

# COVID-19 Prevention Program



**Updated 6/28/2022**

**Note: The COVID-19 pandemic is an ongoing, complex and rapidly evolving situation. This document is reviewed and revised as new guidance is developed. The program information is current as of the date above.**

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## Supplemental Resources

### Videos:

- [Return to Work During COVID-19 Training – Version II](#)
- Cal-OSHA “Know Your Rights: Safe and Healthy Workplace in California”:  
[https://www.youtube.com/watch?v=KSp\\_P2G2FDA](https://www.youtube.com/watch?v=KSp_P2G2FDA)

### Posters:

- Cal-OSHA “Combine Physical Distancing with Face Coverings” ([other language versions](#))
- Cal-OSHA “Face Coverings, Masks and Respirators” ([other language versions](#))
- CDC “Back to Work” ([other language versions](#))
- CDC “Vaccine Facts” ([other language versions](#))

### Educational Material and FAQs:

- COVID-19 Vaccine Information and Safety Tips ([other language versions](#))
- COVID-19 Family and Medical Leave Act FAQ
- California Paid Sick Leave FAQ
- CDPH Face Coverings FAQ

### Other Resources:

- CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments
- CDPH Guidance for the Use of Face Coverings
- CCR Title 8 § 5144 Appendix D (Mandatory) Information for Employees Voluntary Use of Respirators
- CDPH Vaccines and Medical Exemptions

## 1. Introduction

The purpose of this program is to define the measures being taken by California State University, Fullerton (CSUF), to help reduce the risk of infection from the COVID-19 virus (a.k.a., SARS-CoV-2, coronavirus). The defined measures are based upon guidance from established public health authorities and requirements of the California Division of Occupational Safety and Health (Cal/OSHA) and Orange County Public Health Services, as of the date of this document. Though the provisions of this document are intended to help reduce COVID-19 risk, they cannot guarantee that infection will not occur.

This program applies to all CSUF employees and worksites, with the following exceptions:

- Work locations with one employee who does not have contact with other persons.
- Employees working entirely from home.
- Employees with occupational exposure as defined by section 5199, when covered by that section.
- Employees teleworking from a location of the employee's choice, which is not under the control of the employer.

Nothing in this program is intended to limit more protective or stringent state or local health department mandates or guidance. This document and all associated appendices are intended to be a 'living' or dynamic document, to be revised and updated as public health guidance and/or site conditions change. Updates to this program will be based on guidance from established health authorities, such as:

- World Health Organization (WHO)
- U.S. Environmental Protection Agency (EPA)
- U.S. Centers for Disease Control and Prevention (CDC)
- U.S. Occupational Safety and Health Administration (OSHA)
- California Division of Occupational Safety and Health (Cal/OSHA)
- California Department of Public Health (CDPH)
- Orange County Public Health Services

It is the responsibility of all employees to follow these safe work practices and to assist in maintaining a safe work environment.

## 2. Program Authority and Implementation Overview

The COVID-19 Safety Coordinator has overall authority and responsibility for implementing the provisions of the program. In addition, all managers and supervisors are responsible for implementing and maintaining the program in their assigned work areas. All employees are responsible for using safe work practices, following all directives, policies, procedures, and assisting in maintaining a safe work environment.

This program authority is as follows:

1. COVID-19 Safety Teams: The COVID-19 Safety Coordinator is responsible for managing this program and facilitating the COVID-19 safety teams, which are described below:
  - a. Core Team “Infectious Disease Response Team”: This team monitors current public health guidance and requirements, along with information regarding program implementation, and determines how COVID-19 safety will be addressed by updating the provisions of this program as appropriate.

The COVID-19 safety team members are listed in Appendix A, along with associated contact information and current meeting plans.

