SACRAMENTO STATE Safety Plan
Expanded Campus Activities With COVID-19

Executive Introduction and Disclaimers

This Safety Plan is to guide SACRAMENTO STATE when campus activities are being reinstated and expanded. The purpose is to provide a framework for reducing the risk of infection, and spread of COVID-19 while on-campus activity is expanded. Following the guidelines of this Safety Plan does not guarantee that COVID-19 infection cannot occur if there are activities involving multiple people on campus, but it does actively reduce risk to students, faculty, staff, and the public.

This Plan assumes that there is no effective vaccine fully implemented in the population, and that managing a return to campus mandates an array of actions designed to reduce risk of infection through protocols detailed by Federal and State Health agencies combined with additional programs and procedures that are more specific to SACRAMENTO STATE campus than provided by government agencies.

A return to some campus activities potentially includes classroom and laboratory activities with students and faculty, administrative activities, facilities management and other campus operations. While government agencies or outside organizations may get to determine if sports, recitals, and other activities that would normally have an audience, or events that would normally involve large groups gathering in a location, as well as any other employee activity that involves meetings and gatherings, the safety plan provides guidance if these were to occur. The Plan also includes all Auxiliary activities and functions including food service, housing, and various student services such as gyms, locker rooms, shared computers, and lounge spaces.

This plan is expected to be used in very close coordination between Risk Management and all campus organizations, departments, and management groups as a guideline for determining methods of operation for activities selected by these various campus entities. The Safety Plan provides guidance for each organization to assess risk based on the activities that are being considered, and then implement the COVID-19 safety tools that fit best. Many sections currently indicate the "Protocols developed and implemented by…" the organization that is in charge of the activity or building. The protocol development is expected to be performed in close coordination with Risk Management, as needed.

The plan does not guarantee that COVID-19 infections will not occur. It contains an element to work with campus medical services and county public health to identify if negative trends for infection on campus are occurring and modify the Plan and activities as the situation warrants. After reviewing the steps needed for managing COVID-19 Safety, the University may not wish to continue certain activities, so the Plan does not guarantee that any particular activity may be maintained.

Individual decisions need to be made about risk and benefit of any particular activity by the organization or department that is conducting the activity, and that organization or department is responsible for making a thorough and informed decision about the risks, based on the guidelines in this Safety Plan in conjunction with local and state departments of public health.

There is also a significant element of personal responsibility for every individual who returns to campus to follow the COVID-19 safety protocols. Expanding on-campus activities cannot happen unless every individual assists the collective good and takes some responsibility for their own protection and the protection of others. This includes mandatory training in COVID-19 safety, and an effort to work with the protocols.

The VP of Administration, which manages the Office of Environment Health and Safety, as well as the President, can overrule any decision for expanded activity on campus in the interest of health risk to anyone in the campus community. Disciplinary action may also be invoked for individuals who undermine the health of our campus community by not adhering to any requirements set by the Administration for safe return to campus and creating undue risk.

As information from Federal and State authorities develops and changes, and as directives, regulations, and legislation progresses and changes over time, this Plan, the version number and date will be updated as appropriate in response to new information and requirements.

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1. Injury and Illness Prevention Plan

SACRAMENTO STATE has an IIPP (title 8 section 3203) to protect employees from workplace hazards. SACRAMENTO STATE has determined that COVID-19 infection is a hazard in the workplace so this information is an addendum to the University IIPP. SACRAMENTO STATE will implement measures to prevent or reduce infection hazards, such as implementing the CDC recommended actions listed below and following Sacramento Public Health Department protocols.

These guidelines include infection prevention measures which include:

- Actively encouraging sick employees to stay home
- Sending employees with acute respiratory illness symptoms home immediately
- Report suspected cases
- Avoiding sharing personal items with co-workers (i.e. dishes, cups, utensils, towels)
- Providing soap and water, or hand sanitizer for use by employees
- Performing routine environmental cleaning of shared workplace equipment and furniture
- Advising employees to check CDC's Traveler's Health Notices before travel

The CDC guidelines also contain recommendations for creating an infectious disease outbreak response plan to be followed in the event of an outbreak. These response plans include one or more of the following:

Allowing flexible worksites, telecommuting and flexible work hours to increase physical distance among employees

Using other methods of minimizing exposure between employees, and between employees and the public

Postponing or canceling large work-related meetings or event

a. Worker Safety

i. SACRAMENTO STATE primarily uses the Triad of risk mitigation recommended by government agencies: Social Distancing, Masks, and Hand Washing

ii. Anyone preparing a building after a period of reduced inactivity due to COVID-19 should be provided with appropriate personal protective equipment (PPE)

iii. PPE can also protect workers against exposure to dust, allergens and other contaminants that may have been introduced during the inactive period.

iv. After use, workers should properly dispose of or sanitize PPE in accordance with regulatory requirements.

v. After removing PPE, staff should wash their hands immediately.

vi. Follow all applicable safety practices, referring to existing regulatory requirements, policies, procedures and risk assessments

vii. Consider any changes that may be necessary as a result of COVID-19 mitigation within the building.

Washing Facilities

Regardless of COVID-19 risk, SACRAMENTO STATE provides washing facilities that have an adequate supply of suitable cleansing agents; water and single-use towels or blowers (title 8 sections 1527, 3366, 3457 and 8397.4).

Personal Protective Equipment (PPE)

Title 8 section 3380 Personal Protective Devices requires employers to conduct a hazard assessment to determine if hazards are present in the workplace that necessitate the use of PPE. SACRAMENTO STATE is using COVID-19 Risk Index System to select and provide exposed employees with PPE that will reduce employee risk.

Control of Harmful Exposures

Title 8 section 5141 Control of Harmful Exposures requires employers to protect employees from inhalation exposures that can result in injury, illness, disease, impairment, or loss of function.

COVID-19 can be a harmful exposure if there is an increased risk of infection at the workplace.

SACRAMENTO STATE will implement Triad of risk mitigation (social distancing, hand washing and masks) as well as engineering controls where feasible and administrative controls where practicable, or provide additional respiratory protection where engineering and administrative controls cannot protect employees and during emergencies.

SACRAMENTO STATE will provide safety training to employees on COVID-19 infection prevention methods, including but not limited to: Cough and sneeze etiquette, Hand hygiene, Avoiding close contact with sick persons, Avoiding touching eyes, nose, and mouth with unwashed hands, Selection and use of Personal Protective Equipment, How to Assess COVID-19 Risk, and Use the SACRAMENTO STATE COVID-19 Risk Index System (CRIS)

2. Training and outreach

- All Employees who will return to their campus location are required to take "COVID-19 Safety Training" in conjunction with the "Injury and Illness Prevention Plan" before returning to campus so that all COVID-19 risk mitigation can be covered before potential exposure
- Training in fitting, wearing and using PPE as well as safe removal, sanitizing and disposal for masks, gloves, and any other PPE determined to be needed by assessment.
- Requirements for hand washing and social distancing
- Training on emergency procedures, good workplace sanitization, and effective work practices.
- Training on COVID-19 Risk Index System (CRIS)
- The Office of Environment Health and Safety (EHS) will administer the training and tracking.

3. COVID-19 Risk Index System (CRIS)

The COVID-19 Risk Index System assesses general risk profile for COVID-19 exposure for any student, Faculty, or Staff, and recommends an exposure protection profile. The Exposure protection profile is a general set of exposure mitigation procedures and protocols based on government agency protocols, combined with SACRAMENTO STATE-specific activities and tasks. Each activity case and work task may vary, so there may be some different mitigation procedures and protocols for people in the same risk category. CRIS is not a quantitative measure of risk, even though it uses a numerical system. It is a risk index, which provides an assessment as guidance, not a quantitative risk assessment.

There are three elements to CRIS. Each element is subjectively assessed. For employees, a supervisor, lead, or chair is expected to manage the assessment for the employees they supervise. Every assessment may utilize the assistance of the Office of Environment Health and Safety, which can be contacted by email or phone at 8-2020.

The outcome of the assessment is a recommended risk mitigation package, based on the Triad of risk mitigation established by Federal and State public health agencies. The Triad is a combination of Social Distancing, Hand Washing, and Wearing a Mask, which when effectively combined offer the risk reduction public health agencies and OSHA are seeking. OSHA

requires employers to perform an assessment before assigning any personal protective equipment, and CRIS will act as that assessment.

The Scoring system is detailed here. The process is designed to be rapid and easy without research or analysis.

A. Location Scoring: This is the primary work location for employees. The general assessment of risk assumes that the more locations on campus you are, the greater risk for that factor. For employees who do not have a primary work location and move around the campus, that assessment is included. For students, the location may vary because of multiple class locations and visits to various campus services. For faculty, the location may be the classroom in which they teach, or laboratory or other teaching location as well as their office, where they may decide to have students visit. Keep in mind the categories are general, qualitative, and subjective, so if unsure of the score round up to the next scoring category.

