



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

Updated July 15, 2022

Version 4.1

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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 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 the same indoor airspace 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 the same indoor airspace 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, 2022, 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.

“**Returned case**” means a COVID-19 case who returned to work pursuant to subsection (c (10) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period of other than 90 days is required by CDPH regulation or order, that period shall apply.

“**Worksite**”, for the limited purposes of section 3205 through 3205.4 only, means the building or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the worker worked by themselves without exposure to other employees, or to a worker’s personal residence or alternate work location chosen by the worker when working remotely.

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., 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).
5. Supply Management. The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties (e.g., Facilities Maintenance & Custodial) 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 B.

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. Wear a well-fitting mask for 10 days following close contact or positive test for COVID-19. 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 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 daily COVID-19 symptom self-screening prior to arriving on site. If symptom screening is conducted upon entry to site will be done 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, 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

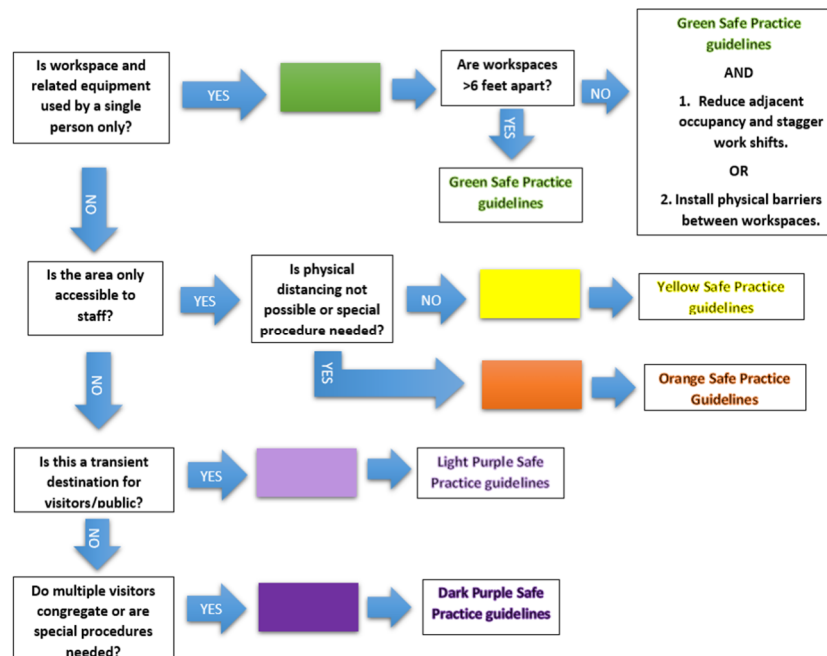
Efforts to reduce the risk of infection from the COVID-19 virus are being enacted through a process of assessing infection risk, establishing and communicating safe work practices, providing training, and confirming that the safe work practices are being implemented properly. These and other elements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

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.
- 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; and that an infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing when in a mixed population of fully vaccinated and unvaccinated individuals 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.
- Face coverings must be worn at the workplace when the Centers For Disease Control determine that Alameda County is in the High Risk category for all indoor locations, or in the Medium Risk category for all classrooms, laboratories and dark purple public specialized areas identified on the Safe Work Practices Zone Maps.
- 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 D. 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.

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. 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 symptomatic or suspected close contact within the workplace employees during regular working hours.
- 4.5.1.3.** COVID-19 viral testing results must be communicated to the Safety Coordinator. Positive tests will trigger the Case Response protocol (see Appendix E).

4.5.2. Identification and Tracing of Contacts.

- 4.5.2.1.** As part of the routine COVID-19 symptomatic and outbreak testing plan, training for supervisory 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 shall 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:
- At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications;
 - COVID-19 symptoms have improved; and
 - If an antigen test is performed on or after day 5 with a negative result the individual may return on or after day 6; If testing is not performed or unable to be performed the individual may return after 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 5 days have passed since the date of specimen collection of their first positive COVID-19 test. Or if tested using an antigen test on or after day 5 may return on or after day 6 with a negative test result. If unable to test or testing positive on day 5 or after continue isolation until after day 10 and until symptoms are resolving. Wear a well-fitting mask around others for a total of 10 days following positive test results
- 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 based upon current CDPH guidelines for isolation and quarantine based upon vaccination status.
- 4.5.5.7.** For unvaccinated 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.

