors and students should not come to campus until they have been cleared to do so by a medical professional following guidance from the CDC, or until it has been 14 days from the subject exposure.
3. *At Risk Persons.* Some individuals are at higher risk of serious complications from COVID-19, including older adults and people of any age who have serious underlying medical conditions. More information is available at: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>. If a visitor or student feels they are at greater risk, they should consult with a medical professional prior to engaging in campus-based activities.



PHYSICAL DISTANCING

1. *Maintain Physical Distance.* Maintain at least six feet of distance between yourself and others. More distance and more physical barriers between people are better.
2. *Limit Time on Campus.* Reduce the need to be on campus to the extent possible. Coordinate with instructors, classmates, and campus representatives remotely whenever possible. Do not study on campus unnecessarily or loiter after addressing essential needs.

3. *Distancing Markings/Notifications.* Follow any markings regarding location indicators, traffic flow, or maximum occupancy which may appear on walls, floors, signage, seats or other locations. These notifications are in place to help promote proper physical distancing. Common examples include designations for in use/out of use seating, “wait here” markings on floors, designated entry/exit doors, and “this way” arrows on floors.
4. *Discontinue Non-Essential In-Person Meetings/Gatherings.* If an in-person meeting/gathering is determined to be essential, it must be limited to essential attendees, short as possible in duration, and conducted maintaining at least six feet of distancing with masks.



PERSONAL HYGIENE

1. *Hand Hygiene.* Clean your hands often and avoid touching your eyes, nose, and mouth with unwashed hands. Avoid handshakes or physical contact with others. Wash hands with soap and water for at least 20 seconds. If soap and water are not readily available, use a proper hand sanitizer (e.g., 70% isopropyl alcohol). Cover all surfaces of your hands and rub them together until they feel dry. CDC guidance is located at: <https://www.cdc.gov/handwashing/when-how-handwashing.html>, and WHO guidance at: <https://www.who.int/qpsc/5may/resources/posters/en/>.
2. *Sneezing & Coughing.* Cover your mouth and nose when coughing or sneezing with a tissue, then throw the tissue in the trash and wash hands. If no tissue is available, then cough and sneeze into your elbow. Do not come to campus if you have COVID-19 symptoms (see below).
3. *Personal Items.* Be cognizant of the handling of frequently used personal items (e.g., phone, keys, wallet/purse, credit/debit cards, tablets, laptops). As these items are frequently touched, they may be viewed as an extension of your hands. Avoid placing these items on public surfaces which may be contaminated. Clean and disinfect these items frequently.



PROTECTIVE EQUIPMENT

1. *Masks.* Surgical, paper or cloth masks (a.k.a., face coverings) must be worn at all times unless both: a) you are alone in a substantially enclosed personal workspace (office, cubicle), room, or isolated area, and b) no other persons are anticipated to come within six (6) feet. CDC guidance on such masks are located at: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>. Masks, unlike respirators (e.g., N95), are not intended to protect the wearer, but to help protect those around the wearer.
2. *Additional Protective Equipment.* Requirements for any other protective equipment (e.g., gloves, face shields, respirators) will be coordinated through your instructor or campus representative and used in accordance with area/operation specific safety practices.



ENVIRONMENTAL CLEANING

1. *What to Clean.* Contact surfaces in personal work areas and shared equipment should be cleaned/disinfected before and after use (e.g., desks, computer keyboard/mouse).
2. *How to Clean.* Environmental cleaning involves first cleaning a surface to remove dirt and debris, and then using an approved disinfectant to inactivate the virus. Disinfectants must be used per the product label, which typically includes a minimum contact time to ensure proper disinfection, as well as precautions for using the product safely (e.g., using gloves). A list of EPA-approved disinfectants for SARS-CoV-2 can be found at: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.
3. Additional guidance on cleaning/disinfection from the CDC can be found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html>.



ADDITIONAL PRACTICES

1. *Case Incident Response.* If you are known or suspected to have COVID-19 and believe you may have exposed staff or students on campus, notify your instructor(s) immediately. A case incident response assessment will be performed to evaluate who was potentially exposed, and what surfaces were potentially contaminated. Notification to affected parties will be provided as appropriate and a cleaning/disinfection plan will be implemented. Your instructor(s) will notify the Academic Dean supervising the area and you will be contacted for contact tracing and wellness checks by faculty or the Dean. Should you need additional academic accommodations please contact your individual instructors and the Office of Student Services for information regarding academic accommodations.
2. *Non-Work Activities.* Visitors and students are encouraged to apply COVID-19 precautions similar to these safe work practices to their personal activities off campus. Such diligence on and off campus will serve to protect classmates, staff, families and communities during this pandemic.
3. *Vendors.* Vendors are expected to develop and follow practices that protect themselves and others from COVID-19 risks associated with their work in accordance with federal, state, and local public health guidance. These practices must, at a minimum, include the provisions of these practices for visitors, as well as the area-specific practices associated with the locations in which they are working.



RESTROOMS

Follow the general COVID-19 safety practices for all employees and all visitors as well as the following practices specific to restrooms:



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



Physical Distancing. Maintain at least six feet of distance between yourself and others. The greater the distance the better. Minimize the time spent in the area to the shortest time possible. Do not socialize or linger.



Personal Hygiene. Close toilet lids (when present) before flushing. Minimize the surfaces you touch and avoid placing personal items on surfaces. Cover coughs/sneezes and wash your hands before entering and leaving the restroom.



Protective Equipment. Wear a face covering/mask which covers the nose and mouth at all times, unless you are alone and are sure others will not enter (i.e., locked door).



Environmental Cleaning. Restrooms are cleaned/disinfected routinely. Please inform a building/area representative or your supervisor if conditions warrant immediate attention.

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.



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.

All Chabot-Las Positas employees must follow the “General Practices for All Employees” COVID-19 safety guidance and all visitors/students must follow the “General Practices for All Visitors” COVID-19 safety guidance. This document provides additional more specific COVID-19 safety practices tailored to the work area/operation listed above. Questions regarding COVID-19 safety should be directed to your supervisor or the designated COVID-19 Safety Coordinator, Owen Letcher (925)485-5277.



MEDICAL SCREENING

1. As indicated in the general COVID-19 safety practices guidance for employees and visitors, stay home if you exhibit COVID-19 symptoms, test positive, have been in close contact with a known or suspected case, or have risk factors for more severe illness.



PHYSICAL DISTANCING

1. Other individuals should not come into your personal work area without your acknowledgement. Exceptions include staff members entering briefly for routine tasks while you are not present (e.g., custodial cleaning, drop-off packages). If someone must enter your personal work area while you are present, maintain physical distancing to the maximum extent feasible, but not less than six feet.



PERSONAL HYGIENE

1. Use proper practices per the “General Practices for All Employees” COVID-19 safety guidance (e.g., hand hygiene, covering sneezes and coughs, managing personal items).
2. Clean hands immediately whenever entering your personal area. Ensure visitors do likewise.
3. Accumulation of personal items should be limited to allow for easier surface cleaning and disinfection.



PROTECTIVE EQUIPMENT

1. **Masks.** Per the “General Practices for All Employees” COVID-19 safety guidance, wear a surgical, paper or cloth mask (a.k.a., face coverings) whenever you leave your personal work area. In addition, masks must be worn when others are present in your office within six feet. If in a shared office with personal workstations, masks must be worn even if physical barriers are present.



ENVIRONMENTAL CLEANING

1. Clean/disinfect frequently touched surfaces in your personal area at least once per day (e.g., phone, keyboard/mouse, chair arms, desk surfaces, drawer handles). In addition, clean/disinfect surfaces touched by visitors to your work area following their departure.
2. When bringing packages, mail, or other outside items into your personal work area, either: 1) clean/disinfect the item (external surface), 2) clean hands and contacted surfaces after handling of the item, or 3) isolate the items until infectious risk diminishes. Current CDC guidance indicates that coronaviruses on surfaces and objects die within hours to days, and that COVID-19 has not been shown to survive on surfaces longer than seven days.



