COVID-19 PREVENTION PLAN

An Addendum to the IIPP

Abstract

The COVID-19 prevention plan serves as a functional addendum to the Injury Illness Prevention Program (IIPP) in identifying hazards associated with COVID-19 in the workplace and control measures that can reduce the risk of employee exposure. The COVID-19 Prevention Plan addresses requirements identified in the emergency standard 8CCR section 3205.

Approved By:

Michael DeSalvio

Director, Environmental Health and Safety

Draft: January 18, 2021
COVID Prevention Plan
Review and/or Update Log

Please review and update the written program annually and track the revision in the log below.

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<tr>
<th>Date</th>
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*Review: Program was either edited for grammatical errors and formatting, small changes occurred

**Update: Program was edited for changes in content

We certified at the time of review, the information provided on this plan is complete and accurate.
COVID-19 Prevention Plan
An addendum to the Injury Illness Prevention Program (IIPP)

Scope
This addendum shall apply to the San Bernardino and Palm Desert campuses, or any CSUSB off-campus center and shall be enforced in alignment with CSU Executive Order 1039, and 8CCR Section 3205. There are no exemptions from CSUSB’s health and safety requirements for personal beliefs or personal preferences. Those community members found not strictly following the requirements will be asked to comply immediately; those who continue to not comply will be removed from university property and will not be granted permission to return until they are prepared to comply. In addition, the matter will be forwarded to Human Resources (staff/management), Faculty Affairs (faculty), and/or the dean of Students Office (students) for potential disciplinary action.

This plan shall be accessible to all employees in the workplace; furthermore, in alignment with the Injury Illness Prevention Program (IIPP) workplace hazards including the reporting of safety concerns is essential to a safe work environment. Employees are protected in reporting these and similar concerns without fear of reprisal. Safety concerns can be reported directly to supervisors or to Environmental Health and Safety.

Definitions

COVID-19 Case: A person who meets any of the following three criteria. A person is no longer considered a COVID-19 case once the applicable criteria outlined in this plan has been satisfied.

- Has received a positive COVID-19 test,
- Is subject to a COVID-19-related order to isolate issued by a local or state health official,
- Has died due to COVID-19 in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

COVID-19 Exposure: Contact within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period”.

COVID-19 Test: A viral test for SARS-CoV-2 that is approved by, or has an Emergency Use Authorization by the FDA, and is administered in accordance with the FDA requirements.

Close Contact: A close contact is defined as any individual who was within 6 feet of an infected person for at least 15 minutes starting from:

- Two (2) days before illness onset (symptomatic persons) or,
- Two (2) days prior to positive test date

Essential Employees: Employees who perform tasks which cannot be performed remotely.

Exposed Workplace: Any work location, working area, or common area at work which was used or accessed by a COVID-19 case during the high-risk period, including the following:
- Restrooms
- Walkways or hallways
- Break or eating areas
- Waiting areas

**High-Risk Exposure Period**: a period where COVID-19 cases are most likely to spread the virus to others.

- **Symptomatic Persons**: If a person develops symptoms consistent with COVID-19, the high-risk exposure period begins two days before the developed symptoms and continues until ten days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and other symptoms have improved; or

- **Asymptomatic Persons**: If a person never develops symptoms but has received a positive test result, the high-risk exposure period begins two days before the test was administered and continues until ten days after the test was administered.

**Hybrid-Essential Employees**: Employees who may perform infrequent tasks that cannot be performed remotely and may require to work on-site during designated or specific times. Hybrid-essential employees may work remotely when not performing essential on-site duties.

**Isolation**: Separates those who are sick (exhibiting symptoms, or a positive test result) from those who are not sick.

**Quarantine**: Separates those who may have been exposed to a disease to see if they develop symptoms consistent with the disease.

**Remote Employees**: Employees whose tasks and/or assignments can be completed remotely and do not require access to the campus to perform work.