Location Assessment Score = 1
Work is in a single location, that may be closed or isolated, such as on office or cubicle.
Work is in a single classroom or teaching location.

Location Assessment Score = 2
Work in multiple locations.
Work in a location that cannot be isolated from people.
Work in multiple classrooms and laboratories

Location Assessment Score = 3
Work takes you to multiple locations on campus every day without a specific work location. Work locations put the employee in potential contact with other individuals on a regular basis.

B. Interaction scoring: This is an assessment of how many people you may encounter as part of your job on a daily basis, and how often and for how long.

Interaction Assessment Score = 1
During your workday, you interact with 5 or fewer people, including students or the public over the course of the day, and those people are the same each day. Interaction can mean being in the same space 6 feet or more apart for more, but typically under 15 minutes at a time. Working in separate cubicles or offices.

Interaction Assessment Score = 2
Your work requires that you interact with 5 or more different people including students or the public over the course of your workday. Interaction means in the same indoor space with 6 feet of distance for over 15 minutes, and the people can be employees or students. This includes faculty in front of a single class per day.

Interaction Assessment Score = 3
Your work requires that you interact at any length or any distance including potentially less than 6 feet for any number of people, or your work requires that you interact with over 20 people per day, faculty in multiple classes per day, and these people are not the same and can be students or employees.

C. Task Scoring: This is an assessment of your actual task activity and how closely you interact with people while performing the task . It assesses how directly and personally, you may work with other people, and whether your tasks require certain movement or functions that may influence your exposure risk.

Task Assessment Score = 1

Your work does not require that you interact directly with any individual. A six-foot distance for all encounters at work is easy and standard procedure. This includes most faculty or student classroom activity, if spacing procedures are followed.

Task Assessment Score = 2
Your work requires that you interact with people in a way that makes it hard or irregular to maintain a 6-foot distance and this may include certain academic activities.

Task Assessment Score = 3
Your work requires that in some cases you must be at a closer distance than 6 feet regularly with anyone on campus. You may be required to touch people or objects handed to you from other people. This includes medical or police services or similar activities.

Risk Index Formula: Add the Three (3) *Assessment Scores.*

"Basic Risk" Total is 3

"Simple Risk" Total is 4, 5, 6

"Complex Risk" Total is 7, 8, 9

Basic Risk: requires standard Triad of risk mitigation recommendations from government agencies and Public Health services.
-Frequent hand washing and disinfection
-Social distancing, remaining 6 feet or more apart from other people
-Covering of face with a cloth bandana or simple mask covering to reduce the risk of you exposing others.

Additional Basic recommendations:

- Minimize the use of shared equipment such as computers and keyboards
- Disinfect items you handle before and after each use
- Minimize trips to campus
- Do not come to campus if any symptoms are present (fever over 100, cough, difficulty breathing, etc.)

Simple Risk: This includes all the basic risk mitigations, but adds:

Upgrade mask to form-fitting masks that are more comfortably worn for longer periods of time and reduce the risk of exposing others. Additional review of particular tasks to create individual protocols for minimizing contact and increasing physical distance for those who are involved. Determine if additional physical barriers are needed such as sneeze screens, floor markings for spacing. Determine if changes are needed to administrative activities such as meetings and one on one meetings with people or students. All determinations can be made in conjunction with the Environmental Health and Safety Office (8-2020).

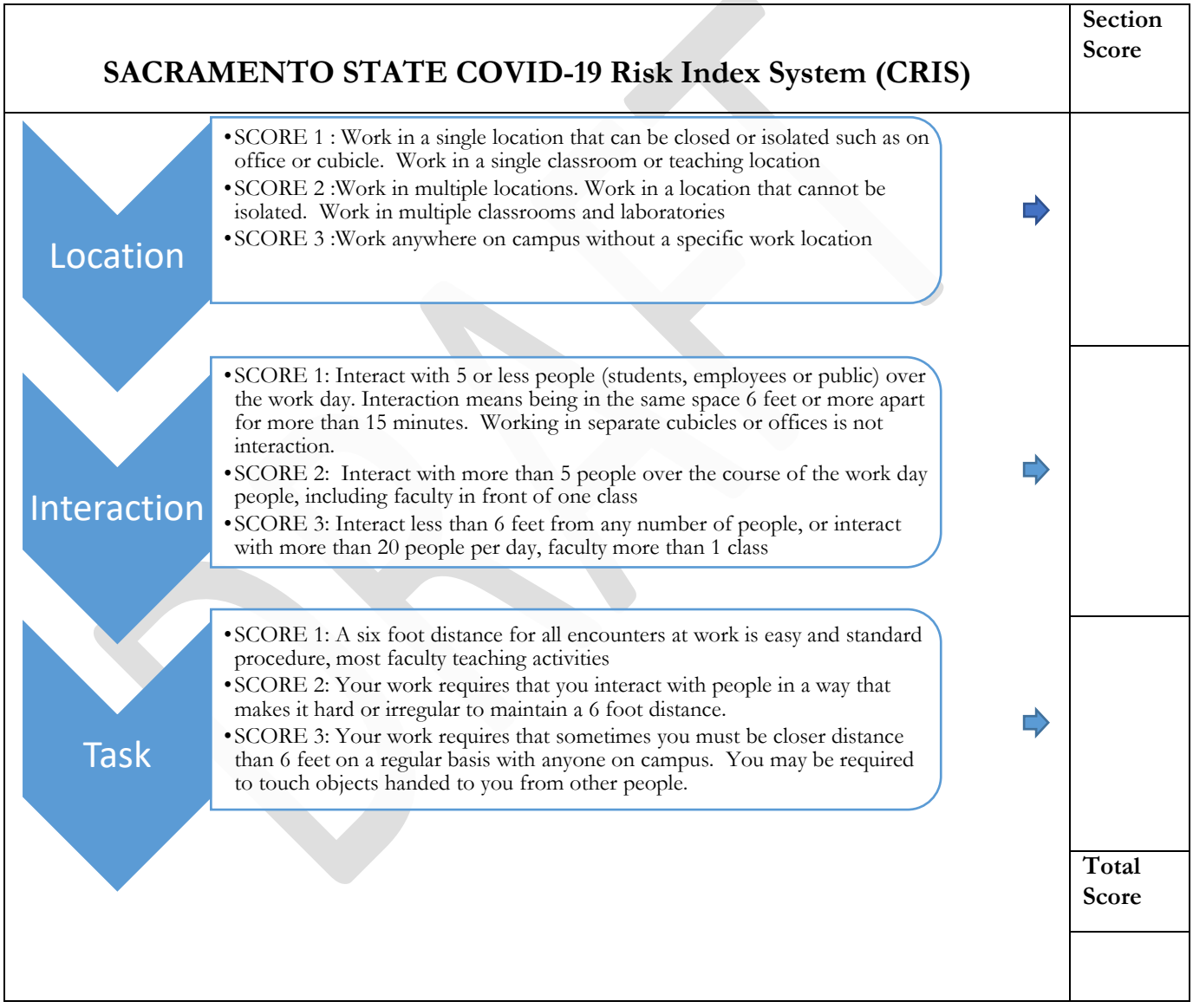
It is expected that most students will be in the Simple Risk category during their time on campus. If a student has a job, they will receive an additional assessment based on that job task.

Complex Risk: This includes all the Simple risk mitigations, but adds the potential use of N95 mask if further assessment warrants. All CRIS scores indicating a complex risk will be reviewed by EH&S.

Additional Recommendations:

Follow hand disinfecting protocol, develop and implement surface and tool disinfecting protocols as needed
Review of tasks to determine if additional physical barriers are needed
Assess if Gloves are needed if handling other people's materials
Additional PPE as the task warrants.
Administrative review to determine if time in complex risk tasks can be reduced or other administrative changes made.

Figure 1. CRIS (COVID-19 Risk Index System)



4. Temperature Checking for the Campus community: Kiosks and Wristbands

A key symptom of COVID-19 infection can be elevated temperature above 100 degrees Fahrenheit. Some individuals may be infected, but not have symptoms such as elevated temperature. Testing is not widely available and individuals with an elevated temperature may not have a COVID-19 infection. But if the temperature is elevated the chance of COVID-19 infection is too significant, and must be addressed by prohibiting access to campus. In other words, those with an elevated temperature must stay home, and away from campus.

Any particular individual in the Campus Community may not have access to temperature taking equipment, or may not feel like there is anything wrong and still have an elevated temperature, or may be so insistent on being present for work or academic activities, that they will ignore the prohibition on coming to campus with an elevated temperature.

It is in the interest of the entire campus community that persons with elevated temperature should not come to campus, or leave immediately if they develop the temperature while on campus.

In order to manage this issue of interest, the University has many options to implement. There are currently no regulatory agencies or public health agencies that mandate taking of temperature in the campus setting, but that could change at any time.

However, there remains administrative policy options. There is a range of policy options available, and none can mitigate the issue with complete certainty.

The range of administrative action is broad and presented here for further policy discussion, with a recommendation. The range is described as Rigorous Control to No Control.