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.

All Chabot-Las Positas employees must follow the “General Practices for All Employees” COVID-19 safety guidance and all visitors/students must follow the “General Practices for All Visitors” COVID-19 safety guidance. This document provides additional more specific COVID-19 safety practices tailored to the work area/operation listed above. Questions regarding COVID-19 safety should be directed to your supervisor or the designated COVID-19 Safety Coordinator, Owen Letcher (925)485-5277.



MEDICAL SCREENING

1. As indicated in the general COVID-19 safety practices guidance for employees and visitors, stay home if you exhibit COVID-19 symptoms, test positive, have been in close contact with a known or suspected case, or have risk factors for more severe illness.



PHYSICAL DISTANCING

1. *Maintain Physical Distance.* Maintain at least six feet of distance between yourself and others. More distance and more physical barriers between people are better.
2. *Reduced Physical Interaction.* Follow your supervisor’s guidance about working from home, staggering work schedules and break times, conducting business online, and other measures aimed at reducing the need for physical interaction.
3. *Work Area Layout.* Be aware of and support changes in the work area layout that support physical distancing (e.g., do not use seats/desks marked as out of use, do not rearrange configurations changed for distancing, follow traffic flow guidance). Inform your supervisor immediately if any workstations are not configured to support 6 feet of distancing when in use.
4. *Maximum Occupancies.* The following occupancy limits have been determined to help promote proper physical distancing:
 - a. Reception work area = 2 people maximum



PERSONAL HYGIENE

1. Use proper practices per the “General Practices for All Employees” COVID-19 safety guidance (e.g., hand hygiene, covering sneezes and coughs, managing personal items).
2. Clean hands immediately whenever entering common areas. Ensure visitors do likewise.
3. Avoid sharing phones, work supplies, office equipment, and communal amenities, when possible. Do not bring communal food items into the office, unless it is individually packaged and approved by your supervisor in advance.



PROTECTIVE EQUIPMENT

1. *Masks.* As indicated in the “General Practices for All Employees” COVID-19 safety guidance, surgical, paper or cloth masks (a.k.a., face coverings) must be worn at all times unless both: a) you are alone in a substantially enclosed personal workspace (office, cubicle), room, or isolated area, and b) no other persons are anticipated to come within six (6) feet.



ENVIRONMENTAL CLEANING

1. *General Surfaces.* Frequently touched surfaces in the common/shared areas are cleaned as specified on the Cleaning/Disinfection Log Form and in accordance with the “General Practices for All Employees” COVID-19 safety guidance. This includes copiers, fax machines, printers, telephones, keyboards, staplers, reception areas, kitchen/break room items, and shared workstations. Coordinate with your supervisor about your specific responsibilities in supporting the office cleaning plan.
2. *Personal Work Area.* Clean/disinfect frequently touched surfaces in your personal area at least once per day (e.g., phone, keyboard/mouse, chair arms, desk surfaces, drawer handles). In addition, clean/disinfect surfaces touched by visitors to your work area following their departure.
3. *Outside Items.* Individuals bringing packages, mail, or other items into the office should either: 1) clean/disinfect the item (external surface), 2) clean hands and contacted surfaces after handling of the item, or 3) isolate the items until infectious risk diminishes. Current CDC guidance indicates that coronaviruses on surfaces and objects die within hours to days, and that COVID-19 has not been shown to survive on surfaces longer than seven days.
4. *Cleaning/Disinfection Supplies.* Approved cleaning/disinfection products and materials will be provided. Per the “General Practices for All Employees” COVID-19 safety guidance, disinfectants must be used per the product label, which typically includes a minimum contact time to ensure proper disinfection, as well as precautions for using the product safely.



ADDITIONAL PRACTICES

1. *Visitors/Vendors.* Visitors to the office should be avoided when practicable and generally limited to those needed for essential meetings, tasks, or services. When hosting a visitor/vendor, confirm with them that they are free of COVID-19 symptoms and ensure they are familiar with the general guidance for visitor’s documents, as well as additional office-specific practices. For vendors, find out if their work will require any additional safety practices people in the area will need to follow, and communicate to others as appropriate. Meet visitors at the door and ensure they wash/sanitize their hands and are wearing a face covering. Escort visitors (at a distance of six feet), directly to the appropriate meeting room or office.
2. *Personal fans.* Store all personal fans as they can contribute to the spread of respiratory droplets.



RESTROOMS

Follow the general COVID-19 safety practices for all employees and all visitors as well as the following practices specific to restrooms:



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



Physical Distancing. Maintain at least six feet of distance between yourself and others. The greater the distance the better. Minimize the time spent in the area to the shortest time possible. Do not socialize or linger.



Personal Hygiene. Close toilet lids (when present) before flushing. Minimize the surfaces you touch and avoid placing personal items on surfaces. Cover coughs/sneezes and wash your hands upon entering and leaving the restroom.



Protective Equipment. Wear a face covering/mask which covers the nose and mouth at all times, unless you are alone and are sure others will not enter (i.e., locked door).



Environmental Cleaning. Restrooms are cleaned/disinfected routinely. Please inform a building/area representative or your supervisor if conditions warrant immediate attention.

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.

Appendix F

Training Resources



COVID-19 Safety Plan: Training Resources

COVID-19 Safety Training Resources

ID#	Session Title & Audience	Duration	How to Access & Other Notes	Updated
1.	COVID-19 Basic Safety Practices (General)	1 hr	Access TBD. Fundamentals of COVID-19 safety overview, Plan document organization and location.	9/09/20
2.	COVID-19 Safety Plan (All Employees)	2 hr	Access TBD. Fundamentals of COVID-19 safety (i.e., medical screening, physical distancing, personal hygiene, protective equipment, environmental cleaning). Focus on client specific safety plan & procedures.	??/??/??
3.	COVID-19 Safety for Supervisors	1 hr	Access TBD. Responsibilities, including developing area specific practices with guide documents and case response.	??/??/??



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COVID-19 Safety Plan- General Training

Presented by:

Ben Kollmeyer, MPH, CIH

Karina Garcia

9/09/20

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

COVID-19 Safety Plan Objectives



Protect People



Protect Resources



Protect Reputation

✓ *Defensible*

✓ *Practical*

✓ *Flexible*

COVID-19 Safety Plan

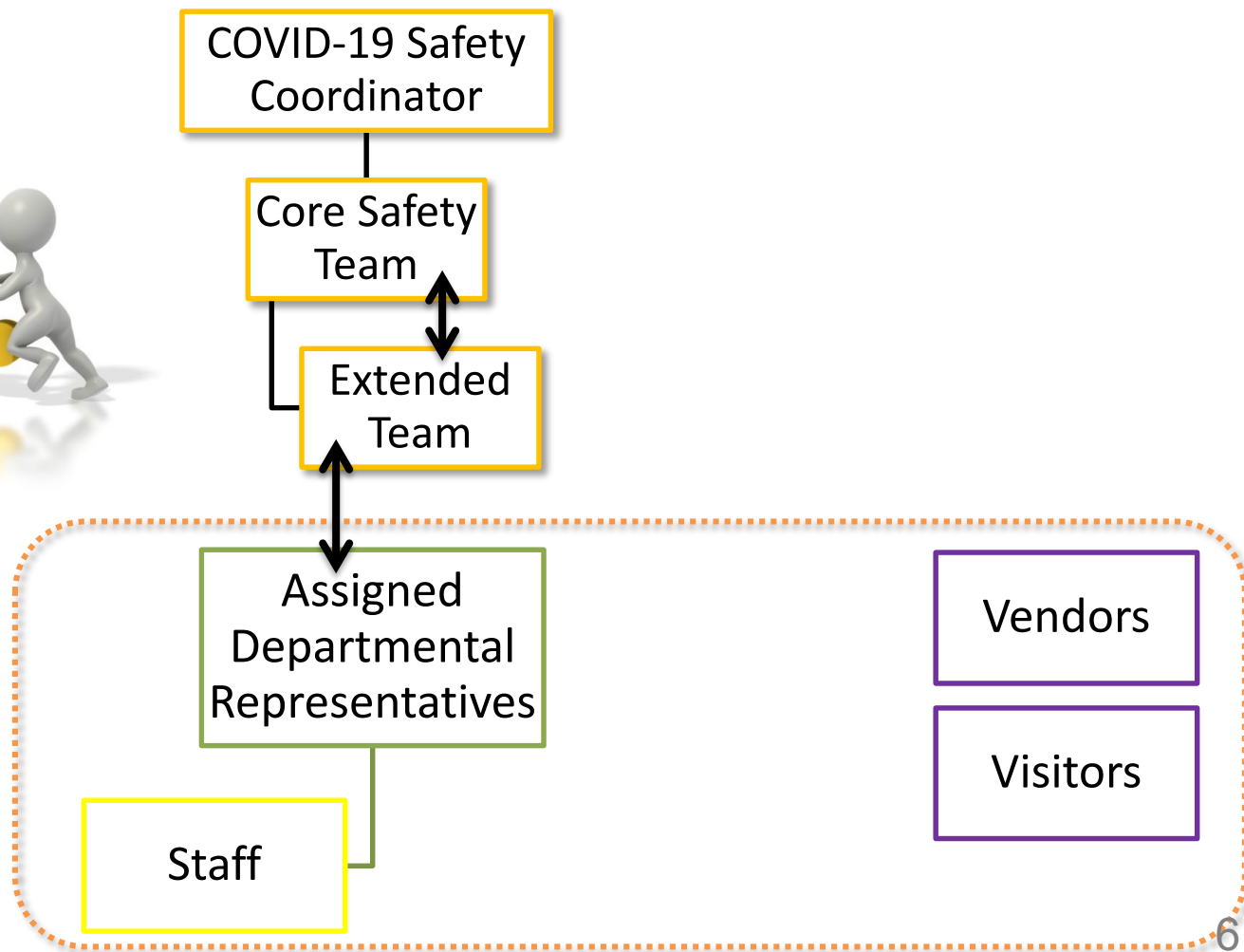


COVID-19
Safety Team

Prevention

Response

COVID-19 Safety Plan Organization



Prevention Element



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

Safe Practices: Consistent Format



PHYSICAL DISTANCING



PERSONAL HYGIENE



PROTECTIVE EQUIPMENT



ENVIRONMENTAL CLEANING



MEDICAL SCREENING

Color Code: Linked SWPs

The collage displays six COVID-19 Safety Plan documents from FACS, each with a different color-coded header:

- Bob's Diner (Purple):** Safe Practices for Restaurants. Includes sections for Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.
- Public Areas (Blue):** Safe Practices for Public Areas. Includes a section for Physical Distancing.
- Specialized Areas (Orange):** Safe Practices for Specialized Areas. Includes a section for Physical Distancing.
- Common Areas (Green):** Safe Practices for Common Areas. Includes sections for Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.
- Personal Areas (Yellow):** Safe Practices for Personal Areas. Includes sections for Physical Distancing, Personal Hygiene, Protective Equipment, Environmental Cleaning, and Medical Screening.
- Medical Screening (Red):** Safe Practices for Medical Screening. Includes a section for Medical Screening.



Color Mapping SWPs

Global Safe Work Practices – All Employees, Visitors and Vendors

Green

Staff Personal Areas

- Personal Offices
- Individual Workstations

Yellow

Staff Common Areas

- Copy Rooms
- Break Rooms
- Conference Rooms
- Staff Restrooms

Orange

Staff Specialized Areas/Tasks

- Mailrooms
- Fleet Vehicles
- Mechanical Garage

Light Purple

Public Common Areas

- Public Lobby
- Corridors
- Public Restrooms
- Elevators

Dark Purple

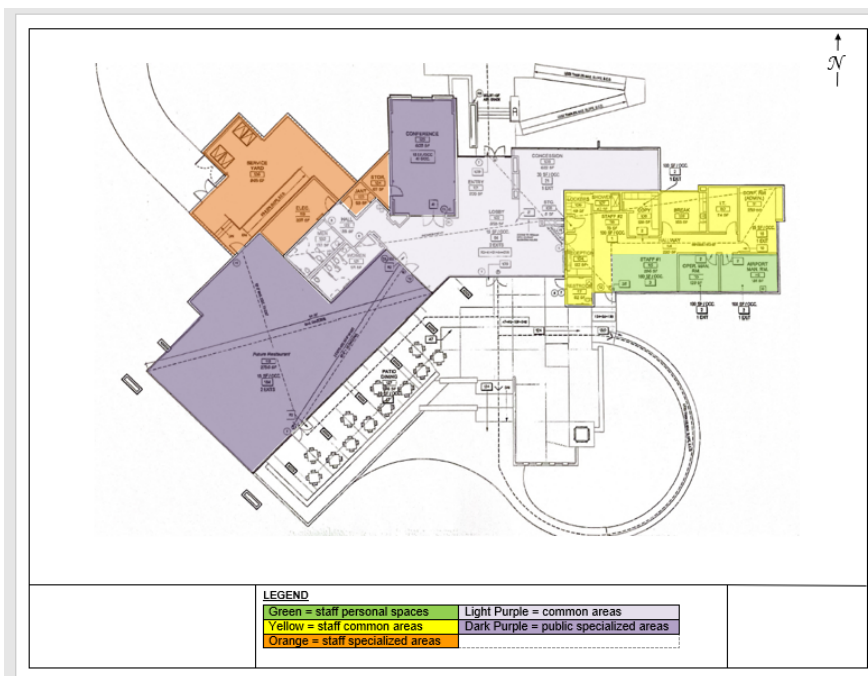
Public Special Areas

- Reception Areas
- Council Chambers

Employee Areas only – No Public Access

Public Areas

Safe Practices: Coded Mapping



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

Postings & Forms

COVID-19 SAFETY PLAN FACS COVID-19 Safe Practices (Staff Area, General): Offices--Room Posting

Golden Gate Conference Room

MAXIMUM OCCUPANCY
3 around conference table
4 outside conference table

SEATING CONFIGURATION

1st layout: around conf. table 2nd layout: outside conf. table

USE INSTRUCTIONS

Follow the general COVID-19 safety practices for all employees and all visitors in addition to specific practices developed for the subject area. This includes, but is not limited to:

- Medical Screening.** Do not use this area and remain at home if you are experiencing symptoms related to COVID-19 or have been exposed to a known or suspected case.
- Physical Distancing.** Maintain a distance of at least six feet between yourself and others, at all times. The greater the distance the better.
- Personal Hygiene.** Wash hands/use hand sanitizer before and after using the area. Avoid placing personal items on surfaces unless necessary. Cover coughs/sneezes.
- Protective Equipment.** Wear a face covering/mask which covers the nose and mouth whenever others are present or anticipated to be present in the area.
- Environmental Cleaning.** Clean and disinfect surfaces you will be frequently touching before and after using the area.

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.

Rev. 2/14/20

COVID-19 SAFETY PLAN COVID-19 Safe Practices: Visitor Posting

COURTSIDE BUILDING

Students are not permitted in this area without prior authorization.