**Outbreak**: The presence of three or more COVID-19 cases in an exposed workplace within a 14-day period.

**Major Outbreak**: The presence of 20, or more COVID-19 cases in an exposed workplace within a 30-day period and continues until there are no new cases in an exposed workplace for a 14-day period.
General Overview

This appendix is intended to align with the Cal/OSHA COVID-19 Emergency Standard which was adopted on November 30, 2020 as well as current industry guidance from California Department of Public Health as well as local guidance specific to San Bernardino and Riverside Counties in an effort prevent the spread of novel Coronavirus (SARS-CoV-2).

SARS-CoV-2, the virus that causes COVID-19, is a novel coronavirus that was previously unknown prior to its discovery in December 2019. While some who are infected with the virus may be asymptomatic, symptoms are considered to present with 2-14 days after exposure and those with certain medical conditions, regardless of age, may be at higher risk for developing more severe symptoms. It is important to recognize the signs and symptoms of COVID-19 which include but are not necessarily limited to the following:

- Fever or 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
- Diarrhea

While many patients are able to recover without the need for medical attention, it’s important to be familiar with symptoms that may warrant medical attention. Due to the increasing demand for medical services, it’s recommended to call 911 or call ahead to the local Emergency Room (ER) to alert them that you are coming in so special instructions can be provided by hospital staff if applicable. Showing up to the ER unannounced is not recommended as this can increase the risk of spreading COVID-19 to others. The following symptoms are examples that require medical attention:

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

While the primary route of exposure for SARS-CoV-2 is direct contact, aerosols created by talking, vocalizing, coughing, sneezing, etc. can travel farther than six feet and these aerosols can remain airborne for several hours. The risk of acquiring the virus by touching a contaminated surface is less likely and often mitigated by appropriate controls. The following controls are considered to be the most effective methods to prevent the spread of COVID-19.

- Maintaining good hand hygiene,
- Proper cough and sneeze etiquette,
- Wearing a cloth face covering over the nose and mouth,
- Avoid touching your face with unwashed hands, and
- Follow all posted workplace procedures such as social distancing, designated entry/exit points, and administrative controls.
Roles and Responsibilities

In addition to the roles and responsibilities defined in the IIPP, the following responsibilities apply to COVID-19. All roles and responsibilities shall remain consistent with the current IIPP.

Supervisors:

In addition to the responsibilities defined in the IIPP, Managers and supervisors are responsible for the following:

- Assessing the work area to ensure alignment with all applicable standards, guidelines, as well as campus procedures and the implementation of those procedures at the departmental level;
- Submitting a site-specific work plan and ensuring that all requirements of the plan have been implemented prior to reopening;
- Maintaining healthy operations in the workplace;
- Timely reporting COVID-19 cases to Risk Management through the appropriate process.
- Providing resources to employees that includes leave options provided through Human Resources, referral to their primary care physician, and campus COVID-19 resources which are available on the University website.

Employees:

In addition to the responsibilities defined in the IIPP, employees are expected to follow all applicable guidelines and policies implemented by the institution once those policies have been formally approved. This includes but may not be limited to the following:

- Self-monitoring symptoms on a regular basis, and before coming to the workplace;
- Wearing cloth face coverings when required to do so, unless a reasonable accommodation has been provided;
- Maintaining and observing all applicable infection control measures that have been implemented by the University including but not limited to social distancing measures, hand hygiene and cough etiquette, avoiding crowded spaces, and refraining from coming to work when sick or awaiting results of a test as a result of a potential exposure;
- Complete the COVID-19 Overview Training prior to being approved to come to campus;
- Complete a daily health screening before entering the campus or off-campus center. Provide evidence of completed health screening upon request; and
- Continue to communicate with the Risk Management during a COVID-19-related leave in an effort to identify when return to work criteria has been satisfied.
- Follow the appropriate disinfection plan for the department to ensure workstations and any shared or specialized equipment are disinfected after use using materials provided by the campus.