"Rigorous Control" would require anyone entering campus to go through a temperature checking station at some point, and have their temperature taken, and if elevated, turned away and sent home. This would require significant infrastructure and personnel and equipment to carry out, including limiting access except for checkpoints for vehicles and pedestrians, and essentially gate the entire campus and provide limited entry points. This would be very disruptive to both the campus and neighborhoods and create long lines and delays getting to campus.

A slightly less massive high control process would set up monitors at every building and limit entry to one set of doors. This would require over 50 stations with personnel and equipment.

Another option is limited building entry checks. High traffic student buildings such as Housing or the Union or the Library could have access limited to passing through a temperature checking station.

Another moderate process would be to set up temperature checking stations in several areas of campus and rely on voluntary cooperation, where people who suspected their temperature was elevated, or just wanted to check could go to the station and have it checked. Those with elevated temperatures would be advised to leave campus. This would require far fewer personnel and equipment.

Recommendation: A program called Kiosks and Wristbands, temperature checking stations can be set up in numerous open places around campus. Students are hired and trained and supplied with "Complex Risk" level PPE to conduct the tests. Using a non-touch thermometer, they would check that the individual's temperature is below 100°F. If below 100°F, the individual would get a daily color wristband. This wristband would be good all day, and confer access into any building, classroom, or food service. Wristband color changes each day. With a sufficient number of temperature kiosks, there would be short lines at each one. Those without a wristband would be refused entry into controlled buildings, which would require hiring, training, and outfitting with PPE, wristband monitors at those buildings. The wristband could also be instantly checked by faculty with deminimus effort at the beginning of each class. This operation can be potentially expanded to employees who also can show the wristband for building access or be checked by a supervisor. It is believed that students, faculty and staff would all appreciate knowing through a daily visual cue that the people they were encountering on campus were not symptomatic with a fever and in fact waving wristbands could replace handshaking.

"No control" option would be no temperature checks for anyone on campus. All campus community would be asked to monitor their temperature on their own and voluntarily restrict their travel to campus if they have an elevated temperature, and not come to campus for 72 hours after having a normal temperature. This is not recommended.

5. Social Distancing

Social Distancing is one of the key requirements of the Triad of COVID-19 risk mitigation. A major form of transmission and infection are droplets that naturally emit from the nose and mouth of people when they breathe, sneeze, or cough. These droplets of varying sizes become airborne and can typically travel up to about 6 feet, according to Public Health Agencies. By keeping social distancing, individuals reduce the risk of being contaminated with these droplets.

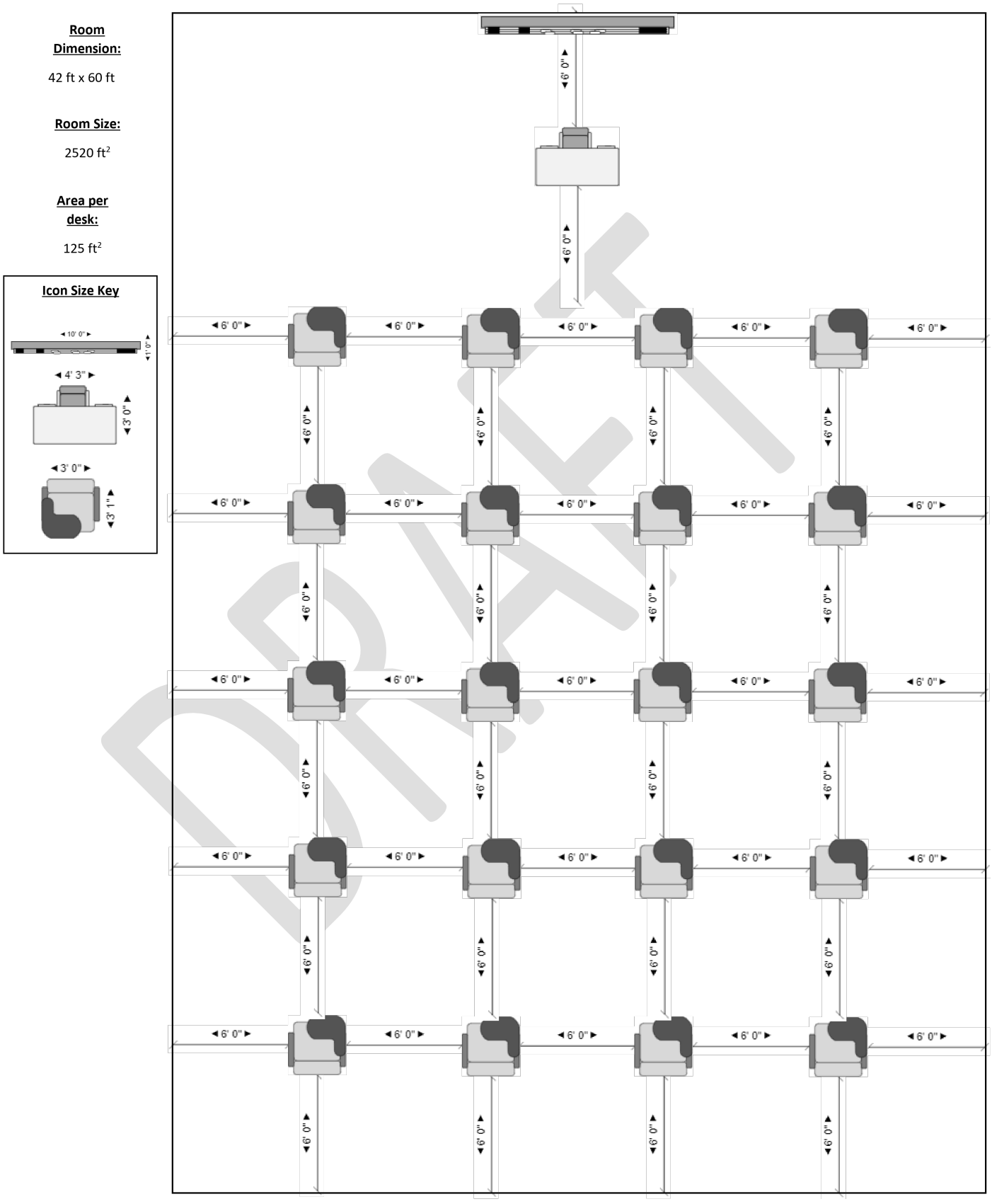
The issue of social distancing and reducing risk is complicated by time. If the contact is for a long period of time, such as a continuous 15 minutes or more, there is a greater risk of transmission than if the interaction was brief, a few seconds in passing. But there is no evidence or information to assess the actual difference in risk in more than general terms. In most cases, if multiple people are going to be in the same room on campus, they must immediately and continuously practice social distancing, assisted through either floor markings, chair spacing, or other administrative means.

a. Space planning should be used to reduce the transmission of contagious diseases through social distancing.
b. Public safety codes, building codes, applicable laws, and security requirements must not be compromised to achieve social distancing.
c. Precautions and social distancing measures:
    i. 6 Feet Protocols for all work and academic activities that involve multiple people in a room
    ii. Circulation spaces - the direction of foot-traffic in main circulation paths: corridors, stairs, and entries all provide 6 feet of space for people to pass.
    iii. If 6 feet of passing space is not possible, consider One-way circulation routes
    iv. Mark increments of locally acceptable social distance on floors where groups form
    v. Individual seating/desks spaced with 6 feet left-right, and front-back
    vi. Desks that normally seat two or more students have one student only unless 6 feet distance can be easily established
    vii. Decommission or re-purpose large gathering spaces.
    viii. Add desks to spaces previously used for group activities (convert training/meeting rooms, dining area and the like into desk areas)
    ix. Add panels between desks including height adjustable panels for sit/stand desks
    x. Prohibit shared use of small rooms by groups and convert to single-occupant use only
    xi. Close/forbid the use of some meeting and study rooms where social distancing is not possible
    xii. Calculate the maximum capacity of each room and post temporary signage
    xiii. In locations where lines form, monitors must be present to assist in queuing and spacing markers must be on the floor
    xiv. Areas that would normally fill with people, such a food court, must have single entrance and exit only circulation, with door monitors for entry control to ensure that the room does not get filled beyond socially distanced capacity.

d. As can be seen from Figure 2 below, a hypothetical room with 20 student desks and a space for a single faculty at the front on the room can be set up for social distancing in a space of 2520 square feet. This establishes a minimum space needed, with an average of 125 sf per desk. Because this is a hypothetical room, this is not a guide for any particular space, just guidance for square footage.

e. Before classes are established, and class sizes estimated, the inventory of rooms available to be set up for social distancing and the protocol for building those rooms should be established, so that improvisation does not occur and social distancing requirements are found retrospectively to be insufficient.

Figure 2. An example of spacing for individual desks in a hypothetical room



6. Masks, Gloves and Other Personal Protective Equipment (PPE)

Masks are highly recommended by all County and State Public Health Agencies as part of the Triad of risk reduction. Masks are mostly to reduce the possibility of spreading the disease, not the possibility of catching the disease.