The program implementation is structured as follows:

1. Prevention: The COVID-19 Safety Coordinator defines general practices and provides resources for identifying and addressing COVID-19 hazards, delivering training, and conducting inspections. Supervisors are responsible for implementing safe work practices, training employees in these practices, ensuring these practices are followed, and documenting their implementation through periodic inspections.
2. Response: The COVID-19 Safety Coordinator is responsible for managing the response to each reported known or suspected COVID-19 case that occurs around employees or at facilities. This response includes assessment of impacted persons and areas, execution of response plans (e.g., notifications, environmental cleaning/disinfection), and documentation of response actions.
3. Building Closure: The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties to ensure proper consideration is given to minimizing potential environmental health concerns, prior to closing and re-opening buildings (including substantially reduced occupancy and partial closures). Additional information is provided in the CSUF COVID-19 Building Re-Occupancy Plan.
4. Supply Management: The COVID-19 Safety Coordinator is responsible for coordinating with responsible parties to address the specification, acquisition, distribution and inventory of supplies critical to implementation of COVID-19 safe practices. Management of critical supplies, including inventory and distribution, is conducted by Environmental Health & Safety and other campus departments.

### 3. Infection Prevention

Efforts to reduce the risk of infection from the COVID-19 virus are being enacted through a process of assessing hazards, establishing and communicating safe work practices, providing training, and confirming that the safe work practices are being implemented properly. These and other elements intended to minimize the chance of infection are discussed below and summarized in the “Safe Practices” documents inventoried in Appendix C.

All employees and students who are accessing campus facilities are required to be immunized against SARS-CoV-2, subject to the terms and limited exemptions described in the CSU COVID-19 Vaccination Policy. Employees and students are required to provide proof of their vaccination status. Employees and students that decline to state their vaccination status will be presumed to be unvaccinated. This information will be documented by a third-party vendor, Point and Click Solutions, that is HIPPA compliant.

#### 3.1. Identification and Evaluation of COVID-19 Hazards

The workplace has been evaluated in order to identify and reduce potential workplace exposures to COVID-19. In addition, a third-party environmental health consultant, Forensic Analytical Consulting Services, has been retained to evaluate the workplace, the development and implementation of this program, provide training, and to be a resource to CSUF. Policies and procedures instituted to reduce COVID-19 risk are current as of the date of this document. CSUF will regularly review applicable health orders and guidance from established public health authorities related to COVID-19 hazards and prevention.

All CSUF employees and authorized employee representatives are permitted to participate in the identification and evaluation of COVID-19 hazards.

Additional evaluations may be conducted as conditions or guidance change. The “COVID Hazard Inspection Form” provided in Appendix E should be used to guide and document these evaluations. These evaluations should generally take into consideration the following:

Workplace-specific identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards may include:

1. Identification of places and times when people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, for instance during meetings or trainings and including in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.
2. Evaluation of employees' potential workplace exposure to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors.
3. Evaluation of how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.
4. Assessment of indoor spaces to evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, may be needed.

5. Evaluation and periodic inspection of existing COVID-19 prevention controls at the workplace and the need for different or additional controls.

The COVID-19 Safety Coordinator, supervisors, or designee will conduct periodic evaluations of existing COVID-19 prevention controls to identify unsafe conditions, practices, and procedures related to COVID-19 prevention to ensure compliance with employers' COVID-19 policies and procedures. These evaluations will be documented using the "Periodic Inspection Form" provided in Appendix E.

All conditions or activities that may result in increased risk of COVID-19 transmission, as documented in Appendix D, will be addressed and corrected as soon as possible. The COVID-19 Safety Coordinator is responsible for ensuring and documenting correction of hazards.

All employees are encouraged to actively participate in the identification of potential COVID-19 hazards. Conditions or activities that may result in increased risk of COVID-19 transmission should be reported to the employee's supervisor or the COVID-19 Safety Coordinator promptly.

### **3.2. Symptom Screening and COVID-19 Testing**

Prior to coming to work, employees must screen themselves for symptoms of COVID-19. If symptoms are noted, employees must notify their supervisor (via phone/email) and stay home. Symptoms include, but are not limited to, fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle/body aches, headache, new loss of taste/smell, sore throat, congestion/runny nose, nausea/vomiting, or diarrhea. CDC guidance on symptoms is located at: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>).