Non-Employees or Third-Parties:

Including but not necessarily limited to visitors, vendors, contractors, and other employers; these groups shall follow all current requirements defined by CSUSB.
Risk Management:

In addition to the responsibilities defined in the IIPP, Risk Management is primarily responsible for the following:

- Investigating reported cases to determine if workplace conditions could have contributed to the risk of COVID-19 and providing relevant information to the Local Health Officer in a timely manner;
- Reviewing site-specific work plans and making meaningful recommendations to improve the plans and employee safety;
- Offering testing to exposed employees when required;
- Ensuring the confidentiality and availability of records outlined in this plan to regulatory and health officials.
- Immediately report serious illness or death as defined under Title 8 section 330(h) to Cal/OSHA

Environmental Health and Safety

In addition to the responsibilities defined in the IIPP, Environmental Health and Safety (EH&S) will be responsible for the following:

- Reviewing site-specific work plans and making meaningful recommendations to improve the plans and employee safety;
- Conducting periodic inspections of work areas to ensure that applicable control measures are maintained;
- Providing training resources in support of this plan;
- Monitoring the effectiveness of this plan and making updates where required.

Preparing to Return to Work

In an effort to facilitate the return of on-site work activities, it is essential that we are able to understand the new hazards that COVID-19 poses in the workplace. To best understand these risks, it is equally essential that the workplace is assessed prior to any return to work effort, and periodically thereafter. To assist in this regard, CSUSB has implemented a return to work procedure which is intended to guide employees, specifically managers and supervisors in the order of operations to receiving approval for returning to work once appropriate.
Figure 1: Summary of CSUSB return to work approval process. Cabinet approval is required prior to submitting a worksite specific safety plan for management approval.

Worksite Specific Safety Plan

Once Cabinet approval has been granted, each department must complete a worksite-specific safety plan which is completed by the appropriate manager and outlines the basic requirements for return to work approval. One of these requirements is the completion of a hazard assessment which we will briefly review in the next section. Other important elements of the site-specific plan include the implementation of the following protocols that should best align with the operational needs of the department.

- Implementation of a detailed risk assessment for site-specific control measures
- Implement individual control measures
- Implement a cleaning and disinfection protocol
- Establish maximum occupancy requirements for affected spaces
- Implement appropriate social distancing guidelines
- Offer PPE (when needed) and cloth face coverings to employees
- All employees must complete the COVID-19 return to work training provided through CSU Learn.

Risk Assessments

The risk of spreading COVID-19 increases among larger populations where examples of community spread have been observed. Supervisors are asked to conduct a risk assessment during the return to work planning that will help to identify the risk level for their employees. The risk levels have been identified below for reference:

- **Lower Risk:** No close contact between employees and general public
- **Medium Risk:** Close contact between employees and general public

Identification of Risk Factors

Generally speaking, the risk of spreading COVID-19 increases the closer individuals interact with others as well as when the duration of those interactions increases. A good example of this may be large department meetings where attendees may be in close proximity for an extended period of time. It is necessary to review the work area as well as critical business functions to best understand the risks associated with common activities as well as those activities that cannot be rescheduled, modified, or adjusted. Risks can be mitigated through the use of infection and source control procedures.

Infection Control Procedures

The core function of the Injury Illness Prevention Program (IIPP) is the identification of hazards in the workplace, and advising employees of these hazards in an effort to prevent workplace injuries and illnesses. One way that we can articulate the methodology to preventing workplace injuries and illnesses once they have been identified is through the NIOSH standard hierarchy of controls which can help us to understand which controls would be most effective in preventing COVID-19, as well as when to use them.
As shown in Figure 2, the Hierarchy of Controls is a methodology that helps us to understand the relationship between different control methods and their effectiveness at addressing a hazard. Controls at the top of the hierarchy are more effective than controls on the bottom. As it pertains to COVID-19 infection control procedures, we aim to apply this same methodology to understand what methods will be most effective in preventing the spread of COVID-19.