Basic Risk masks can be any face covering from a bandana to a home-made cloth mask, to a dust or low-grade medical-style mask. Any face covering is acceptable. Being clean-shaven is not required. Mask making information is linked here, https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html.

Simple Risk masks can be any commercially made mask that is cloth or other protective material that is form-fitted and has a reasonably good fit over the mouth and nose, and can be worn without discomfort for extended periods of time. Being clean-shaven is not required, but bandanas are discouraged in this category.

Complex Risk masks may include all mask types, potentially including N95, but only if an additional EHS Department assessment indicates an N95 or similar mask made for medical purposes, such as a surgical mask is appropriate for the work. These will have commercial-grade materials and have two attachment points on each side. If N95 is recommended by EHS or medical services protocols, being clean-shaven may be required, and in some cases, fit testing and inclusion into the University "Respirator Program" may be required.

Gloves

Gloves for simple and basic risk profiles are not recommended unless there is a specific task involving touching other people, or the handling of other people's objects or materials. Gloves may put employees at higher risk of exposure and are not recommended for general protective use for the following reasons:

- The COVID-19 virus does not harm your hands, so gloves provide no protection, and touching your face with contaminated hands, whether gloved or not, poses a significant risk of infection.
- Gloves often create a false sense of security for the individuals wearing them; people are more likely to touch contaminated surfaces because they feel they are protected from the virus because of the gloves when in reality, they are not.
- When wearing gloves, people are less inclined to wash their hands; this is counterproductive and puts others at higher risk; we want people to wash their hands as it is the number-one defense against any virus.
- Proper removal of gloves takes training; if contaminated gloves are not removed properly, our employees are exposed to greater risk.

Gloves are recommended for specific purposes, after a task assessment. In medical settings, or in custodial work, gloves are used to provide additional protection against constant hand exposure to possible virus-contaminated objects, disinfectants and other cleaning agents, and the handling of a large variety and volume of unknown materials.

Other PPE. Face shields and gown and other protective equipment are sometimes utilized by medical personnel who are in contact with patients potentially infected with COVID-19. These PPE elements are implemented by medical staff with existing protocols.

PPE mixtures. In some areas, such as a chemistry laboratory, or a welding shop, standard PPE includes eye protection or face shields. It is important that in cases of additional head and face PPE, that the masks do not interfere with the other protection, and the other protection does not interfere with the mask. In the event other PPE makes wearing a mask potentially cumbersome or in some way increases risk, the mask can be temporarily removed, assuming social distancing and disinfecting are occurring according to protocol. Please check with EHS for an assessment in these instances.

7. Managing Reasonable Accommodation

Risk Management Services (RMS) understands that compliance, assistance, and practical strategies are necessary for accommodating individuals with disabilities or religious requirements during a pandemic. Sacramento State may request or require its faculty and staff to wear Personal Protective Equipment (PPE) (e.g. face-covering/facemasks, face shields, gloves, or gowns) designed to reduce the transmission of the pandemic infection. However, where staff or faculty requires a reasonable accommodation, Sacramento State shall engage in an interactive process by discussing options for modification or alternative accommodation.

If you are unable to wear any of the required or recommended PPE and require accommodation (i.e. due to a medical condition), then please notify your manager/supervisor/dean to initiate the interactive process. Sacramento State will consider whether there are reasonable accommodations that would eliminate or reduce the risk so that it will be safe to return to the workplace while still permitting the performance of essential functions.

8. Hand sanitizer/wash

Hand washing and sanitizing are one of the Triad of COVID-19 Risk Management. Individuals on campus must take responsibility for their handwashing rate, which should be frequent, and after handling any common object such as door handles, shared keyboards, or elevator buttons.

In order to facilitate frequent handwashing, all restrooms on campus are to be serviced regularly so that soap and water are freely available.

Hand washing with soap and water for at least 20 seconds is a superior method for disinfecting hands than using alcohol based disinfectant. It is of critical importance to note that soap and water are far more readily available and cost far less than sanitizer.

Recommendation: Investigate the feasibility of installing portable or other types of temporary soap and water handwashing stations across campus in frequently traveled outdoors areas, including Bus Stops, the Quad, and major foot traffic locations. This would enhance immediate access, visibility, and recognition to keep washing hands constantly. If Temperature Kiosks and wristbands are implemented, those kiosk locations could also have a handwashing station adjacent.

Hand Sanitizer is a handwashing substitute comprised mostly (60% or higher) alcohol. Hand sanitizer can be carried by individuals and can be placed in offices and reception areas without the need for plumbing fixtures. The University has multiple hand sanitizer dispensing stations located in common areas of buildings, particularly in foodservice and other areas where touching of multiple common objects may be frequent.

The hand sanitizer protocol includes:

a. Hand sanitizer available in building common areas

b. Departments and Offices have sanitizer available

c. Individuals bring sanitizer spray or sanitizing wipes with them

Recommendation: The University investigate starting a program to manufacture its own alcohol based disinfectant, on the basis of cost savings and greater availability for the volumes that would be needed. The expertise and equipment should be available on campus.

9. Surface sanitization

This section begins to cover the issue of surface sanitization. It is also covered in sections related to shared objects, and common areas. There are multiple methods of surface sanitization. Rubbing the surface with a disinfecting wipe that had disinfectant already in it, or spraying a surface with disinfectant and wiping it off are the common ones.

Another method is to broadcast a spray of disinfectant designed to be sprayed and let dry on surfaces. The broadcast spray method is used to disinfect large areas and rooms by custodial or contractors who are specially trained for this activity and wear special PPE.

The timing of surface sanitization depends on who is performing it. If the sanitization is performed by the University with either custodial employees or a contractor, it will be performed frequently, but not necessarily more than once a day, unless there is a specific protocol for a specific location established by facilities management.

If the sanitization is performed by the individual who is using or touching the shared object or common surface, it should be performed before use, and after use. This shared responsibility can significantly reduce the risk of transmission for everyone in the campus community. If individuals do not sanitize the surfaces they touch, they are increasing the chance of infection to themselves, and possibly increasing the risk to others who come after.

The University cannot monitor every action in every location, and cannot have custodial services sanitize surfaces everywhere all the time. In order for this critical safety function to be carried out, individuals must take some responsibility for the cleaning. The University, to the extent practicable, will provide employees with disinfecting materials if needed.

10. Frequently Touched Surfaces (FTS)

Frequently touched surfaces are reservoirs for viral pathogens. Examples are door handles, light switches, elevator buttons, handrails, shared keyboards, ATMs, paystations, and gym equipment. By reducing the frequency of physical contact with these items on campus, we can reduce the exposure to communicable diseases. But the nature of these items are they are ubiquitous and we touch them habitually. It is also not always possible to avoid touching certain items all the time.

The protocols for managing these items are to remove/replace/substitute for them, sanitize them before and after touching, or sanitizing hands/fingers immediately after touching them.

a. Light/power switches
    i. Affix signage to remind occupants to keep switches 'on' all-day
    ii. Install movement detectors to activate light switches
    iii. Have a disinfecting wipe handy when touching light switch
b. Doors and drawers
    i. Remove non-essential doors
    ii. Remove door handles
    iii. Affix doors in an open position
    iv. Have hand sanitizer nearby all major door entryways
    v. Have a sanitizing wipe handy when going into buildings or rooms

c. Collaboration tools (conference phones)
    Remove shared conference phones and encourage the use of personal mobile phones or laptops for teleconferences.
    Remove whiteboard pens and erasers and encourage individuals to bring and manage their own
    Remove remote control devices and provide instructions for manual equipment use instead
    If not removed, have sanitizer nearby to use before and after tools are used
    Carry a sanitizing wipe for use with these tools
    Wash or sanitize hands immediately after use

b. Chairs, handrails
    Carry a sanitizing wipe for use with these tools

Wash or sanitize hands immediately after use

c. Shared equipment (printers, copiers)
Carry a sanitizing wipe for use with these tools
Wash or sanitize hands immediately after use

d. ATMs, Pay Stations, etc.

Door handles are a source of contamination risk. Whenever possible doors should be either touch-free entering or left open. This may have an impact on security and heat and air conditioning management in a building, but it is recommended as a risk mitigation. This also includes office doors, classroom doors, and most interior doors where people are present, and security is not critical if people are present.

Attention must be paid to a wide range of objects that are typically touched by many individuals such as ATM's, light switches, vending machines, ADA door buttons, conference rooms, speakerphones, copy machines. When individuals cannot be assured of touching something that they know has just been sanitized, they should consider washing hands or using sanitizer.

11. Common areas (Meeting rooms, conference rooms, etc.)

Mitigation strategies include

- Personal protective measures (e.g., handwashing, cough etiquette, and face coverings)
- Physical distancing (e.g., maintaining a physical distance between persons)
- Limit events and meetings that require close contact.