Follow the general COVID-19 safety practices for visitors, as well as additional practices developed for this area as communicated by your contact. This includes, but is not limited to:

- Medical Screening.** Leave the area and remain at home if you are experiencing symptoms related to COVID-19 or have been exposed to a known or suspected case.
- Physical Distancing.** Maintain a distance of at least six feet between yourself and others at all times. The greater the distance the better.
- Personal Hygiene.** Wash hands/use hand sanitizer before and after using the area. Avoid placing personal items on surfaces unless necessary. Cover coughs/sneezes.
- Protective Equipment.** Wear a face covering/mask which covers the nose and mouth at all times, unless working alone in room where others will not enter (Personal Workstations).
- Environmental Cleaning.** Clean and disinfect personal items that you will be frequently touching before and after using the area.

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.

Rev. 5/20/20

COVID-19 SAFETY PLAN COVID-19 Safe Practices: Dorm Cleaning/Disinfection Log

Page: ___ of ___

Location & Purpose: _____ Reviewed By: _____ Date: _____

Completed (date/time)	Project EPA ID#	Area/Surface	Cleaning/Disinfection Protocol method/product/person responsible	Frequency

Note: Completed by hand in blue or black pen. Inspect and revise frequently.

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COVID-19 SAFETY PLAN COVID-19 Safe Practices: Restroom Posting

STUDENT RESTROOM / SHOWER

Maximum Occupancy
2

Follow the general COVID-19 safety practices for all employees and all visitors as well as the following practices specific to restrooms:

- Medical Screening.** Leave the area and inform your ADH if you are experiencing symptoms related to COVID-19 or have been exposed to a known or suspected case.
- Physical Distancing.** Maintain at least six feet of distance between yourself and others. The greater the distance the better. Minimize the time spent in the area to the shortest time possible. Do not socialize or linger.
- Personal Hygiene.** Minimize the surfaces you touch and avoid placing personal items on surfaces. Cover coughs/sneezes and wash your hands before entering and leaving the restroom.
- Protective Equipment.** Wear a face covering/mask which covers the nose and mouth at all times, unless you are alone and are sure others will not enter (i.e., showering).
- Environmental Cleaning.** Restrooms are cleaned/disinfected routinely. Please inform a building/area representative if conditions warrant immediate attention.

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.

Rev. 2/14/20

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COVID-19 SAFETY PLAN COVID-19 Safe Practices: Restroom Posting

ADH ONLY RESTROOM

Students are not permitted in this space.

Follow the general COVID-19 safety practices for all employees and all visitors as well as the following practices specific to restrooms:

- Medical Screening.** Leave the area and remain at home if you are experiencing symptoms related to COVID-19 or have been exposed to a known or suspected case.
- Physical Distancing.** Follow all occupancy guidance and 6 feet distancing requirements. Minimize the time spent in the area to the shortest time possible. Do not socialize or linger.
- Personal Hygiene.** Minimize the surfaces you touch and avoid placing personal items on surfaces. Cover coughs/sneezes and wash your hands upon entering and leaving the restroom.
- Protective Equipment.** Wear a face covering/mask which covers the nose and mouth at all times, unless you are alone and are sure others will not enter (i.e., locked door, showering).
- Environmental Cleaning.** Restrooms are cleaned/disinfected routinely. Please inform a building/area representative or your supervisor if conditions warrant immediate attention.

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.

Page 1 of 1

Safe Work Practices - Forms

- Inspection Form
- Cleaning / Disinfection Log
 - Area/surface
 - Frequency
 - Product EPA ID#
 - Method/Protocol
 - Individual Assigned
- Completed by hand (not digital)
- Keep hard-copies (scanned) and digital copies

COVID-19 SAFETY PLAN COVID-19 Safe Practices: Dorm Inspection Form

Date: _____ Inspector: _____ Page ___ of ___

Location: _____

Q#	Question	Yes	No	n/a
1.	Are COVID-19 safety practices applicable to the area posted or otherwise available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are each of the listed safety practices being followed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have employees/students completed required COVID-19 safety training as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	oval)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	il barrier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	s?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	earing of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19 SAFETY PLAN COVID-19 Safe Practices: Dorm Cleaning/Disinfection Log PAGE ___ OF ___

Location & Purpose: _____ Reviewed By: _____ Date: _____

Completed (initials/date/time)	Product EPA ID#	Area/Surface	Cleaning/Disinfection Protocol (method/product/party responsible)	Frequency

Notes:
Completed by hand in blue or black pen. Inspect and revise frequently.

Rev. 5/30/20 © Forensic Analytical Consulting Services

Response Element



Incident Assessment

People exposed, surfaces impacted



Notification & Communication

Customers/visitors, employees... quarantine protocol



Cleaning & Disinfection

Scope, products, methods... enhanced practices

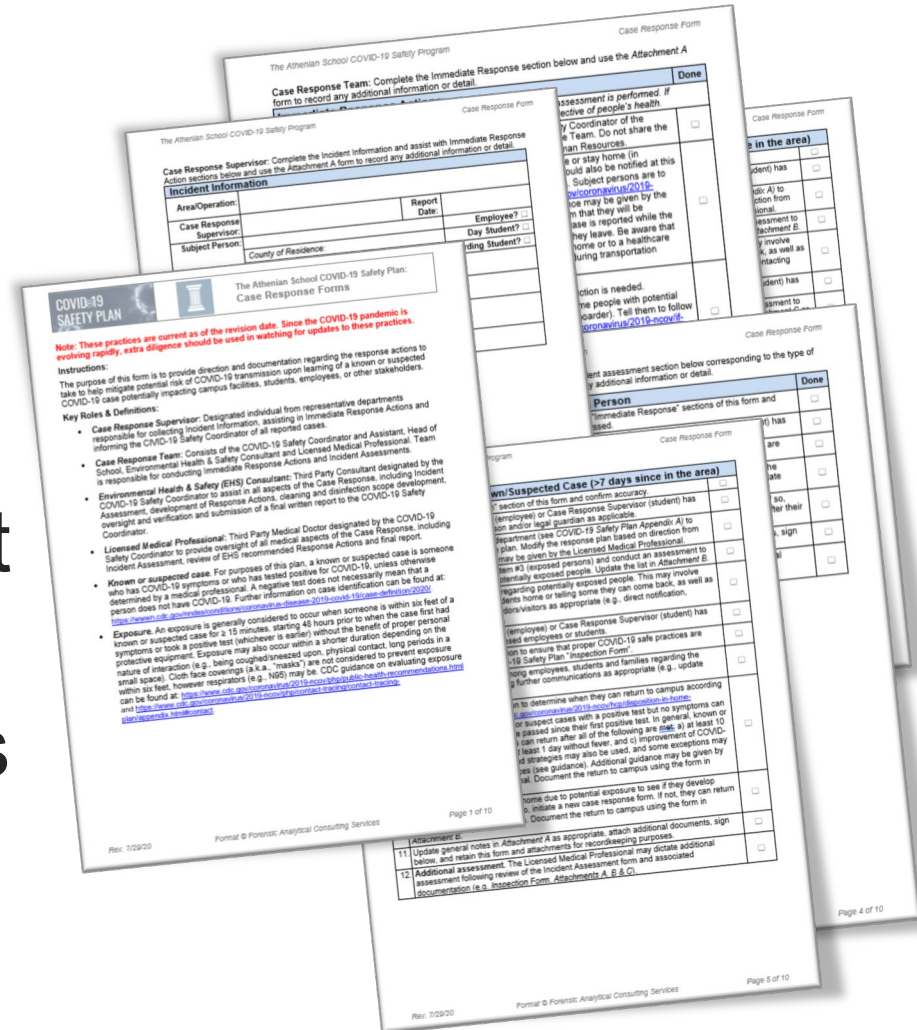


Verification & Documentation

Monitoring, confirmation, incident closure

Case Response Form (in Appendices folder)