Employees must notify their supervisor (via phone/email) and stay/return home if any of the following conditions are met:

1. Employee notes symptoms of COVID during the pre-work screening or at any time during the workday.
2. Employee is not fully vaccinated and has been in close contact (closer than 6 feet for a cumulative total of at least 15 minutes over a 24-hour period) with a known or suspected case of COVID-19.
3. Employee receives a positive COVID-19 test.
4. Employee is subject to an order to isolate by a state or local public health official.

The supervisor shall inform the university of a positive COVID-19 test or exposure by submitting the [COVID-19 Self-Reporting Form](#) on the Titans Return website. Direction will be provided to the employee in accordance with the university's case response protocols, as described in the Case Incident Response section below.

If an employee is at higher risk of serious complications from COVID-19 or if they are requesting accommodation, they should contact Total Wellness, Workers' Compensation in the Division of Human Resources, Diversity and Inclusion. At risk people include older adults and people of any age who have serious underlying medical conditions. More information is available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Self-testing kits will be provided at no cost to any employee with COVID-19 symptoms that is not fully vaccinated, during the employees' paid work time. Employees may obtain information about other COVID-19 testing sites on the Titans Return website. Students may schedule an on-campus COVID-19

test through the Student Health and Counseling Center's website. Positive COVID-19 testing results must be reported via the [COVID-19 Self-Reporting Form](#) on the Titans Return website. Positive tests will trigger the Case Response protocol and will be documented using contact tracing software.

### 3.3. Face Coverings and Personal Protective Equipment

#### Face Coverings

CSUF will provide face coverings to all employees regardless of vaccination status. Proper use of face coverings is **required** for all members of the university community when in self-isolation or self-quarantine, in the event of multiple COVID-19 infections or a major outbreak, when utilizing employer-provided transportation, when working in Student wellness and/or the University Police Department, or when required to do so by orders from CDPH. . Individuals may source their own face covering if it consists of a surgical mask, a medical procedure mask or a mask constructed of tightly woven fabric or non-woven material of at least two layers. Face coverings must be free of visible holes and cover the nose and mouth at all times, when required. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric. N95 respirators may be voluntarily worn by employees in lieu of face coverings.

All members of the university community, including contractor's agents and employees, must comply with the California Department of Public Health's "Guidance for the Use of Face Coverings" dated March 1, 2022, including a strong recommendation that individuals, regardless of vaccination status, should wear face coverings in indoor public and business settings.

Employees may wear a face covering when not required by this program, unless it would create a safety hazard, such as interfering with the safe operation of equipment. Individuals required to wear face coverings do not have to wear face coverings indoors when:

- (a) Alone in a private space such as an office with the door closed, a living unit or vehicle;
- (b) Eating and drinking provided individuals are at least six feet apart and outside air to the area, if indoors, has been maximized to the extent feasible;
- (c) Showering, washing their face, or brushing their teeth in a residence hall or other University facility with common bathroom facilities;
- (d) Directed by a health care provider to remove their face covering for care or treatment;
- (e) An accommodation is required due to a medical or mental health condition or disability;
- (f) When communicating with a hearing-impaired person and/or
- (g) Specific tasks make a face covering infeasible or create a hazard, only while those tasks are being performed.

*All employees* must wear face coverings in the following settings regardless of vaccination status:

1. When visiting another employer's worksite where face coverings are required by their COVID-19 Safety Plan.
2. When required by orders from the applicable public health agencies such as the CDPH in California. [Current CDPH guidance](#) includes the following:
  - Healthcare settings, including long term care facilities
  - Correctional facilities and detention centers



- Homeless shelters, emergency shelters, and cooling centers
- At any worksite where internal policies require universal masking

Face coverings are recommended for unvaccinated individuals outdoors where six feet of physical distancing cannot be maintained.

CSUF will not prevent an employee from wearing a face covering, unless it would create a safety hazard, such as interfering with the safe operation of equipment

### Personal Protective Equipment

CSUF does not currently anticipate the need for personal protective equipment such as gloves, goggles, and face shields. If it is determined that personal protective equipment is required, it will be provided at no cost to the employee.