**Elimination:**

Traditionally speaking, elimination is the most effective way to prevent exposure to a hazard and its effectiveness can also be applied to COVID-19 prevention as well. Key elements in hazard elimination as it pertains to infection control include the following:

- Encouraging employees and the general public to stay home when they are sick, have had close contact with a confirmed case, or have received a positive case (regardless of symptoms)
- Limiting in-person interactions whenever possible can also be an effective method of elimination. Examples of this can include working remotely, avoiding crowded or populous areas, and relying on virtual meetings whenever possible.
- Eliminating or reducing shared equipment can help to exclude opportunities for disease transmission. Eliminating items like staplers, hole punches, microwaves, coffee makers, and reusable flatware can help in reducing the spread of COVID-19.
  - Not all shared equipment can be eliminated. Larger items like copiers may need to be frequently used by multiple people and should be included in the department disinfection plan. By considering the latter, having adequate disinfecting supplies nearby will be helpful in disinfecting the shared equipment between uses.
- Employees who will be accessing the campus or off-site locations shall complete a daily health screen through the MyCoyote app or MyCoyote Portal. Approvals are good for a 24-hour period and must be submitted each day prior to coming to campus. Daily health screens are not required for remote employees who will not be working on campus. Hybrid essential employees must complete the screening on the days they work on the campus or at an off-site location. The screening takes less than 5 minutes to complete and will provide feedback to the employee based on their responses.
  - **Approved to come to campus:** Employees who receive an approval to be on campus will receive a copy of their approval via e-mail and shall provide the approval upon request.
  - **Not Approved to come to campus:** Employees who are not approved to be on campus will receive a copy via e-mail. Additionally, the supervisor and Risk Management will be
notified. Depending on the responses in the submission, Risk Management may implement reporting procedures as required by state and local requirements.

**Substitution:**

Currently there are no effective methods to substitute the hazard of COVID-19, however some industry experts believe that when a viable vaccine becomes available, this may be a future example of hazard substitution because those who have been vaccinated will have a significantly lower risk of acquiring COVID-19 and if exposed, may have less-severe symptoms.

Several vaccines have been developed and are being deployed to higher-risk groups such as health care providers and first responders however, these vaccines are not fully distributed to all groups. Vaccinations, once available will be provided to employees who may receive occupational exposure, such as health care workers, at no cost and employees have the option to decline the vaccine using a declination form. Employees who may decline to receive the vaccine, may elect to receive it at any time.

Medical professionals are strongly recommending the seasonal flu vaccine to further reduce the risk of illness in the workplace since flu-like symptoms are similar to those consistent with COVID-19.

**Engineering Controls:**

Implementing controls which are typically in the form of physical barriers or other comparable engineering means can reduce the risk of exposure because they are installed solutions that work automatically and without regard to individuals remembering to use them.

Examples of engineering controls includes but is not necessarily limited to the following:

- Using only disinfectants that have been approved by the EPA as being effective against COVID-19 as defined by EPA [List-N](#).
  - Facilities Management custodial teams will focus on disinfecting high-touch and high traffic areas such as building entrances, elevator buttons, and lobbies, in occupied buildings on a daily basis.
  - Departments approved to return to campus must have adequate supplies to support their disinfection procedures as a functional part of the worksite specific safety plan.
- Implementing physical barriers or partitions which are cleanable and solid to separate employees from the general public and distancing workstations to separate employees during work hours.
- HVAC considerations are coordinated by Facilities Management who specialize in this area. Generally speaking, the manner in which rooms are air balanced, the percentage of fresh outside air, and the types of filters being used can be helpful controls to reduce the spread of COVID-19.
  - CSUSB utilizes MERV-13 air filters whenever possible and if an HVAC system will not support a MERV-13 filter, the highest efficiency-rated filter will be used.
  - CSUSB maximizes the percentage of outside air whenever possible and when the current Air Quality Index is less than 100.
- Implementing hands-free devices when possible. These may include soap or sanitizer dispensers, trash receptacles, as well as automatic doors if available.
- Drinking fountains have been eliminated however, water-bottle filling stations remain accessible for buildings that are actively being used.
- All campus building exterior doors will always remain locked, except for academic buildings that are pre-approved for on-campus instruction. Exterior doors for on-campus instruction will be unlocked 30 minutes prior to the first course of the day and will be locked 30 minutes after the last course of the day concludes. All doors remain operable to exit the building at all times.
  - Entry and Exit doors have been designated and marked to maintain physical distancing.
  - Direction flow has been designated and the campus community is encouraged to follow these markings even if it requires more time to get to their destination.
  - Where possible, stairwells have been designated for “up” or “down” traffic to minimize person-to-person traffic.
  - Elevators should be prioritized for individuals with mobility impairments whenever possible and have markings to limit occupancy to no more than two passengers at a time.