- Defines “*Exposure*” and “*Suspected or Confirmed Case*”
- Detailed Checklist for Assessment & Response Actions



Additional Components

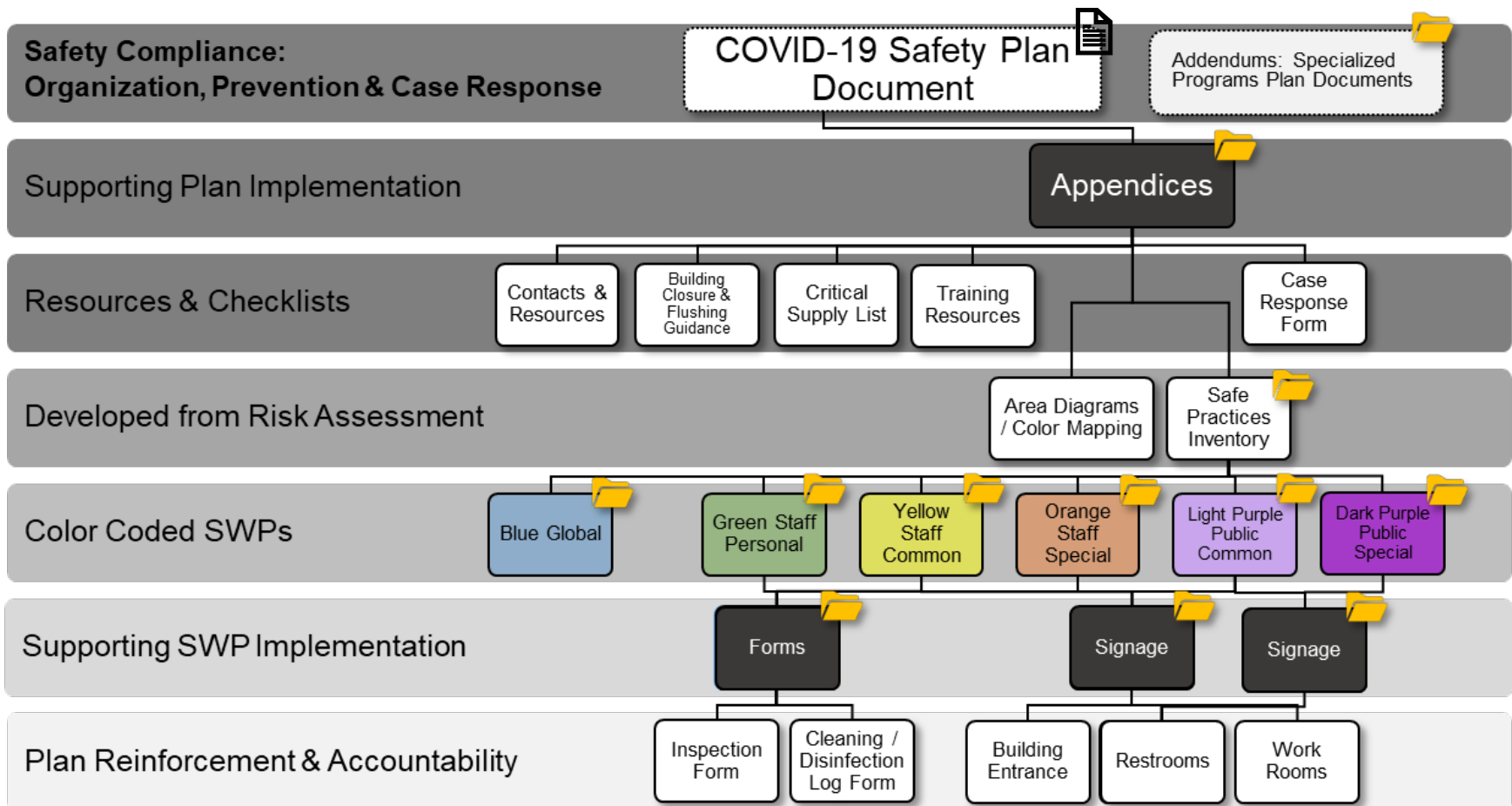
Building Closure

- Water, HVAC, indoor air quality....before closure, during closure, before re-occupancy

Supply Management

- Specification, procurement, distribution, inventory

Document Overview



Reminders...

- Tools are a Framework
 - Helps structure development of practices
 - Provides some basics of what is needed
 - Requires additional development of practices
- Elements are Subject to Change
 - **COVID-19 guidance is in constant flux**
 - Template language may become outdated
 - Review the guidance & stay informed

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

• FACS Insider Blog Posts

- 16 COVID-19 Updates so far
- <https://forensicanalytical.com/blog/>

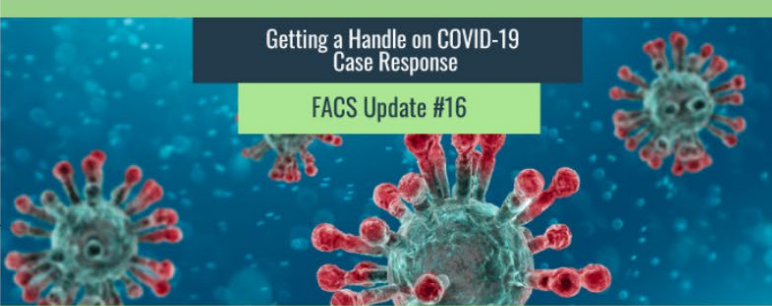


FILTER BY CATEGORY

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

Getting a Handle on COVID-19 Case Response

FACS Update #16



General Industrial Hygiene


Getting a Handle on COVID-19 Case Response – FACS Update #16

As more businesses reopen and the number of cases of COVID-19 climb in the community, organizations are having to navigate the challenges, twists and turns of managing a proper response to a known or suspected case. In this discussion we talk about the fundamentals of case response in non-healthcare settings and some of the lessons

[Read More »](#)

Six Months of COVID-19 - What Have We Learned?

FACS Update #15



General Industrial Hygiene

Six Months of COVID-19 – What Have We Learned? – FACS Update #15

While some may wonder where the time has gone, others may feel like they have been stuck in a continual time loop, living the

[Read More »](#)

Thank You!

Forensic Analytical Consulting Services, Inc.