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 direction to the supervisor on potentially exposed persons, communication with concerned stakeholders via the site administrator, 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 and outside environmental health consultants as needed.
4. The COVID-19 Safety Coordinator manages the case response protocol until the subject environment has been properly addressed and all identified potentially exposed persons have been cleared to return to the area/operation.
5. The COVID-19 Safety Coordinator compiles the completed and signed case response form, along with all associated documentation, and retains these materials for recordkeeping purposes.

Appendix A

Contacts and Resources



**Chabot Las Positas Community College District
COVID-19 Safety Plan:
Contacts & Resources**

COVID-19 Safety Coordinator

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

Core COVID-19 Safety Team

Name	Department/Title	Phone	Email
Nan Ho	LPC Math & Science - Dean	925-424-1182	nho@laspositascollege.edu
Don Carlson	CC Applied Technology - Dean	510-723-6653	dcarlson@chabotcollege.edu
Amy Mattern	LPC Arts & Humanities Dean	925-424-1382	amattern@laspositascollege.edu
Matt Kritscher	CC Vice President of Student Services	510-723-6743	mkritscher@chabotcollege.edu
Walt Blevins	Director of Maintenance & 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
Dale Wagoner	CC Vice President of Administrative Services	510-723-6626	dwagoner@chabotcollege.edu
Kristina Whalen	LPC Vice President of Academic Services	925-424-1103	kwhalen@laspositascollege.edu
Jamal Cooks	CC Language Arts – Dean	510-723-6805	jcooks@chabotcollege.edu
Mujeeb Dadgar	Public Relations, Marketing and Government Relations	925-485-5211	mdadgar@clpccd.org
Wyman Fong	Vice Chancellor of Human Resources	925-485-5261	wfong@clpccd.org
Jennifer Druley	Manager, Human Resources	925-485-5240	jdruley@clpccd.org

Notes

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Internal Team Resources

Safety Practices Location	http://districtazure.clpccd.org/urgentalerts/index.php
Environmental Health Consultant	Forensic Analytical Consulting Services (www.forensicanalytical.com) Madeleine Rebullida o. 510-266-4600 ♦ d. 510-330-6026 ♦ mrebullida@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

CDC (Centers for Disease Control)	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
California	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
Back to Work Safely	https://www.backtoworksafely.org/

Appendix B

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	12/12/21
Gloves	Various sizes of latex, rubber, and poly gloves		12/12/21
Cloth Face Coverings	Woven fabric	CAL OES Supplies received	12/12/21
Procedure Masks	Disposable masks	CAL OES Supplies received	7/1/2022
N-95 Respirator Masks	N-95 Particulate Respirator	CAL OES Supplies received	7/1/2022
KN-95 Filtering Facepiece	KN-95 and KF-94 disposable masks	Supplies ordered from Amazon	7/1/2022
Disinfection Solution	3% Hydrogen Peroxide Solution	Bulk solution with individual spray bottles	12/12/21
Reusable Face Shields	Clear face shield with adjustable head strap	CAL OES Supplies received	12/12/21
Non-Contact Infrared Thermometer		CAL OES Supplies received	12/12/21

Appendix C

Inventory of Safe Practices



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

Chabot Community College

Category	Safe Practice Title	Revised
Global	General Practices for All Employees	01/03/2022
Global	General Practices for Visitors	01/03/2022
Forms	Cleaning/Disinfection Log	01/03/2022
Forms	Inspection Form	01/03/2022
Public General	Buildings Postings	01/03/2022
Public General	Restrooms Posting	01/03/2022
Public Special	Public Special Areas—Auto Shop Safe Practices Guides	01/03/2022
Public Special	Public Special Areas—Classrooms Safe Practices Guides	01/03/2022
Staff General	Offices—Safe Practices Guide	01/03/2022
Staff General	Restrooms Posting	01/03/2022
Staff General	Work Room Posting	01/03/2022
Staff Personal	Personal Work Areas	01/03/2022
Staff Special	Staff Special Area—Safe Practices Guide	01/03/2022

Specific Work Area/Operation Safe Practices – CLIENT DEVELOPED

Category	Area/Operation	Safe Practice Title	Revised

Appendix D

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 for unvaccinated individuals (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 for unvaccinated individuals?	<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.	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"/>
9.	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"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Appendix E

Case Response Form



STAFF OR STUDENT INITIAL REPORT

Instructions:

The purpose of this form is to provide direction and documentation to take action to help mitigate potential risk of COVID-19 transmission upon learning of a known or suspected COVID-19 case potentially impacting facilities, employees, students, or other stakeholders.