Upon request, CSUF will provide respirators (N95) for voluntary use to employees for use in the workplace. Employees should choose a respirator that fits properly and will be required to review and acknowledge the Cal/OSHA voluntary use guidance (<https://www.dir.ca.gov/title8/5144d.html>). Employees voluntarily using a respirator will be required to be clean shaven and to follow the manufacturer's directions for use.

### **3.4. Personal Hygiene**

Employees are encouraged to wash their hand frequently with soap and water. Employees should wash their hands for at least 20 seconds, at minimum, following restroom use or touching of communal surfaces/equipment and prior to eating, drinking or touching face.

If soap and water is not available, employer-provided hand sanitizer should be used.

### **3.5. Cleaning and Disinfection**

Frequently touched surfaces and objects are regularly cleaned by custodial staff using commercially available products (e.g. soaps or detergents) approved by CSUF. Frequently touched surfaces include doorknobs, elevator buttons, handrails, handles and bathroom surfaces. Employees will be provided cleaning products and adequate time to clean surfaces in their work areas.

Cleaning of surfaces will be conducted per the case response protocol if it is determined that a COVID-19 case has been in the workplace during the high-risk exposure period. Disinfection will be performed if an indoor workspace will be used by another employee within 24 hours.

### **3.6. Engineering Controls**

CSUF shall operate its buildings to maximize, to the extent feasible, clean air (outdoor and filtered) ventilation. CSUF shall maximize ventilation with outdoor air, install the highest level of filtration efficiency compatible with the existing ventilation system, and implement the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, if evaluation determines they are needed.

During periods when outdoor air quality is poor (e.g. heat, wildfire smoke, or when the [EPA Air Quality Index](#) is greater than 100 for any pollutant), use of natural ventilation may not be appropriate. During these periods, interventions such as modifying work schedules, telecommuting, or use of respiratory protection will be considered in consultation with a qualified health and safety professional. Additional information can be found at the links below:

### **3.7. Program Training and Communication**

#### Communication of Program Elements

All employees are required to report to their supervisor or designated departmental representative, without fear of reprisal, COVID-19 symptoms, possible close contacts, and possible COVID-19 hazards at the workplace.

Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations through Total Wellness, Workers' Compensation in the Division of Human Resources, Diversity and Inclusion.

Information about access to COVID-19 testing and when testing is required under this section will be communicated to employees via email and the Titans Return website. COVID-19 testing will be made available at no cost to employees during employees' paid time.

Information about COVID-19 hazards and the COVID-19 policies and procedures will be communicated to employees through training, emails, and the Titans Return website. Additionally, the "Safe Practices" documents (Appendix C) will be made available (through digital shared access link or, if requested, a physical printed copy) to all employees and to other employers, visitors, vendors and any other individuals accessing the workspace.

The CSUF COVID-19 Prevention Plan will be made accessible, in either a digital or hard-copy format, to all employees and employee representatives upon request.

Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee medical records required by this program, shall be kept confidential unless disclosure is required or permitted by law. Unredacted information on COVID-19 cases shall be provided to the local health department, CDPH, Cal/OSHA, and the National Institute of Safety and Health (NIOSH) immediately upon request, and when required by law.

#### COVID-19 Prevention Plan Training

All supervisors and employees will be trained on the elements of this program and as required by Cal/OSHA under Title 8 CCR Section 3205. Online training will be provided via the Employee Training Center. Training will be documented electronically by the Employee Training Center.

All employee training will include:

1. The elements of this program.
2. COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
3. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick and vaccination leave, if applicable, workers' compensation law, local governmental requirements, the employer's own leave policies, and leave guaranteed by contract.