**Right
People.**

**Right
Perspective.**

**Right
Now.**



Forensic Analytical Consulting Services

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

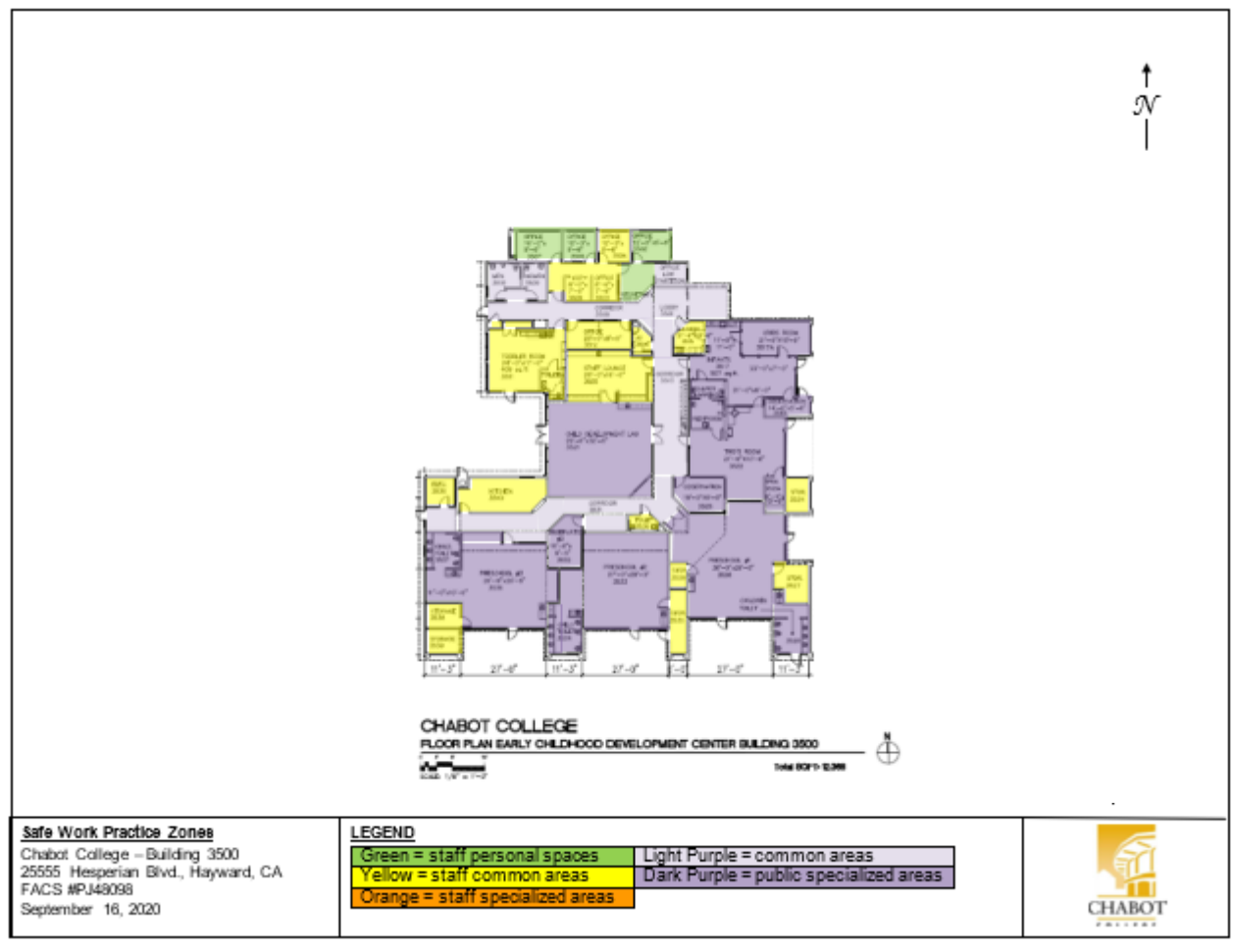


ENVIRONMENTAL CLEANING



MEDICAL SCREENING

SWP Zones

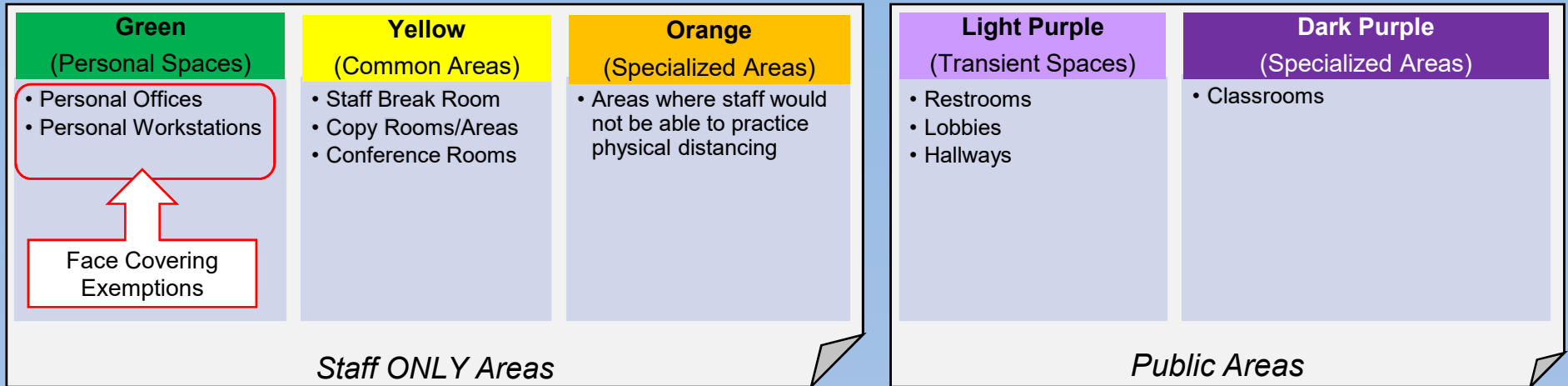


Color Code: Linked SWPs






The collage displays several FACS COVID-19 Safety Plan documents. The documents are color-coded with yellow and green highlights. A large blue arrow points from the 'Personal Offices and Workstations' document towards a vertical column of icons on the right.



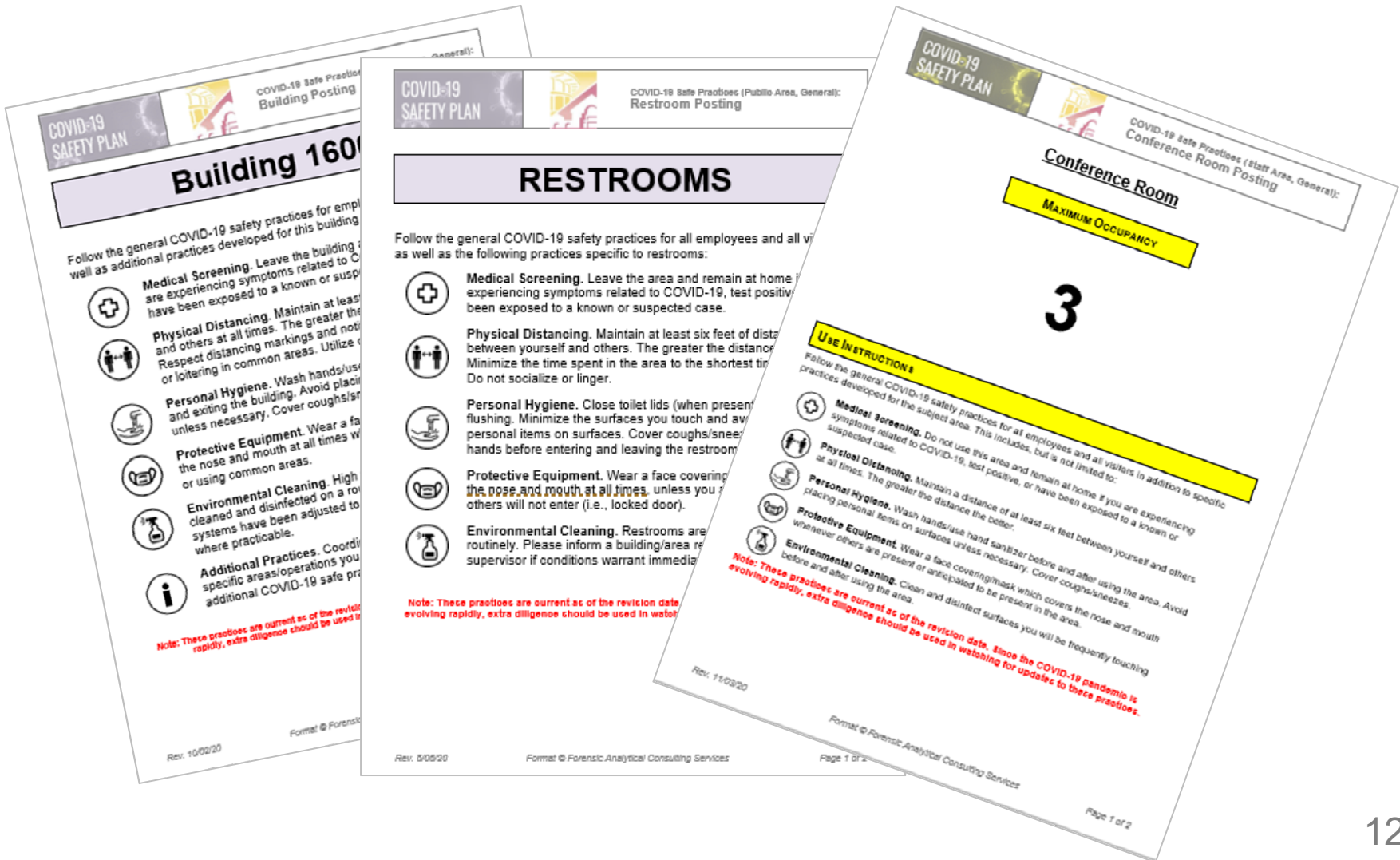
COVID-19 Safe Work Practices Color Code Mapping