**Administrative Controls:**

Trainings, policies, or procedures are administrative controls that implement changes to reduce the risk of exposure. There are many examples of administrative controls which are considered to be very effective at controlling the spread of COVID-19, especially when they are used in coordination with the other types of control methods and procedures outlined above.

- **Cloth Face Coverings:** The University will provide employees with cloth face coverings at no cost following the CDC and OSHA guidance. If the employees need to perform tasks with higher risk, the department should consult EH&S to identify if personal protective equipment is necessary.
  - All members and guests of the CSUSB community who are on campus property are required to always wear a face covering over their nose and mouth. This includes any indoor space on campus, including lobbies, hallways, bathrooms, break rooms, and any open office space with multiple workstations, even if there are no other individuals present. Face coverings are also required in any outdoor space on campus where there is a potential to encounter another individual. Face coverings are not required in a completely isolated indoor location and vehicle with no passengers.
  - Employees may be exempt from wearing a face covering under certain circumstances such as those with a medical (including mental health) condition, or disability that prevents wearing a face covering, and persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication. Employees seeking an exemption for wearing a face covering should contact the Human Resources Office at 909-537-5138.
  - Cloth face coverings are not considered personal protective equipment (PPE)
  - [Specific guidance related to cloth face coverings](https://www.cdc.gov/) is available through the CDC website.

- **Cough and sneeze etiquette** are important infection control procedures that help to reduce the risk of spreading disease. Common examples of this are to cough or sneeze into a tissue or your sleeve. Proper hand hygiene should be used immediately after coughing or sneezing.

- **Hand Hygiene:** Proper hand hygiene is essential and reinforces cough and sneeze etiquette. Individuals are encouraged to wash their hands often with soap and warm water for at least 20-seconds, or to sanitize their hands with an alcohol-based sanitizer (>60 alcohol) when soap and
water are not immediately available. These procedures should be followed after touching commonly touched surfaces, shared equipment, using the restroom, coughing or sneezing, or touching your face. Avoid touching your face with unwashed hands.

- **Physical Distancing:** Observing or practicing social distancing is very effective at reducing the risk of exposure to COVID-19 because it reduces or eliminates the risk of close contact. It is important to observe all posted markings, maximum room occupancies and directional signage. Physical distancing should not be used to replace the use of cloth face coverings and is most effective when practiced with additional controls as outlined in this section.

- **Disinfection Procedures:** Disinfecting spaces or shared equipment is an effective administrative control.
  - All cleaning and disinfecting protocols will be reviewed and approved by Facilities Management. It is critical that there be a clear understanding of the cleaning and disinfecting responsibilities of Facilities Management and those of the department.
    - Unless otherwise specified, Facilities does not disinfect equipment owned by the department.
  - Disinfection wipes or spray will be provided by the university must be readily available in the area.
  - Gloves will be provided to the employees, if needed, while using the disinfection product.
  - Avoid sharing workstations, phones, other work supplies, or office equipment wherever possible. Avoid sharing PPE that cannot be disinfected prior to re-use.
  - The shared office equipment such as copiers, fax machines, printers, telephones, keyboards, staplers, surfaces in reception areas, shared workstations, etc., are disinfected between shifts or uses, whichever is more frequent, with disinfection wipes/spray.
  - Cleaning and disinfection of the employee’s own workstation and equipment are to be completed during working hours as part of the employee’s job duties.