4. Information about how COVID-19 can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales; that COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common; and that an infectious person may have no symptoms.
5. The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
6. Policies for providing respirators, and the right of employees who are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation and at no cost to employees.
7. The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when immediate access to a sink or hand washing facility is not available, and that hand sanitizer does not work if the hands are soiled.
8. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. N95's and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
9. COVID-19 symptoms, and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
10. Information on the COVID-19 policies; how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
11. The conditions under which face coverings must be worn at the workplace and that face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance between people cannot be maintained. Employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

## 4. COVID-19 Case Incident Response

Efforts to help contain and minimize the risk of infection from the COVID-19 virus related to a known or suspected COVID-19 case are enacted through a process involving an initial assessment of impacted personnel and work areas, development of response actions that address notifications and environmental cleaning/disinfection, and documentation of the completion of response actions. These, and other response elements, are discussed below.

### 4.1. Initial Assessment

An initial assessment that characterizes people and area(s) impacted by the infected person is necessary in order to determine the appropriate response actions. The initial assessment should be initiated by the Infectious Diseases Response Team immediately after notification of an incident.

Identification of High-Risk Exposure Period: Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced. High-risk exposure period is defined as:

(A) For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved.

(B) For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

Identification of Close Contacts: Determine who may have had a close contact and their vaccination status. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period.

“Close contact” means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

Area Closure: For indoor areas known to be significantly impacted by the infected person, it is recommended to close or isolate the area for as long as possible (at least several hours) from the time the infected person was present, in order to minimize the potential for exposure to infectious droplets in the air. If possible, leave outside doors and windows open to ventilate the space. Access should continue to be restricted until the assessment can be completed and a proper response action plan determined.

### 4.2. Case Incident Communication

Communication regarding case incidents and the status of response actions is key to maintaining stakeholder trust and reducing concern.

Communication with COVID-19 Case: Communicate with the person with COVID-19 that they should follow their healthcare provider’s guidance regarding proper management of their illness and remain home until the return to work requirements have been met (see Section 4.7).

Communication with Employees at the Worksite: Within one business day of the time the employer knew of, or should have known of a COVID-19 case, the employer will give written notice, in a form readily understandable by employees, that people at the worksite may have been exposed to COVID-19. The

notice will be written in a way that does not reveal any personal identifying information of the COVID-19 case. The notice will include a summary of the response plan and sent to all employees and outside parties at the worksite during the high-risk exposure period.

Communication with Close Contacts: Employees who have had close contact with the case will be notified immediately. Those individuals will follow the close contact protocols outlined in “Return to Work Requirements” (see Section 4.7) prior to returning to work.

### **4.3. COVID-19 Testing**

COVID-19 testing will be made available at no cost, during paid time, to all employees who have had a close contact in the workplace. The following groups may choose to be exempt from testing requirements:

- Employees who were fully vaccinated before the close contact and do not have COVID-19 symptoms.
- COVID-19 cases who returned to work following a positive test and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 90 days after the first positive test.

Any employee receiving a COVID-19 test will be provided with information regarding COVID-19 related benefits to which the employee may be entitled under applicable federal, state, or local laws.

### **4.4. Cleaning and Disinfection**

Cleaning (and disinfecting when indicated) will be performed to reduce or eliminate potential viral contamination deposited on surfaces that may have occurred due to the presence of a person with COVID-19 at the worksite. High-touch surfaces will be cleaned in areas where the COVID-19 case was identified as having spent significant time (~15 minutes) within the last 72 hours, and additionally disinfected if within 24 hours of case contact as determined by the initial assessment.

Prior to performing any environmental cleaning or surface disinfection, all personnel conducting environmental cleaning/disinfection will be trained on the proper, safe use of any cleaning or disinfecting agents, as well as proper PPE. The cleaning personnel will consist of contractors trained and experienced in environmental cleaning and disinfection in compliance with CDC and EPA guidelines.

Highly impacted areas will be cordoned off and unoccupied until cleaning/disinfection is complete; only cleaning personnel should be present. Where possible, provide adequate ventilation for the space undergoing cleaning by leaving outside doors and windows open to increase air circulation.

Surfaces and items will be cleaned/disinfected per the response action plan. This includes documenting that 1) the appropriate surfaces were cleaned, 2) the appropriate products were used, and 3) that the cleaning/disinfection products manufacturer’s instructions relating to contact time and dilution were followed.