12. Common equipment

-Environmental surface cleaning for keyboards, elevator buttons, copy machines, and vending machines.
-Avoiding touching surfaces on common equipment with uncovered hands.
-If touched, hand washing or sanitizing soon after is recommended.

13. Elevators and Escalators

Elevators represent a particularly challenging area to establish social distancing. Methods for managing the use of elevators might include the following:

- Social distancing queue (markers) management for waiting for passengers
- Instructional signage displaying healthy elevator use protocols including passenger limits and safe distances.
- Attendants to manage the flow and discourage over-crowding of elevator carriages
- Floor stickers to establish distancing zones and describe where to stand in elevator lobby

14. Library

- Library determines protocols and implementation for Library
- Possible mitigation strategy considers screening students as they enter, with either questioning or temperature taking or wristbands.
- Arrange furniture to establish social distancing between patrons and staff
- Sanitize surfaces repeatedly throughout the day
- Plexiglas shields for separating staff from patrons
- Place returned materials in quarantine for a specific number of days
- Reduce the number of public computers to ensure physical distancing
- Temporarily bar community use of small meeting space

15. Gym

- Mitigation Activities determined by ASI
- Reduce the number of in-person visits.
- Constant sanitizing practices both from Well Staff and users
- Reduce exercise group classes to reduce exposure
- Rearrange equipment to achieve social distancing
- Reduce classroom capacities to allow for social distancing
- Require the use of face masks in fitness facilities

16. Theaters and other audience rooms

Mitigation strategies designed by the Department operating the facilities. Suggested mitigation ideas include:

- Minimize in-person interaction, practices by meeting virtually.
- Provide masks if actors have to be in-person to act in a specific scene.
- Rehearsals and plays have limited participants on stage at one time.
- The audience, if present, is 12 feet from the closest actor on stage.
- Wash costumes after each use.

- Have limited guest, practice social distancing
- Rearrange sitting where people are safely distancing selves from others
- Provide virtual theater options

17. Sports teams

To be determined by Athletics

18. Sports clubs

To be determined by Sports Clubs

19. Other sports

To be determined by the department

20. Shared transportation

Scooters and Shared Bikes on campus may be restricted. Vendors of scooters and shared bikes are responsible for maintaining equipment in safe working order. It may not be possible to have the vendors disinfect the equipment after every use. Individuals may be responsible for disinfecting before and after use, but that responsibility will be contractually transferred to the vendor-user relationship by Agreement addendum. If this proves too difficult for the vendors they can organize a plan deemed effective by Risk Management or they can have their operating agreements put on hold until safe use can be established.

21. Vans and Shuttle Transportation

Protocols developed and implemented by Transportation. Suggested mitigation protocols include:

- Drivers to be screened prior to driving (temperature).
- Drivers wear masks
- Hand washing stations installed at bus stops

22. Student carpooling and rideshare

Protocols developed and implemented by Student Affairs or Transportation

23. Laboratories or other shared, hands on facilities:

- Protocols designed and implemented by NSM, and other Departments with these spaces
- Assess whether masks may be used safely with eye protection and with laboratory activities including but not limited to open flames.

24. Shared academic space

Space Planning and Facilities designs solutions for spacing students in classrooms, and Departments design and implement protocols

- Arrange seating that supports physical distancing
- In classrooms with fixed seating, certain seats must be marked, seat pan removed, or indicated in some manner that they cannot be used for social distancing purposes.
- Maintain regular housekeeping practices, including routine and also time of use cleaning and disinfecting of surfaces, and shared equipment
- Encourage respiratory etiquette, including covering coughs and sneezes with signs

25. Research Space

Protocols designed and implemented by departments in charge of research space.

26. Medical services

Protocols designed and implemented by the WELL

27. Medical academic spaces

Protocols designed and implemented by the department

28. Counseling or physical training academic spaces

Protocols designed and implemented by Departments that have these types of classes
Suggested mitigation ideas include:

- Counseling requires verbal/nonverbal communication, if a counselor is unable to see facial expressions, due to face masks, it can interfere with establishing rapport with the client, if possible, counselors to meet virtually with clients who have access to technology/camera/audio capability if sessions are in-person, client and counselor to practice safe distancing.
- Reduce the number of attendees who are in group counseling sessions (Currently, group sessions have as many as 5-12 clients).
- Meet virtually if possible for group counseling (Use a larger room if able too, and practice safe distancing, clients and counselor).
- Communicate with COE (Counseling program, they provide counseling services at high schools, middle schools [in-person], and see how they will conduct their counseling sessions for the upcoming semesters, what their safety health plan is for upcoming semesters).
- Provide sanitizing supplies to counselors who are having to see clients in person
- Provide masks to clients, if the client is unable to obtain a mask.
- If in-person sessions, counseling sessions Plexiglas shields can be installed.

29. Foodservice and restaurants

All protocols designed by food services and auxiliaries. Suggested mitigation protocols include:

- *SafeServe* (All food service handlers to have up-to-date Safe Serve certificate).
- Mask and gloves to be used by foodservice handlers
- If sick, employees to stay home to avoid contamination
- Review sanitizing procedures/ documentation/record keeping and recommend management/ supervisors to do daily "audits".
- Suggest all food service restaurants use Personal Spacing Disks to Protect customers and clients from COVID-19 by ensuring they maintain a safe distance while standing in line.
- Entry into food service spaces may need to be monitored at entrance and exit to ensure crowding does not occur. Single entrance and exit may need to be considered within fire marshal parameters.
- Food service amenities: Acrylic dividers between the service provider and customer
- Offer pre-packaged foods
- Signpost or mark stand in line areas
- Remove or rearrange furniture to promote social distancing

30. Housing

Protocols designed and implemented by Housing

31. Student services

Protocols designed and implemented by Student Services

32. Child Care Services

Protocols designed and implemented by Childcare

***Per CDSS*- PIN 20-06-CCP**

Social and Physical Distancing

Social and physical distancing is a practice recommended by public health officials to slow down the spread of disease. It requires the intentional creation of physical space between individuals who may spread contagious and infectious diseases. It additionally requires canceling or postponing the number of gatherings and group activities, reducing all group sizes, and maintaining six feet of distance between every individual, as much as possible. Specific to childcare it is important to adhere to the following distancing guidelines:

• Children should remain in groups as small as possible not to exceed ratio and capacity requirements in the charts below. It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.

• Extend the indoor environment to outdoors, and bring the class outside, weather permitting.

• Open windows to ventilate facilities before and after children arrive. • Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6-feet separation, when possible.

• Find creative ways to use yarn, masking tape, or other materials for children to create their own space.

Review and share with staff and caregiver's important guidance related to prevention and social and physical distancing: OSHA Safety and Health Guidance and Health Guidance Practice Social & Physical Distancing

33. Police services

Protocols designed and implemented by University Police

34. Auxiliaries on-campus – Union, Bookstore, etc.

Protocols designed and implemented by Auxiliaries and their vendors

35. Auxiliaries off campus

Protocols designed and implemented by Auxiliaries

36. Off-campus facilities and buildings

Protocols designed and implemented by department or organization that manages the facility

37. Call Center

Call center safety protocols developed and implemented by the Call Center in coordination with EHS:

Physical Distancing, Personal Protection, and Cleaning

- DO NOT COME TO WORK IF:
  - O You are sick
  - O Someone in your household is sick, unless they have been quarantined and you have not been exposed or it has been 14 days since your exposure.
  - O You have been exposed to someone with COVID-19, and have quarantined for 14 days with no symptoms.
- Everyone must stay at least 6 feet from each other at all times
  - o We have taped 6 feet out on the floor from every work area to be used, as well as doorways, the water cooler, the breakroom microwave, and the kitchenette.
  - o We have blocked off the two passages within the call center that do not allow for greater than 6 feet of distance from a workstation.
  - o Only one person in the copy room, kitchenette, break room (to use the microwave), or quiet room (to get work materials) at a time.
  - o Use building elevator only if needed and one at a time
  - o No more phone charging station in the call center.
    - § If a phone needs to be charged (e.g., to use Duo), the help desk can permit one person at a time to use an electrical outlet somewhere in the call center (breakroom, kitchenette, conference room – if not in use that day). There are no electrical outlets available at workstations.
- Personal items and work items at work stations
  - o We have removed all items that are not essential to work from all workstations to be used.
  - o Personal work items (i.e., protocol materials, pens, notebooks, headsets, etc.) are stored in assigned boxes in the quiet room and not kept at workstations.
- Bandanas/masks
  - o The University and PHSRP are **strongly recommending** the use of masks when on campus.
  - o PHSRP is providing all employees with bandanas and hair ties to make bandana masks as per the CDC:
    - § https://www.youtube.com/watch?v=tPx1yqvJgf4
  - o Masks not needed when on phone
  - o Bandanas and hair ties are to be taken home each day and washed. They can be hand washed with soap and dried overnight.
- Gloves must be used by employees handling gift cards, letters, and packages
  - o Anyone who wears gloves will be trained on the inside out/double fold removal method: https://www.cdc.gov/vhf/ebola/pdf/poster-how-to-remove-gloves.pdf, https://www.youtube.com/watch?v=dyLEd9cng5U, https://www.youtube.com/watch?v=xTYioOo__6U
  - When wearing gloves, people should also wear masks to prevent touching face with gloves.
- Seating
  - o Used Floor plan to identify a limited number of workstations for all interviewers to use that keep people 6 feet apart or with a 5.5-foot cubicle wall between them.
    - § We have taped off work stations not to be used.
  - o Scheduling prioritized people working all day at the same station to reduce sharing as much as possible
    - § Also tried to keep people at the same stations across days as much as possible to reduce sharing.
    - § Two stations allow for rotating seating between the first and second shift (stations 105 and 106) while maintaining social distancing from all walkways. These seats are for people scheduled for 1 shift/day.
- Scheduling arrivals/departures
  - o Schedule interviewers to arrive and leave at least 5 minutes apart:
    - § Two people per building entrance and PHSRP doorway (front of the building, PHSRP main door; side of the building, PHSRP breakroom door).