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 ≥ 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 image shows multiple overlapping copies of the Case Response Form. The most prominent document is the 'COVID-19 SAFETY PLAN' and 'Case Response Form'. It features a header with the FACS logo and the text 'The Athenian School COVID-19 Safety Program'. Below the header, there are instructions for supervisors to complete the form and use Attachment A. The form includes sections for 'Incident Information' with fields for Area/Operation, Supervisor, Subject Person, and Phone/Email. It also has checkboxes for 'Is the person reporting exposure to a case?' and 'Is the person reporting symptoms or a positive test?'. A table for 'Incident Assessment' is visible, with columns for 'Employee?' and 'Visitor?'. Other documents in the collage show a checklist for 'Suspected Case (57 days since in the area)' and a checklist for 'Incident Assessment' with various items to be checked.

Case Response Form

Appendix F: Case Response Form

		Chabot Las Positas CCD COVID-19 Safety Plan: Case Response Form																					
<p>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.</p>																							
<p>Instructions:</p> <p>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.</p>																							
<p>Key Definitions:</p> <ul style="list-style-type: none"> 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/nczod/cd/conditions/comparative-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/dh/tb/public-health-recommendations.html and https://www.cdc.gov/coronavirus/2019-ncov/dh/tb/public-health-recommendations.html#contact-tracing 																							
<p>Supervisors: Complete the Incident Information and Immediate Response sections below and use the form in Attachment A to record any additional information or detail.</p>																							
Incident Information																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Area/Operation:</td> <td colspan="2"></td> </tr> <tr> <td>Supervisor:</td> <td style="width: 20%;">Report Date:</td> <td style="width: 20%;"></td> </tr> <tr> <td>Subject Person:</td> <td>Employee? <input type="checkbox"/></td> <td>Visitor? <input type="checkbox"/></td> </tr> <tr> <td>Phone/Email:</td> <td colspan="2"></td> </tr> <tr> <td>Is the person reporting exposure to a case?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>If "yes", list date of exposure:</td> </tr> <tr> <td>Is the person reporting symptoms or a positive test?</td> <td> <input type="checkbox"/> Yes <input type="checkbox"/> No </td> <td>If yes, list symptom onset date or date test collected (whichever is earlier):</td> </tr> <tr> <td colspan="3" style="text-align: center;">Date the person was last in the subject area: (If >14 days ago, no further action is required).</td> </tr> </table>			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).		
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).																							

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. Notify. Inform the COVID-19 Safety Coordinator of the incident. Do not share the identity of the person involved with any other parties except Human Resources.	<input type="checkbox"/>
2. Address the subject person. Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). 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. Address potentially exposed people. <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person is a known or suspected case, send home people with potential exposure to the person. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). If they are an employee, tell them that they will be contacted by Human Resources with further information. Record the names of persons sent home in Attachment B.	<input type="checkbox"/>
4. Address areas with prolonged exposure (closure). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area 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. Address areas without prolonged exposure (cleaning). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area for >7 days, then no action is needed. <input type="checkbox"/> 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. Additional assessment. 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 employees. 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 (https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html). 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 (https://www.cdc.gov/coronavirus/2019-nCoV/when-to-return-to-work.html). 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!



COVID-19 Safety Plan Classroom SWP

COVID-19 SAFETY PLAN

COVID-19 Safe Practices (Public Area, Special):
Chabot Community College
Classrooms

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.

All Chabot-Las Positas employees must follow the "General Practices for All Employees" COVID-19 safety guidance and all visitors/students must follow the "General Practices for All Visitors" COVID-19 safety guidance. This document provides additional more specific COVID-19 safety practices tailored to the work area/operation listed above. Questions regarding COVID-19 safety should be directed to your supervisor or the designated COVID-19 Safety Coordinator, Owen Letcher (925)485-5277.

MEDICAL SCREENING

- As indicated in the general COVID-19 Safety Practices Guidance for Employees and Visitors, stay home if you exhibit COVID-19 symptoms, test positive, have been in close contact with a known or suspected case, or have risk factors for more severe illness.
- All persons present at the facility, including both staff and students, will be monitored throughout the day for any signs of possible illness. Any person who begins exhibiting symptoms will trigger implementation of the case response protocol. If a student exhibits symptoms, they will be isolated from other students and staff and will be required to leave the site.

PHYSICAL DISTANCING

- Maintain Physical Distance.** Maintain at least six feet of distance between yourself and others. More distance and more physical barriers between people are better. Computer workstations should be maintained 6 feet apart or separated by physical barriers such as Plexiglass.
- Reduced Physical Interaction.** Follow guidance from your supervisor or site contact about working from home, staggering work schedules and break times, conducting business online, and other measures aimed at reducing the need for physical interaction.
- Groupings (Congregating).** Keep student and staff groupings as static as possible. Limit mixing between groups.
- Activities.** Plan activities focusing on individual study or small groups that allow for physical distancing. Prioritize outdoor activities as much as possible. Activities that involve loud talking or heavy exertion should be curtailed or incorporate greater physical distancing due to greater risk of expelled respiratory droplets.
- Classroom Layout.** Be aware of and support changes in the classroom layout that support physical distancing (e.g., do not use seats/desks marked as out of use, do not rearrange configurations changed for distancing, know traffic flow guidance). Keep seating/desks at least 6 feet apart. Ensure seating/desks face in the same direction (rather than facing each other) where barriers in between if facing each other.
- Maximum Occupancies.** The following classroom occupancy limits have been determined to help promote proper physical distancing (includes 1 instructor):
 - Room 1402 = 17 people maximum
 - Room 1406 = 9 people maximum
 - Room 1414 = 13 people maximum
 - Room 1418 = 12 people maximum
 - Room 1602 = 16 people maximum
 - Room 1613 = 15 people maximum
 - Room 1616 = 11 people maximum

Rev: 10/12/20

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Chabot-Las Positas OOD COVID-19 Safety Plan

Chabot Community College Classrooms

PROTECTIVE EQUIPMENT

- Masks.** As indicated in the general COVID-19 safety practices guidance for employees and visitors (including students), surgical, paper or cloth masks (a.k.a., face coverings) must be worn at all times unless both: a) you are alone in a substantially enclosed personal workspace (office, cubicle), room, or isolated area, and b) no other persons are anticipated to come within six (6) feet. Instructional staff may wear a face shield in lieu of a mask in limited situations when instructed. Instruction, provided the instruction can be performed from a distance of at least six feet, may be performed in a substantially enclosed and assigned respirators (e.g., N95) may also be used in lieu of face coverings. Face coverings are not to be worn in situations where they are unable to remove the covering without being instructed in such situations as determined on a case-by-case basis. Cloth masks substantially inhibits users and at the end of a work shift, masks should be removed and stored in a designated container. During certain tasks may wear face coverings using disinfectants or while cleaning work and remove them (using breaks or performing any other tasks).

When required, staff can protect themselves by wearing face coverings that are properly removed and laundered if it becomes necessary.