### **4.5. Confirmation**

Completion of the response action plan should be documented and confirmed by the Infectious Diseases Response Team using contact tracing software.

## 4.6. Investigation

An investigation will be conducted to determine whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.

## 4.7. Return to Work Requirements

### Positive for COVID-19

Any employee who tests positive for COVID-19, regardless of vaccination status, previous infection or lack of symptoms will follow the following exclusion requirements prior to being permitted to return to work:

1. Employees must be excluded from the workplace for at least 5 days after start of symptoms or after date of first positive test if no symptoms.
2. Isolation can end and employees may return to the workplace after day 5 if symptoms are not present or are resolving, and a diagnostic specimen (antigen test preferred) collected on day 5 or later tests negative.
3. If an employee's test on day 5 (or later) is positive, isolation can end and the employee may return to the workplace after day 10 if they are fever-free for 24 hours without the use of fever-reducing medications.
4. If an employee is unable or chooses not to test isolation can end and the employee may return to the workplace after day 10 if they are fever-free for 24 hours without the use of fever-reducing medications.
5. If an employee has a fever, isolation must continue and the employee may not return to work until 24 hours after the fever resolves without the use of fever-reducing medications.
6. If an employee's symptoms other than fever are not resolving, they may not return to work until their symptoms are resolving or until after day 10.
7. Employees must wear face coverings around others for a total of 10 days

### Close Contact:

Employees that had close contact to a known or suspected case and do *not* develop symptoms do *not* need to be excluded from work.

Regardless of vaccination status, employees who had close contact to a known or suspected case must follow these protocols:

1. Exposed employees must test within three to five days after their last close contact. Persons infected within the prior 90 days do not need to be tested unless symptoms develop.
2. Employees must wear face coverings around others for a total of 10 days after exposure.
3. If an exposed employee develops symptoms, they must be excluded pending the results of a test.
4. If an exposed employee who develops symptoms is unable to test or choosing not to test, they must be excluded until 10 days after the date of symptom onset.
5. If an exposed employee tests positive for COVID- 19, they must follow the isolation requirements as stated above.

If at any time symptoms develop, regardless of vaccination status, an employee should immediately quarantine and test for COVID-19 and observe the following exclusion requirements prior to returning to work:

1. Continue exclusion until test results are obtained.
2. If the employee is unable to test or chooses not to test, exclusion must continue for 10 days.
3. If the employee tests negative and returns to work earlier than 10 days after the close contact, the employee must wear a face covering around others for 10 days following the close contact.
4. CDPH recommends continuing exclusion and retesting in 1-2 days if testing negative with an antigen test, particularly if tested during the first 1-2 days of symptoms.
5. For symptomatic employees who have tested positive within the previous 90 days, using an antigen test is preferred.

If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be in accordance with the return to work periods specified above.

For employees excluded from work due to close contact, the employee's earnings, wages, seniority, and all other employee rights and benefits, including the employee's right to their former job status, will continue to be maintained as if the employee had not been removed from their job. Employee sick leave may be used for this purpose to the extent permitted by law and will be paid at the employee's regular rate of pay no later than the regular pay day for the pay period(s) in which the employee is excluded from the workplace unless the following exemptions apply:

1. The employee is receiving disability payments or is covered by workers' compensation and received temporary disability.
2. The close contact is not work related.

The requirements described in this section do not limit any other applicable law, employer policy, or collective bargaining agreement that provides for greater protections and are subject to review by Human Resources, Diversity, and Inclusion prior to implementation.

#### **4.8. Multiple COVID-19 Infections and COVID-19 Outbreaks**

If three or more COVID-19 cases are identified as having visited the workplace during their high-risk exposure period within any 14-day period, protocols will be initiated as required by Title 8 CCR 3205.1.

If twenty or more COVID-19 cases are identified as having visited the workplace during their high-risk exposure period within any 30-day period, protocols will be initiated as required by Title 8 CCR 3205.2.

## **5. Reporting, Recordkeeping and Access.**

Employees are to report, without fear of reprisal, COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace.