- § Which entrance is determined by which side of the call center they are scheduled to sit at that day (interviewer seats divided by the purple line on the attached floor plan, with 6 stations on each side).
- § Leads are scheduled to arrive and leave at different times than the interviewers.

- o Keep PHSRP doors propped open during arriving and leaving times.

· Breaks and meals
- o Up to four people at a time, two from each side of the call center.
- o Break/meal times have 5 minutes between start and end for each group.
- o Places to take breaks and meals
  - § Do not use other areas of the building to limit how many public areas we use for cleaning purposes
  - § Do not use breakroom except for the microwave
    - · Stay away from doorways when in the breakroom
    - · 1 person in the breakroom at a time
  - § Can leave the building, but maintain social distancing
  - § Can stay at the work station

· Bathrooms
- o Virtual "hall pass" for using the restroom – Help desk will manage one person using the restroom at a time through IM. People will IM the help desk when they need to use the restroom.
- o People should limit themselves to the 2nd-floor bathrooms near PHSRP.
  - § If someone has an urgent bathroom need, they will IM the help desk and be allowed to use the bathroom even when someone else is already using it. They can also use the 1st-floor bathrooms if needed for physical distancing.
  - § The bathroom doors are propped open and we will keep them that way so people don't touch the door. There are stalls in all bathrooms.

· Handwashing needs to happen:
- o After touching a shared item with exposed skin (e.g., refrigerator, microwave, door handle)
- o At the end of a break/lunch if left station at any time
- o When leaving the restroom
- o Before putting gloves on and after removing and disposing of gloves
- o After any direct contact with anyone else in the workplace (which should not happen but accidents happen)
- o **Reminder – handwashing is a superior sanitizing method than hand sanitizer and it is easier to stay supplied in soap.**

· Cleaning spaces
- o UEI provides general cleaning (garbage removal, vacuuming, refilling kitchenette paper towels and hand soap dispenser), as well as daily cleaning of the bathroom, Monday-Friday. PHSRP contracts the same cleaning company to provide these services on the weekend. Cleaners have been asked not to enter the call center during operating hours.
- o Each workstation has a canister of disinfecting wipes and hand sanitizer, as well as facial tissue (i.e. Kleenx).
- o Personal workstations (including gift cards, mailing, and packages workstations) are wiped down with disinfecting wipes at the beginning and end of each person's day (whether working one or two shifts).
  - § Entire desktop (including sit/stand keypad)
  - § Entire chair (arms, back, seat – top and bottom, front and back)
  - § Phone (including headset cord)
  - § Mouse
  - § Keyboard
  - § Computer Monitors – protective screen and plastic parts of monitors. NOT THE SCREENS THEMSELVES (that would ruin them).
  - § Drawers (lead/monitor stations)
  - § Door handle for the conference room
  - § Wipes canister, hand sanitizer bottle, and Kleenex box
- o Shared spaces/items
  - § Wiped down when used by a person who uses:
    - · Printers
    - · Copier
    - · Dry erase board pens/eraser

- Shredder
- Stapler, scissors, tape dispenser, and other shared office tools
- Keurig
- Admin side fridge
- Key boxes
- Shared keys
- Security panel
- Conference room when used as a workspace (door, tables, chairs, computer, etc.)
- Any other table or cabinet not regularly used/listed here
- Lysol wipes canister

§ Hourly
- Entry doors
- Fridge handle and water keypad
- Microwave (door handles and keypad)
- Kitchenette countertops/table and cabinets
- Huddle table
- Water cooler
- Lead shared drawers

§ Twice per day (beginning and middle of the day)
- Quiet room door
- Call center/admin door (always left open)
- Copy room door (always left open)
- Light switches (7 of them)

<u>Updated Project Procedures</u>

- Fix-it tickets and Data corrections
  - The fix-it ticket box and data correction box have moved from in front of the help desk to cabinet top in the middle of the call center.
  - If a fix-it ticket or data correction needs immediate attention, the interviewer will let the help desk know so a Lead can immediately update the system.
  - A Lead will retrieve the fix-it tickets 3-4 times per day to make the correction in the system. Fix-it tickets are put in the recycling (or shredder if it contains PID)
  - At the end of the day, a Lead will take the data correction sheets and scan them to a secure drive, where the project coordinator/operations lead can access and make updates. The physical data correction sheets will be stored in a locking cabinet for project storage.
- Takeovers
  - Instead of interviewer who is taking over moving to the original interviewer's seat, the original interviewer codes out the record in CATI, the call is transferred to the new interviewer, and the new interviewer retrieves the record in CATI and completes the data collection.
- Monitoring feedback
  - Instead of meeting in-person to review a print out of a monitoring sheet, a Lead will provide feedback to an interviewer via over the phone and provide them with an electronic copy of the monitoring sheet.
- Gift Cards – All work will be conducted with gloves and masks. Director must be physically in the office for all gift card activities.
  - 1st stage - Inventory – Gift card inventory will be conducted once a week in coordination with disbursement. Two people must be part of the gift card inventory – Director and Operation Coordinator. Each card must be counted by each inventory person, and the inventory log signed. Instead of sitting together at a small table, they will sit more than 6 feet apart at the conference room table (see attached floor plan), passing materials back and forth by placing them in an additional location in the conference room at least 6 feet from each seating location.
  - 2nd stage - Disbursement – CHFS Project Coordinator will identify the gift card recipients from home and print the needed letters, labels, and recipient lists to PHSRP printers with the assistance of the Director or Operations Coordinator. Two additional interviewers will be scheduled as needed for gift card disbursement. Instead of sitting together at a small table, they will sit more than 6 feet apart at the conference room table

(see attached floor plan), passing materials back and forth by placing them in an additional location in the conference room at least 6 feet from each seating location.

- 3rd stage – Mailing the envelopes - PHSRP Director will make an appointment with University Mail each week to drop off gift cards and other PHSRP mail, as well as pick up PHSRP's mail, at University Mail.

- Letter Mailings – All work will be conducted with gloves and masks
  - 1st stage - Receiving mail - Letters and envelopes will be delivered to PHSRP by University Mail. All mail items will be left at the door, the University Mail employee will ring the doorbell and move more than 6 feet from the door to ensure someone from PHSRP answers and takes them inside.
  - 2nd stage - Stuffing mail – One or 2 additional interviewers will be assigned to stuffing letters into envelopes in designated stations (see attached floor plans). Sealing of envelopes happens by machine at University mail.
  - 3rd stage - University mail to pick up stuffed letters – University mail staff will leave their cart at PHSRP's door, and make sure someone picks it up while waiting at a distance. A PHSRP staff member will load the cart and place it in the hallway where the waiting University mail staff will take it.
- Packages – All work will be conducted with gloves and masks
  - Additional interviewers will be scheduled, one at a time, as needed for package tasks.
  - 1st stage - Preparing the boxes – wearing masks and gloves a single person will put together packages in the designated station (see attached floor plan). This involves putting the box together form its flat state, and filling it with a booklet, measuring cups, and measuring spoons.
  - 2nd stage - Addressing the boxes – Usually happens a day after preparing the boxes is completed. The CFHS Project Coordinator will print the individually labeled letters to PHSRP computers form home with the assistance of the Director or Operations Coordinator as needed. Package labels will be delivered to PHSRP by University Mail. Labels will be left at the door, the University Mail employee will ring the doorbell and move more than 6 feet from the door to ensure someone from PHSRP answers and takes them inside. Each package will be stuffed with the letter, addressed with the corresponding package label, sealed, and placed in the mail cage.
  - 3rd stage – Mailing packages – One PHSRP interviewer will be in charge of delivering the mail cages full of packages downstairs to the loading dock on Thursdays, where they will be picked up by USPS at a regularly scheduled time.