The classroom are cleaned as specified in the "General Practices for All Employees" safety guidance, including desks, chairs, blackboards, door knobs, light switches, and storage furniture. Coordinate with your supervisor regarding cleaning responsibilities in supporting the cleaning plan.

Hand sanitizer, disinfectant, and other items into the area should either: 1) be used to clean hands and contacted surfaces after handling high-touch items, or 2) be used to reduce risk diminishes. Current CDC guidance indicates that hand sanitizer should be used within hours to days, and that COVID-19 has not been shown to survive on surfaces for more than seven days.

When using disinfectants and materials will be used, ensure that they are used in accordance with employees' COVID-19 safety guidance, disinfectants typically includes a minimum contact time to ensure effectiveness and to ensure proper use of the product safety.

When a vendor in the classroom, confirm with them that they are familiar with the safety practices, or known exposures. Ensure they are familiar with the safety practices, as well as additional classroom-specific practices. For any additional safety practices people in the area will be required to wear as appropriate. Meet visitors at the door and ensure they are wearing a face covering.

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Chabot-Las Positas OOD COVID-19 Safety Plan

Chabot Community College Classrooms

PROTECTIVE EQUIPMENT

- Masks.** As indicated in the general COVID-19 safety practices guidance for employees and visitors (including students), surgical, paper or cloth masks (a.k.a., face coverings) must be worn at all times unless both: a) you are alone in a substantially enclosed personal workspace (office, cubicle), room, or isolated area, and b) no other persons are anticipated to come within six (6) feet. Instructional staff may wear a face shield in lieu of a mask in limited situations when instructed. Instruction, provided the instruction can be performed from a distance of at least six feet, may be performed in a substantially enclosed and assigned respirators (e.g., N95) may also be used in lieu of face coverings. Face coverings are not to be worn in situations where they are unable to remove the covering without being instructed in such situations as determined on a case-by-case basis. Cloth masks substantially inhibits users and at the end of a work shift, masks should be removed and stored in a designated container. During certain tasks may wear face coverings using disinfectants or while cleaning work and remove them (using breaks or performing any other tasks).

When required, staff can protect themselves by wearing face coverings that are properly removed and laundered if it becomes necessary.

The classroom are cleaned as specified in the "General Practices for All Employees" safety guidance, including desks, chairs, blackboards, door knobs, light switches, and storage furniture. Coordinate with your supervisor regarding cleaning responsibilities in supporting the cleaning plan.

Hand sanitizer, disinfectant, and other items into the area should either: 1) be used to clean hands and contacted surfaces after handling high-touch items, or 2) be used to reduce risk diminishes. Current CDC guidance indicates that hand sanitizer should be used within hours to days, and that COVID-19 has not been shown to survive on surfaces for more than seven days.

When using disinfectants and materials will be used, ensure that they are used in accordance with employees' COVID-19 safety guidance, disinfectants typically includes a minimum contact time to ensure effectiveness and to ensure proper use of the product safety.

When a vendor in the classroom, confirm with them that they are familiar with the safety practices, or known exposures. Ensure they are familiar with the safety practices, as well as additional classroom-specific practices. For any additional safety practices people in the area will be required to wear as appropriate. Meet visitors at the door and ensure they are wearing a face covering.

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Safe Practices: Consistent Format



PHYSICAL DISTANCING



PERSONAL HYGIENE



PROTECTIVE EQUIPMENT



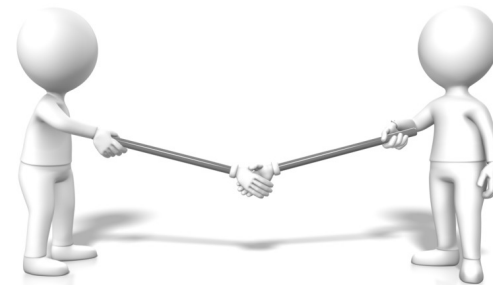
ENVIRONMENTAL CLEANING



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

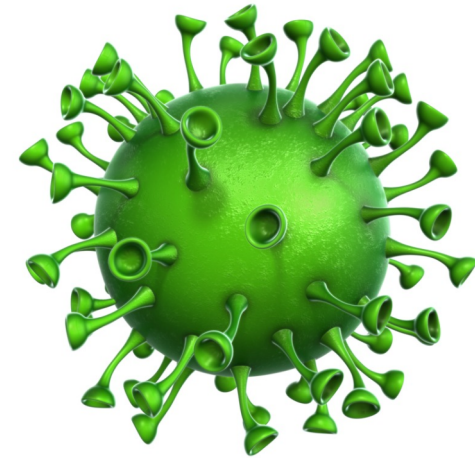
PPE

- 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

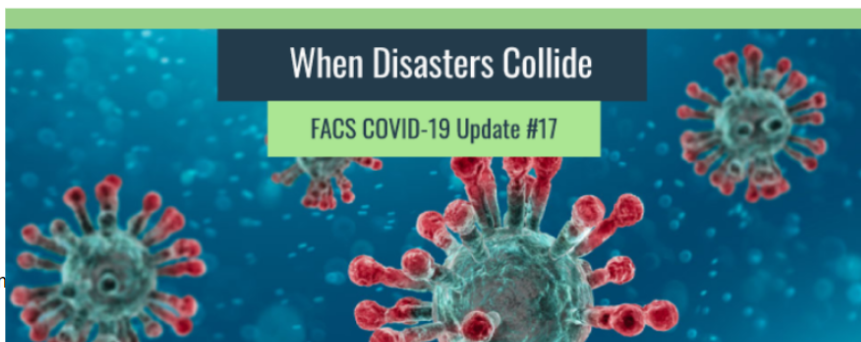


Thank you!

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.**

Appendix G

Inspection Form



**Chabot Las-Positas COVID-19 Safety Plan:
Inspection Form**

Date: _____ Inspector: _____ Page ___ of ___

Location: _____

Q#	Question	Yes	No	n/a
1.	Are COVID-19 safety practices applicable to the area posted or otherwise available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	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 eliminate 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"/>
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Date: _____ Inspector: _____ Page ____ of ____

Location: _____

Continued...

Q#	Notes (Comment on deficiencies/improvements. Reference question number above.)	Action Needed?	Action Done?
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Appendix H

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"/> 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.	Notify. Inform the COVID-19 Safety Coordinator of the incident. Do not share the identity of the person involved with any other parties except Human Resources.	<input type="checkbox"/>
2.	Address the subject person. Have the subject person go home or stay home. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). 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.	Address potentially exposed people. <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person is a known or suspected case, send home people with potential exposure to the person. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine-isolation.html). If they are an employee, tell them that they will be contacted by Human Resources with further information. Record the names of persons sent home in Attachment B.	<input type="checkbox"/>
4.	Address areas with prolonged exposure (closure). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area 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.	Address areas without prolonged exposure (cleaning). <input type="checkbox"/> If the subject person is only reporting an exposure, then no action is needed. <input type="checkbox"/> If the subject person has not been in the area for >7 days, then no action is needed. <input type="checkbox"/> 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.	Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.	<input type="checkbox"/>

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

Incident Assessment: Exposed Person		Done
1.	Review the "Incident Information" and "Immediate Response" sections of this form and confirm that have been properly addressed.	<input type="checkbox"/>
2.	Confirm that Human Resources 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"/>

Incident Assessment: Known/Suspected Case (>7 days since in the area)		
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 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html). 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"/>

Incident Assessment: Known/Suspected Case (≤7 days since in the area)		
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 (https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html). 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

Attachment C: Case Response—Cleaning/Disinfection Log				
Area/Operation:			Report Date:	
Done	ID#	Area/Surface	Infection Risk¹	Cleaning/Disinfection Protocol (method/product/party)
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Notes:
 1--Infection Risk: Degree of infection risk presented by the surface based on degree of impact and frequency of contact (High, Med, Low or 1,2,3,4...)