Information about COVID-19 cases and outbreaks at the workplace will be reported to the local health department whenever required by law, as well as any related information requested by the local health department.

Records of the steps taken to implement the written COVID-19 Prevention Program will be maintained by the COVID-19 Safety Coordinator.

The written COVID-19 Prevention Program shall be made available at the workplace to employees, authorized employee representatives, and to representatives of the Division immediately upon request.

Tracking of all COVID-19 cases with the employee's name, contact information, occupation, location where the employee worked, the date of the last day at the workplace, and the date of a positive COVID-19 test will be recorded and maintained by the Infectious Disease Response Team.

Employees or their representatives have the right to request and obtain an employer's Log of Work-Related Injuries and Illnesses (Log 300), without redaction, or to request and obtain information as otherwise allowed by law.



## 6. Glossary

**At-Risk Group:** People at higher risk for developing more severe symptoms related to COVID-19 illness, according to the CDC, include older individuals (over the age of 65) and people of all ages with: chronic lung disease or moderate to severe asthma; serious heart conditions; compromised immune systems; severe obesity; diabetes; chronic kidney disease undergoing dialysis; or liver disease.

**Cleaning:** The removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, cleaning decreases their number and therefore risk of spreading infection.

**Close contact:** Being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings. Exception: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk exposure period.

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

**COVID-19 case:** A person who:

- (1) Has a positive “COVID-19 test” as defined in this section; or
- (2) Has a positive COVID-19 diagnosis from a licensed health care provider; or
- (3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (4) 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 hazard:** Potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include *airborne droplets, small particle aerosols, and airborne droplet nuclei*, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids. This also includes *objects or surfaces* that may be contaminated with SARS-CoV-2.

**COVID-19 symptoms:** Fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

**COVID-19 test:** A viral test for SARS-CoV-2 that is:

- (1) Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and
- (2) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

**Disinfection:** Using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces the risk of spreading infection.

**Exposed group:** All employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the high-risk exposure period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

- (1) For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- (2) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- (3) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the high-risk exposure period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

**Face covering:** A surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

**Frequently Touched Surfaces:** Surfaces, equipment, tools and items that are touched multiple times throughout the day or may be touched by more than one individual. Examples include, but may not be limited to: tables, chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks, phones, shared tools or office equipment, copiers, drinking fountains, vending machines, oven, toaster, coffee, water dispenser, microwave/refrigerator handles, and common area cabinet handles.

**Fully vaccinated:** The employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

**Hand Hygiene:** The process of removing soil, contaminants and microbes from hands. Hand hygiene can include hand washing, hand sanitization or a combination of the two.

**Hand Sanitization:** The process of applying an anti-microbial agent such as an alcohol-based hand sanitizer with a minimum 60% ethanol or 70% isopropanol to hands to kill microbes that may be present.

**Hand Washing:** The process of washing hands with soap and water, then rinsing with clean, running water to remove soil and contaminants from the hands.

**Isolation:** To separate people possibly infected with the virus (those who are sick with COVID-19 and those with no symptoms) from people who are not infected.

**High-risk exposure period:** The following time period:

- (1) For COVID-19 cases who develop COVID-19 symptoms:

- a. From two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved.

(2) For COVID-19 cases who never develop COVID-19 symptoms:

- a. From two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

**Personal Protective Equipment:** Referred to as "PPE", is equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses, which include face coverings, disposable gloves, etc.

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

**Quarantine:** To Keep someone who might have been exposed to COVID-19 away from others. Individual exposed, or possibly exposed to COVID-19 must stay home and monitor themselves for COVID-19 symptoms.

**Respirator:** A respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

**Worksite:** For the limited purposes of COVID-19 prevention regulations only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the high-risk exposure period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.