38. Mailroom

Mailroom safety protocols designed and implemented by University Print and Mail
Utilization of distancing, masks and hand washing, along with disinfecting surfaces and shared equipment

39. Waste management -Sustainability

- Proper disposal of gloves and masks, sanitizing wipes. Standard trash, not bio-hazard waste.
- Disinfecting Wipes cannot be flushed
- Food packaging waste will increase
- Various plastic utensils and similar regulations may need to be relaxed temporarily

40. Employee travel

All University travel is currently prohibited

41. Field trips

Protocols are to be reviewed by Risk Management Services and are not encouraged at this time. Safety protocols are to be designed and implemented by departments conducting field trips; travel and activities must comply with current University travel policy, local and State public safety directives.

42. COVID-19 Safety Plan management

Risk management periodically reviews the Plan and gets input from campus departments and organizations and adds these sections to the plan, after risk management review.

In the event Covid19 cases on campus increase, in coordination with Sacramento DPH and the Well, VP of ABA, and the President, changes to the plan and changes to any campus activity will be reviewed.

43. COVID-19 Safety Plan enforcement

In the event an individual does not adhere to Sacramento DPH recommended protocols, or any specific requirements set by the University in addition to those DPH protocols, and the action is deemed sufficient for increasing personal and public risk, the University may engage in disciplinary action.

44. COVID-19 Discrimination Prevention

Office of Inclusive Excellence provides protocols

45. Mitigating Anxiety

a. People are worried about their personal health and the health of those they care about; and how the pandemic has an impact on their connection to the culture of our Campus. We want everyone who enters this campus to understand and feel that they are cared for, as well as understand how to improve and advance that care during their return to the physical workplace.
b. Buildings and occupant spaces should be declared ready for occupancy after management teams, have coordinated and communicated on preparations. Transparency, ongoing communication, and awareness are vital to a successful transition.
c. Employees are encouraged to use the Employee Assistance Program (EAP) if needed. Contact Human Resources for more information.

46. Contractor COVID-19 Safety Plan

Risk Management recommends that all contractors coming to campus for any purpose self-certify on a daily basis that their employees are free of symptoms and they know and will follow our safety protocols. Procedures for such a system to be designed and implemented by Procurement Services in coordination with Risk Management.

47. Checklists: Reopening Schools

To assist with your reopening planning, the following checklist has been put together to provide general items to consider. This list is not exhaustive and does not replace district, local, state or federal requirements or guidance. The objective of the checklist is to help provide thought-provoking items to consider as part of your school plan with a focus on:

1. Reducing transmission among employees, students, visitors, and vendors
2. Maintaining a healthy work environment

We hope you find it informative and helpful in mapping your path to successful school reopening.

Disclaimer: *This document is intended as a guidance document and is not considered exhaustive or designed to cover all potential district, local, state or federal requirements. All School users retain the responsibility to review district, local, state and federal requirements and apply and augment this information appropriately. Alliant does not accept responsibility for the application of information contained within.*

How to Use this Checklist Guide:

Schools are encouraged to review this document and identify those elements that apply to their respective organizations and locations. As a generic document, all information will not apply to all users. We anticipate that some Schools will have unique operations not addressed in this document. We encourage all users to augment what is contained and view the information in the context of your school district COVID-19 reopening plan.

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
Prepare Your Buildings							
1.	Has adequate water flow in building plumbing been maintained to prevent stagnation issues? If not, has indoor water quality testing been done per EPA safe drinking water test standards?	☐	☐	☐			
2.	Were HVAC systems running and set to prevent mold producing humidity?	☐	☐	☐			
3.	Has an inspection of the facility been conducted to include: a. Signs of vagrant occupation or attempts at entry? b. Physical security (doors, fences, roof hatches, etc.) uncompromised? **c.** Physical security (doors, fences, roof hatches, etc.) uncompromised?	☐	☐	☐			
4.	Are there plans to inspect fire and life safety systems to ensure the equipment has not been tampered with, is in service, and functional?	☐	☐	☐			
5.	Is there a plan to complete a deep cleaning (using EPA Approved disinfectants for COVID-19) prior to reopening?	☐	☐	☐			
6.	Signage: provide CDC guidelines for hygiene, social distancing, and proper face covering wearing/handling/ disposal at prominently displayed locations throughout facility. Also – include where to go for assistance.	☐	☐	☐			

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
7.	Are requirements by district, local, state or best practices for preparing facilities being followed?	☐	☐	☐			
Prepare Your Workforce							
8.	Are all employees required to complete all training related to COVID-19 protocols (such as COVID-19 awareness). a. Staying home if ill or fever above 100.4 degrees. b. Social distancing from coworkers and students c. Procedures for when to use, donning/doffing, and disposal of masks and gloves (if required).	☐	☐	☐			
9.	Are updated staff responsibilities identified (such as social distancing management, suspected COVID-19 case actions, touch-point management?	☐	☐	☐			
10.	Are all employees provided with where to find district updates?	☐	☐	☐			
Prepare Your Students & Parents							
11.	Are you considering holding a remote (ex. Zoom) meeting to review plans, answer questions, and provide locations for resources?	☐	☐	☐			
12.	Are you reviewing your new staff duties for returning to work such as: a. Taking personal responsibility for their hygiene b. Communication protocols to students and parents questions c. Enforcing hygiene and social distancing protocols d. Coordinating with leadership regarding concerns or challenges	☐	☐	☐			
13.	Have you identified the primary contact for employee questions, and also for student parent questions/concerns?	☐	☐	☐			
14.	Will students have specific requirements in order to attend classes (ex. wearing face coverings)? If so, how will they comply and also obtain assistance (ex. they do not have a face covering)	☐	☐	☐			
15.	Will parents and students be provided with how they can find the latest updates from: a. School District b. Local Govt. c. State Dept. of Education d. Centers for Disease Control	☐	☐	☐			
16.	Are parents being provided process (actions, communication) when COVID-19 case is suspected or confirmed at school site?	☐	☐	☐			
Review Your Access Control							

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
17.	Is the flow of traffic controlled to reduce potential for drop-off causing student lines to enter school?	☐	☐	☐			
18.	Are control points to enter school defined (where possible) and social distancing markings in place?	☐	☐	☐			
19.	Are all visitors required to check-in at reception? Are signs posted at all entrances requiring visitors to check-in?	☐	☐	☐			
20.	Where frequent contact with general public (such as cashier, reception area, etc.) are barriers considered (such as Plexiglas)?	☐	☐	☐			
21.	Is temperature screening being considered for employees, students or visitors? (follow all district decisions)?	☐	☐	☐			
22.	Will visitors be required to wear face coverings?	☐	☐	☐			
23.	Do you have an inventory of face coverings to office visitors, vendors, employees and/or students that do not have means or have available?	☐	☐	☐			
	Evaluate Social Distancing:						
24.	Is there a plan for addressing social distancing (plan may include altering work/schools schedules, staggering arrival/departure times)?	☐	☐	☐			
25.	Has facility been reviewed to identify areas of potential for lines, or challenge with social distancing?	☐	☐	☐			
26.	Have classrooms, offices and other meeting rooms been evaluated to determine layout/seating assignments to ensure a minimum of 6 feet between students? This may include reducing capacity of space.	☐	☐	☐			
27.	Are markings placed in areas where lines will form (ex. restroom, reception, bus, cafeteria, class room entrances) to identify social distancing positions?	☐	☐	☐			
28.	**Are all staff required to be Social Distancing Protocol leaders to ensure compliance?**	☐	☐	☐			
29.	**Are postings prevalent throughout facility indicating social distancing requirements?**	☐	☐	☐			
30.	Has facility breakrooms or shared areas been included in social distancing assessment?	☐	☐	☐			
31.	As necessary, are postings provided where foot traffic must travel in one direction?	☐	☐	☐			
	INSERT ADDITIONAL QUESTIONS/CONSIDERATIONS HERE	☐	☐	☐			

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
Prepare Hygiene & Sanitation Plans:							
32.	Is there a plan for enhanced cleaning and disinfecting practices? Does it align with district or CDC Guidance?	☐	☐	☐			
33.	All cleaning and sanitation products used are EPA registered for COVID-19?	☐	☐	☐			
34.	Is there active management (evaluation, planning, ordering) for increase in supplies (such as disinfecting wipes, hand sanitizer)?	☐	☐	☐			
35.	Has a hygiene plan been established: includes use of sanitizing stations, disinfecting wipes, a sanitation schedule: products used, frequency of sanitation and what is to be sanitized?	☐	☐	☐			
36.	Does the plan include review of shared tools (ex. staplers, pencils/pens, tape dispensers)?	☐	☐	☐			
37.	Are hand sanitizer, handwashing stations, or sanitizer wipe dispensers in high traffic, easily accessible areas such as entrances, reception areas, lobbies, near restrooms, and in classrooms?	☐	☐	☐			
38.	Are common touch point items identified (ex. door handles, switches, drawers, facet handles, markers, etc.) and plans defined to remove items or avoid or reduce touching? For example – keeping doors open during hours.	☐	☐	☐			
39.	Are students taught hand washing techniques as part of plan?	☐	☐	☐			
40.	Are signs posted throughout facility to wash hands (with details of proper washing techniques?	☐	☐	☐			
41.	Is leadership conducting regular review and evaluation of the hygiene and sanitation practices to ensure compliance?	☐	☐	☐			
42.	To avoid potential ingestion of toxic chemicals, are hand sanitizer removed from all food and beverage areas (cafeteria, break rooms)? Instead, in those areas, emphasis is on hand washing.	☐	☐	☐			
Plan Your Communications:							
43.	External: Prior to reopening, is communication provided to students and parents through a public press release or using the schools communication process?	☐	☐	☐			