Process for Faculty and Instructional Staff

ALL pages completed by either (A) the Dean with assistance from the instructional faculty member (for student reported cases), or (B) by the reporting immediate supervisor staff member (for staff cases). Once complete, the supervisor or dean will submit to the College Vice President, President and COVID-19 Safety Coordinator. The instructor, staff and/or the student shall remain in contact (via phone or email), and the supervisor and the dean shall remain in contact to determine next steps and provide or receive further information

Process for Non-Instructional Staff

Complete ALL pages, the supervisor shall review and submit to the College Vice President, President and COVID-19 Safety Coordinator. The reporting staff member shall keep in contact with the supervisor to determine next steps and provide or receive further information.

Provide the following link to known or suspected case:

www.cdc.gov/coronavirus/2019-ncov/your-health/quarantine-isolation.html

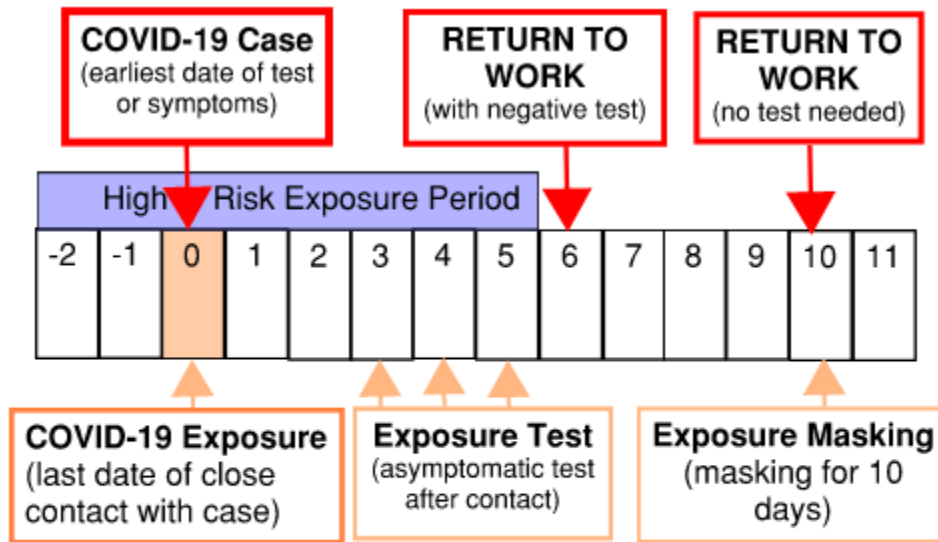
Key Definitions

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

Exposure --Exposure/Close Contact. Use this definition to identify a qualifying case. If person's reported exposure does not meet these criteria, it is likely NOT reportable, reach directly to the COVID-19 Safety Coordinator for clarification.

- Within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period during with the "high-risk exposure period"
 - Exposure period for COVID-19 cases with symptoms starts two days before they first develop symptoms and continues until all of the following are true:
 - Exposure period for COVID-19 cases who never develop COVID-19 symptoms starts two days before the specimen for their first positive test for COVID-19 *was collected* and continues until they are cleared from isolation
- Applies to time/distance *with or without* the use of face coverings (exceptions only for fit-tested respirators)
- Transmissions *may* occur in less time with large viral exposure.

Secondary Exposure – Contact with a person who was only identified as an **Exposure** per the prior definition - NOT a reportable qualifying case. Employees/Students may attend class/work without modification.



Positive test **QUARANTINE**: Test Day 5, return Day 6 if negative
 Asymptomatic: **NO QUARANTINE**; Test Day 3 - 5
CASE and CLOSE CONTACT wear a well-fitted mask for 10 days from Day 0 when around others

Employee/Faculty/Supervisors: If reporting person is present on campus and needs emergency care, ask others to leave the area and dial 911. If reporting person does not need emergency care and has a vehicle on campus, please have them wear a mask and go to their vehicle. If they do not have private transportation, have the person go to an isolated outdoor space or private room with closed door. **Incident Information interview should take place over the phone.** Complete ALL pages. Use Attachment A to record any additional information or detail.