**Personal Protective Equipment (PPE):**

PPE is often considered to be the least effective way to protect an individual from a hazard because it is often regarded as the last line of defense for a protective measure. PPE for COVID-19 is generally only required for first responders and health care providers because they may have direct occupational exposure due to their assigned job functions in situations when engineering and administrative controls may be less feasible. PPE may also apply to employees such as custodial operations for specific procedures such as terminal cleaning in certain circumstances but is generally not required when engineering and administrative controls are in place.

PPE that is adequate against COVID-19 includes the following and varies based on the type of operation:
  - N-95 or KN-95 masks
  - Surgical Masks
  - Procedure Masks
  - Face Shields
  - Protective eyewear
  - Coveralls

**Respiratory Protection Requirements**

Use of a respirator, including disposable filtering facepiece respirators such as N-95 or KN-95 masks for non-voluntary use conditions requires enrollment in the respiratory protection program and shall be worn
in alignment with 8 CCR §5144 of the respiratory protection standard and manufacturer recommendations. A brief summary of the program requirements is listed below and it is recommended that inquiries be sent to EH&S to discuss program enrollment.

1) **Medical Questionnaire** - Completion of an online medical questionnaire is needed to determine if the prospective wearer is medically fit to wear a respirator.

2) **Respirator Training** - Completion of the training can often be done online and is intended to provide an overview of basic type of respirators, protection factors, and how to don (put on) and doff (take off) the respirator.

3) **Fit Test** - The fit test is an in-person assessment where an EH&S specialist will test the respirator to determine if the respirator fits the wearer properly. Fit tests are specific to the make, model, and size respirator and must be repeated for changes in equipment.

**Resource Requests**

Resources and supplies such as face coverings, sanitizers, and sanitizer wipes, are available to departments upon request. To request supplies, supervisors can submit a resource request using ICS Form 213.

**Reporting a COVID-19 Case**

CSUSB has established protocols for reporting positive tests of COVID-19 and potential exposures. If you have tested positive, or become aware of a member of the campus community who has tested positive, please follow the appropriate notification process. CSUSB will report information about COVID-19 cases at the workplace to the local health department whenever required by law, and shall provide any related information requested by the local health department.

- For COVID-19 Positive Employees: Please notify Risk Management at riskmanagement@csusb.edu. Employees should seek medical care through their regular health care provider.

- For COVID-19 Positive Students: Please notify the campus Infectious Disease Response Team overseen by the Student Health Center by emailing the IDRT@csusb.edu to report a positive test result. Students can also call Beth Jaworski, Executive Director of Health, Counseling, and Wellness at (909) 537-5185 for further information. Call the Student Health Center at (909) 537-5241 for instructions on self-care or to make a telehealth or in-person appointment. Acutely ill students should seek medical care from a healthcare provider in their area.

Supervisors or Managers should instruct employees to leave the workplace and/or stay home upon reporting:

- Symptoms consistent with COVID-19,
- Have received a positive test,
- Awaiting results of a test due to close contact with a confirmed case,
- Close contact with a confirmed positive case, or
- Are suspected to have COVID-19.
Required Reporting Information

The following information is required to submit a completed report for a suspected COVID case.

- Applicable campus affiliation,
- Contact information for the Case and the immediate supervisor,
- Any relevant details of the Case,
- Confirm if symptoms presented and when,
- Confirm the date last on campus, if the Case was on campus within the last 14 days, and/or within 2 days before symptoms presented,
- Identify any areas on campus visited- include the dates, times and the specific locations,
- Confirm if the Case is currently off work or off campus,
- Confirm if there was a close contact,
- Confirm if the Case has been tested for COVID-19. If known, provide the testing date and outcome,
- Confirm if any affected areas have been cleaned by trained staff.

Notification of Close Contacts

CSUSB will notify all employees who may have had COVID-19 exposure in the worksite and their authorized representatives within one business day, including independent contractors and other employers at the workplace during a high-risk exposure period.

Formal contact tracing will be performed by the respective County Department of Public Health unless otherwise directed, however CSUSB will investigate potential exposures in alignment with regulatory requirements and make notifications to those who may have been exposed as required by state and local guidance. Notifications do not include identification of the source of exposure or any confidential information. Cases will be reported to local health officials as required in alignment with local and state guidance.