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
44.	External: Does communication include at a minimum: opening plan, student requirements, actions being taken prior to return, actions planned to reduce exposures during operations, role of parents and resources (such as CDC or Local Govt. information), and contact information?	☐	☐	☐			
45.	Internal: Is there a detailed communication that outlines the operational changes, responsibilities, and timelines for employees?	☐	☐	☐			
46.	Internal: Does communication include: when to stay home, basics of COVID-19 (what, symptoms), requirements while at work (procedures, masks/gloves, distancing), requirements for managing visitors, procedures for suspected COVID-19, where to find detailed operational information?	☐	☐	☐			
47.	Is there a plan for responsibilities, procedures, and communication of potential COVID-19 cases? Does plan follow district, local, state requirements?	☐	☐	☐			
48.	Have you engaged your vendors in your social distancing requirements?	☐	☐	☐			
	INSERT ADDITIONAL QUESTIONS/CONSIDERATIONS HERE						

48. Checklist: Staffing and Traning

This Business Reopening Plan Checklist is designed to assist in consideration to help preventing spread of COVID-19 and increase the probability of a successful reopening. All businesses should consider how best to decrease the spread of infection and lower the impact in their workplace.

To assist with your reopening planning, the following checklist has been assembled to provide general items to consider. We anticipate that some businesses will have unique operations not addressed in this document. This list is not exhaustive and does not replace local, state or federal requirements or guidance. The objective of the checklist is to help provide thought-provoking items to consider as part of your reopening plan with a focus on:

3. Reducing transmission among employees, guests, and vendors
4. Maintaining a healthy work environment

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
Staffing Requirements:							
1.	Has management communicated to all employees a "high-risk employee strategy and protocol" for individuals who have identified themselves as being in a high risk group due to age, family members in household, illness and/or disease?	☐	☐	☐			
2.	Have staffing needs been determined for the next 2-8 weeks, for phased in work schedules?	☐	☐	☐			
4.	Staffing needs: Are there jobs that need to be filled? *Use Staffing Needs to Re-open Worksheet (page 5)*	☐	☐	☐			
5.	Is there a plan to monitor and respond to absenteeism in the workplace?	☐	☐	☐			
Business Location Staffing Controls:							
1.	Is your business location/workstations compatible with social distancing strategies *(i.e., workstation separation, Plexiglas separators, disperse people to reduce concentration, etc.)*?	☐	☐	☐			
2.	Is there non-used building space to re-occupying to provide more physical distance between employees?	☐	☐	☐			
3.	Can you limit the number of employees in a common area at any given time or consider closing non-essential common areas?	☐	☐	☐			
4.	Is there a process/policy for permitting essential vendors/third party consultants onsite?	☐	☐	☐			
5.	Has a process and communication been established to self-triage staff on a daily basis by supervisors prior to returning to work? *This may include asking if temperature was within normal range, how employee is feeling, confirming no one in household has*	☐	☐	☐			
6.	Is there a training/debriefing process for supervisors to review with employees regarding updates/changes in policies? *Consider: Use of PPE, social distancing, breakrooms, hand washing*	☐	☐	☐			
7.	Will you assign each employee with personal biosafety kits with use instructions? Kits should address four areas: respiratory defense, hand hygiene, surface disinfection and early disease symptomatic detection)	☐	☐	☐			
8.	Have you created and communicated a policy for employees to follow in the event that they have tested positive for CoVid-19. The policy should include procedures for notifying employees that may have been exposed in the workplace. Communication must maintain anonymity and comply with HIPPA. Public Health Recommendations for Community-Related Exposure.	☐	☐	☐			
9.	Employees who are well but who have a sick family member at home with infection should notify their supervisor and follow CDC recommended precautions.	☐	☐	☐			
Travel:							

	Questions/Considerations	Yes	No	N/A	Action and/or Comments	By Whom	By When
1.	Have you developed and communicated your an interim travel policy for both domestic and international travel if appropriate? *Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each state to which your employees may be traveling. Permit at-risk employees to postpone travel for a period of*	☐	☐	☐			
Employee Training:							
1.	Are employees trained on recently adopted policies pertaining to the pandemic?	☐	☐	☐			
2.	Are employees trained on proper donning/doffing of PPE?	☐	☐	☐			
3.	Have you considered implementing an on-going seasonal illness campaign to optimize wellness in the workplace and reduce the impact that future illness may have on the organization's ability to conduct business? *(i.e., posting handwashing tips on bathroom doors and common areas, cough etiquette, etc.)* to motivate your employees to reduce transmission?	☐	☐	☐			
4.	Do employees or groups of employees need to be trained due to a lapse in training schedules and/or any new or revised training courses that require attention?	☐	☐	☐			

Staffing Needs to Reopen Worksheet

Job Title/Description	Current Employee	Returning Employee	New Employee	# of hours	Salary/Hourly Wage	Confirmed

49. Checklist: Personal Protective Equipment (PPE)

Questions/Considerations		Yes	No	N/A	Action and/or Comments	By whom	By when
Written Program / Policies							
1.	Has a risk assessment been completed for occupational COVID-19 exposure risk (OSHA Risk Assessment)? Have you reviewed OSHA Preparing Workplaces for COVID-19?	☐	☐	☐			
2.	Was employee PPE selected based on results of Risk Assessment?	☐	☐	☐			
3.	Is PPE used in conjunction with other forms of exposure control (such as using barriers between individuals (ex. Plexiglas), distancing control (ex. spacing of equipment), markings/signage, no touch techniques?	☐	☐	☐			
4.	Is there a strategy defined for use of PPE? a. When is PPE required vs voluntary? b. Where is PPE required c. What PPE is to be used? d. Who must wear PPE?	☐	☐	☐			
5.	Is there a documented Personal Protective Equipment plan for employees that aligns to regulatory requirements (i.e. OSHA standards)?	☐	☐	☐			
6.	Is required PPE identified for employees involved in disinfection activities (such as mixing, application, handling)?						
7.	Does organization policy indicate that employees must complete training on COVID-19 and use of PPE?	☐	☐	☐			
PPE Supplies							

1.	Is there an active management of PPE inventory? Does this include strategies for determination of future volumes and surge scenarios?	☐	☐	☐			
2.	Will guests be offered PPE during visits? Does supply plan include volumes for guest PPE use (such as masks)?	☐	☐	☐			
3.	Is there a plan for extended use or reuse of PPE by employees? Does plan follow CDC/OSHA guidelines?	☐	☐	☐			
Employee Training							
1.	Are employees required to wear PPE? If so, the next questions should be completed.	☐	☐	☐			
2.	Does training include proper donning and doffing of PPE (gloves and masks?	☐	☐	☐			
3.	Does training include disposal of PPE?	☐	☐	☐			
4.	Does training include process of PPE inspection before use?	☐	☐	☐			
5.	Does training include when to use PPE (including when PPE is to be removed and disposed)?	☐	☐	☐			
6.	Does training include the limitation of PPE?	☐	☐	☐			
Hand Protection							
1.	Is regular hand washing and sanitation encouraged? Note: hand sanitizers are less effective than proper hand washing.	☐	☐	☐			
2.	Are employees educated on ways to reduce touching shared surfaces with their hands as way to reduce exposure?	☐	☐	☐			
3.	Is use of disposable gloves (such as nitrile) minimized to only those where it is required?	☐	☐	☐			
4.	Are employees who are required to use gloves trained in proper glove use etiquette (i.e. not to touch shared surfaces with a gloved hand due to cross contamination)?	☐	☐	☐			

Question/Consideration		YES	N	N/A	Action and/or Comments	By Whom	By When
Respiratory Protection							
1.	Are employees educated on sneezing / coughing etiquette?	☐	☐	☐			
2.	Are face covering required where social distancing is not possible?	☐	☐	☐			

3.	Are employees trained in proper use and disposal of Face Coverings? Review the CDC Use of Face Coverings guidance.	☐	☐	☐			
4.	If employees are required to use a respirator, is there a documented respiratory protection program that meets OSHA's requirements?	☐	☐	☐			
5.	For employees who are required to use respirators (such as N-95) versus a face mask to protect from inhalation hazard: a. Has employee completed a medical evaluation? b. Has the employee completed respiratory protection training? c. Has the employee completed respirator fit testing?	☐	☐	☐			