Incident Information			
Area/Dept:			
Supervisor:		Report Date:	
Subject Person:			Employee? <input type="checkbox"/> Student/Visitor? <input type="checkbox"/>
Phone/Email:			
Is the person reporting Exposure to a person with COVID or symptoms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What date(s) of exposure:	
Is the person reporting their own Symptoms or Positive Test ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	What was first date of symptoms or date of positive test result (whichever is earlier):	
		What date(s) was the person on-site, starting 2 days before the first symptoms or positive test?	
Has the person reporting had COVID within 90 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", list date of symptom onset/positive test result (whichever is earlier):	

Immediate Response	Done
<p>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.</p>	
<p>1. Subject Response: <u>Symptoms</u> or <u>Positive Test</u>. Have them go home (or stay home) and get tested ASAP. If reporting person does not need emergency care and has a vehicle on campus, please have them wear a mask and go directly to their vehicle. If they do not have private transportation, have the person go to an isolated outdoor space or private room with closed door. Be aware that the case may need assistance in arranging transport home or to a healthcare provider. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html). If they are an employee, tell them that they may contact Human Resources for further information regarding benefits.</p>	<input type="checkbox"/>
<p>2. Subject Response: Person is reporting <u>Exposure</u>. If individual is asymptomatic do not need to quarantine, but should test 3 to 5 days after the close contact exposure and wear a face covering when around others for 10 days. Tell them to follow guidance from the CDC on what to do (https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html)</p>	<input type="checkbox"/>
<p>3. Return Case: Individuals reporting <u>Exposure</u>. If individual has been a documented COVID-19 Case in the last 90 days and is asymptomatic do not need to quarantine and testing is not required.</p>	<input type="checkbox"/>
<p>4. Notify the COVID-19 Safety Coordinator: Do not share the identity of the person involved with any other parties except Human Resources.</p>	<input type="checkbox"/>
<p>5. LIST on next page other Close Contacts to person with <u>Symptoms</u> or <u>Positive Test</u>* *If the subject person is reporting <u>Exposure</u>, then no action is needed. <input type="checkbox"/> Record the names of persons all people meeting the definition of close contact/exposed to the subject person <input type="checkbox"/> Close contacts must be notified within 1 business day of a <u>Positive Test</u> and must do daily symptom checks but may continue to work/attend school normally if symptom-free and wear a face covering when around others for 10 days.</p>	<input type="checkbox"/>
<p>6. Address Indoor Areas occupied WITHIN LAST 24 HOURS for more than 15 minutes by a person with <u>Symptoms</u> or <u>Positive Test</u>* *If the person is only reporting an <u>Exposure</u>, then no action is needed. <input type="checkbox"/> Close private office, classroom, or other indoor areas that have been occupied for more than 15 minutes by the person within the last 24 hours. If possible, open windows before closing door. Post sign with time and date that reflects 24 hours since the case was last in that space.</p>	<input type="checkbox"/>
<p>7. Additional assessment. Work with the COVID-19 Safety Coordinator to complete a more detailed assessment of the incident.</p>	<input type="checkbox"/>
<p>8. Notification to Campus Worksite Needed:</p>	<p>Yes No</p>

CLOSE CONTACT/EXPOSURE LIST (if person reporting **Symptoms** or **Positive Test**)*
*If the person is only reporting an **Exposure**, then this form IS NOT needed.

Instructions: List anyone on campus who shared the same **indoor** airspace (examples, home, office, classroom, conference room, laboratory, break room) with the person for a cumulative total of 15 minutes or greater in any 24-hour period DURING the “high-risk exposure period”

High Risk Exposure Period Calculation:

EARLIEST date the person either had Symptoms OR had Positive Test _____

High risk period is _____ TO _____
2 days before 5 days with negative test, 10 days without

Area/Operation:				Report Date:	
ID#	Date of Most Recent Exposure	Approx Minutes Exposed	Person (last/first). List role/entity if not an employee.	Symptomatic <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N) <input type="checkbox"/> Return Case (RC)	Date Cleared for Return
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	
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				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> RC	

Print additional pages if needed