Local Department of Public Health (DPH) contact information:

San Bernardino Campus

- Public Health Contact Information:
  San Bernardino County DPH Communicable Disease
  1-800-722-4794 option 0; or direct line: 909-387-9144)

Palm Desert Campus

- Public Health Contact Information:
  Riverside County DPH Communicable Disease
  (951) 358-5107
COVID-19 Testing

CSUSB offers COVID-19 testing from testing locations approved by San Bernardino and Riverside Counties to all employees who had potential COVID-19 exposure in the workplace. Testing is offered to employees free of charge and during assigned work hours. Employees will be provided with detailed information regarding testing options and locations should an exposure occur.

Testing during an outbreak:
In the event of an outbreak, testing shall be provided to all employees at the exposed worksite except for employees who were not present during the 14-day period contributing to the outbreak or any other relevant time frame identified by a local health official; free of charge and during employee’s work hours. The testing shall meet the following requirements:

1) Testing will be offered immediately when an outbreak is determined and then tested again one week later. Exposed employees must meet the return to work criteria outlined in this plan and the quarantine period cannot be shortened by a negative test result.
2) After the first two tests as outlined in the subsection above, employees will be provided with weekly testing until an outbreak is no longer applicable.
3) Additional testing may be required as deemed necessary by the employer, Cal/OSHA, or local health officials.

Testing during a major outbreak:
In the event of a major outbreak, employers are required to provide COVID-19 testing twice per week to all employees present in the exposed workplace during the applicable 30-day period and who remain at the workplace until the provision is no longer applicable.

Disinfection of Campus Spaces

Areas or spaces used by a someone known or presumed to have COVID-19 will be closed and isolated for a minimum of 24-hours before cleaning and disinfecting the space. This minimum holding time aligns with industry-specific guidance from the California Department of Public Health and is sufficient to ensure that any potentially infectious aerosols have dissipated from the area. In this example, minimal PPE is required but can be utilized as a precautionary measure if other applicable engineering and administrative controls remain in active use. The prevailing need for PPE under this example should be to meet the recommendations in the Safety Data Sheets (SDS) for any materials or products being used.

Cleaning and disinfecting campus spaces is performed by trained staff or an approved contractor using an EPA-registered product effective against COVID-19. If the 24-hour holding time is determined to not be feasible, additional precautions will be implemented to ensure staff are protected against potential exposure through additional engineering or administrative controls or use of additional PPE.

Employees will be notified in advance of any special precautions and additional training provided as needed to ensure a safe work environment. Training may include but not necessarily limited to the appropriate and safe use of PPE, COVID-19 specific safety procedures, and chemical-specific training such as handling instructions, minimum contact time, and precautions outlined in the appropriate Safety Data Sheet (SDS).
Employees are responsible to follow their department’s disinfection plan which includes but may not be limited to disinfecting shared equipment such as phones, office supplies, specialized equipment, and workstations using disinfection supplies provided by the campus for such purpose.

**Return to Work Criteria**

California Department of Public Health and the CDC have identified clear criteria for when employees who have received a positive COVID test result or have symptoms consistent with COVID-19 can return to work. Based on this guidance, it is safe to be around others once the criteria have been satisfied. A summary of the criteria is listed below.

**Ending Isolation:** Isolation separates those who are sick (exhibiting symptoms, or a positive test result) from those who are not sick.

- Everyone must stay at home if they exhibit COVID-19 symptoms. If anyone develops COVID-19 symptoms while on campus, they should immediately notify their supervisor and leave campus.

- Those who have tested positive for COVID-19 must not be on campus until it is safe to be around others.
  - **Symptomatic** (have symptoms) –
    - At least 10 days have passed since symptoms first appeared,
    - At least 24 hours have passed since a fever of 100.4 or higher has resolved, without the use of fever-reducing medication; and
    - Other COVID-19 symptoms have also improved.
  
  - **Asymptomatic** (no symptoms) –
    - A minimum of 10 days has passed since first positive test (sample collected)

*Note: Those who have received a positive test do not need to be re-tested or quarantine again for 3-months if exposed to a positive case, unless symptoms develop. Additionally, a negative test result shall not be required for an employee to return to work.*

**Ending Quarantine:** Quarantining separates those who may have been exposed to a disease to see if they develop symptoms consistent with the disease.

- If the employee will not have further close contact, the employee may discontinue quarantine after 14 days from the date of last contact.

- If the employee lives with a lab confirmed case, but can avoid further close contact – the last day of quarantine is 14 days from when the person with COVID-19 began home isolation.

- If the employee is under quarantine and had additional close contact with someone who has COVID-19 – the last day of quarantine is determined by the date of most recent close contact with a person who has COVID-19, plus an additional 10 days for quarantine.
If the employee lives with someone who has COVID-19 and cannot avoid continued close contact— the last day of quarantine is determined based on the date the person with COVID-19 ends home isolation, plus 14 additional days.

- When ending quarantine in less than 14 days is determined to be appropriate by the employer, the following must be observed through the 14th day:
  - Adhere strictly to all recommended non-pharmaceutical interventions, and any doctor recommendations
  - Continued use of a face covering,
  - Self-monitor for any symptoms through day 14 and if symptoms present, do not report to work, notify your supervisor, and follow the appropriate isolation procedures outlined in this plan.
    - **Example:** An employee who was exposed to a confirmed case must quarantine for at least 10 days. If symptoms do not present during that time, the employee may meet the return to work criteria but must continue to monitor for symptoms for an additional 4 days. Should symptoms present even after returning to work, the employee must notify their supervisor immediately and return home to follow the applicable isolation procedures identified above.

*Note: A negative test result shall not shorten a quarantine period.*

**Considerations for Travel**

The following align with current CDC travel advisories:

- **Get tested** 3-5 days after travel **AND** stay home for 7 days after travel.
  - Even if you test negative, stay home for the full 7 days.
  - If your test is positive, follow the isolation procedures listed above.
- Self-quarantine for 14 days after travel if you do not get tested.
- Avoid being around people who are at increased risk for severe illness for 14 days, whether you get tested or not.
- Always follow state and local recommendations or requirements related to travel.

**Training and Communication**

All employees must complete the returning to work during COVID-19 training prior to receiving approval to return to work. Training may be supplemented with additional information as necessary to ensure the elements of this plan have been implemented. Additional training for site-specific activities such as custodial and health care operations may be required when appropriate.

**Training Topics:**

- COVID-19 information, preventing the spread, recognizing the signs and symptoms, and when to seek medical attention.
- Information related to COVID-19 benefits
• Campus prevention plan
• Daily health screening procedures
• Source Control Procedures
  o Hand Hygiene
  o Cough and Sneeze Etiquette
  o Cloth Face Coverings
  o Importance of staying home when ill
• Infection Control Procedures
  o Administrative and Engineering Controls
  o Personal Protective Equipment
    ▪ PPE effective against COVID-19, use and limitations, and when it is appropriate for use.
• Reporting Procedures
• Return to work criteria
• Overview and acknowledgement of the COVID Prevention Plan: this serves as a method to demonstrate to regulatory officials that the COVID Prevention Plan has been provided to employees as required.

Recordkeeping

The following section outlines the records that are maintained in alignment with 8CCR section 3205.

COVID Prevention Plan:

The COVID Prevention Plan, including records pertaining to the implementation of the plan will be maintained by EH&S as required. The plan will be provided to all employees.

COVID Cases

CSUSB will maintain records of all COVID-19 cases which will include 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. Any medical information shall 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.

Training Records

EH&S shall maintain the associated training records pertaining to employee COVID-19 training completion.
References

- Cal/OSHA Emergency Standard
- Cal/OSHA Interim Guidance
- CDPH Industry Guidance for Institutions of Higher Education
- CDPH Guidance on Face Coverings
- Responding to COVID-19 in the Workplace
- CSUSB Health and Safety Requirements (August 20, 2020)
- CSUSB Injury Illness Prevention Program (IIPP)