## Appendix A Contacts & Resources

### COVID-19 Safety Coordinator

Name	Department/Title	Phone	Email
Leo Lopez	Director of Environmental Health and Safety	657-278-4429	<a href="mailto:llopez@fullerton.edu">llopez@fullerton.edu</a>

### COVID-19 Health Coordinator

Name	Department/Title	Phone	Email
Mary Becerra	Director of Student Health Services	657-278-2822	<a href="mailto:mbecerra@fullerton.edu">mbecerra@fullerton.edu</a>

### Internal Team Resources

<b>Safety Practices Location</b>	EHS Website: <a href="https://ehs.fullerton.edu/">https://ehs.fullerton.edu/</a>
<b>Environmental Health Consultant</b>	Forensic Analytical Consulting Services ( <a href="http://www.forensicanalytical.com">www.forensicanalytical.com</a> ) Michelle Rosales, MPH, CIH o. 310-668-5617 ♦ <a href="mailto:mrosales@forensicanalytical.com">mrosales@forensicanalytical.com</a> Madeleine Dangazyan, MS, CIH o. 310-668-5642 ♦ <a href="mailto:mdangazyan@forensicanalytical.com">mdangazyan@forensicanalytical.com</a>

### Local Public Health Department Contacts

<b>Orange County Public Health Services</b>	<a href="https://occovid19.ochealthinfo.com/">https://occovid19.ochealthinfo.com/</a> Phone: 833-426-6411
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### Key Guidance & References

<b>California</b>	CDPH Main: <a href="https://covid19.ca.gov/">https://covid19.ca.gov/</a> CDPH Higher Education: <a href="https://covid19.ca.gov/education/#higher-education">https://covid19.ca.gov/education/#higher-education</a> Cal/OSHA: <a href="https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html">https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html</a> <a href="https://www.dir.ca.gov/dosh/coronavirus/ETS.html">Cal/OSHA COVID-19 Prevention Emergency Temporary Standard: https://www.dir.ca.gov/dosh/coronavirus/ETS.html</a>
<b>AIHA</b>	American Industrial Hygiene Association: <a href="https://www.aiha.org/">https://www.aiha.org/</a>

<b>CDC (Centers for Disease Control)</b>	Main: <a href="https://www.cdc.gov/coronavirus/2019-ncov/index.html">https://www.cdc.gov/coronavirus/2019-ncov/index.html</a> Industry Guidance: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html">https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fguidance-business-response.html</a> Schools and Childcare Program: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html">https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html</a>
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## **Appendix B**

# **Building Closure / Reopening Checklist**

### **Before Closure**

1. Remove garbage, food, and other perishable materials prior to closure.
2. Develop a plan for maintaining water systems during closure.
3. Develop a plan for managing HVAC systems during closure.

### **During Closure**

1. Routinely inspect for water intrusion events, which can result in water damage or mold growth if left unaddressed (e.g., roof leaks, plumbing leaks, surface flooding).
2. Continue pest control measures on a modified schedule. Reduced maintenance activities can allow for infestation of pests or accumulation of pest allergens, dander, and droppings.
3. Consider ways to prevent water stagnation, including flushing fixtures routinely, to avoid issues with water quality including microbial growth of organisms, leaching of metals, and buildup of sediment. Address potable water system components as well as specialized water systems (e.g., fountains, cooling towers, misters, etc.).
4. Ensure drain traps remain filled.
5. Periodically run HVAC system to ventilate the building and reduce buildup of indoor air and surface contaminants such as dust, particulates, and volatile organic compounds. Continue routine maintenance on a modified schedule.

### **Before Re-Opening**

1. Ensure that water damage or standing water is not present. Address any mold/moisture issues before re-occupancy.
2. Ensure that garbage, food, and other perishable materials are removed as appropriate.
3. Inspect for pests and rodents. Reduced maintenance activities can allow for infestation of pests or accumulation of pest allergens, dander, and droppings.
4. Ensure no objectionable odors are present. Investigate and address as needed (e.g., dry drain-traps, garbage, pests, water intrusion, unattended plants, spoiled food).
5. Evaluate spaces for COVID-19 safety concerns and implementing related modifications (e.g., postings, traffic routing, barriers, etc.). Consider the need for cleaning/disinfection, either based on actual risk or as a precaution to address occupant concerns about contamination.
6. Flush water fixtures prior to re-occupancy to remove stagnant water and address potential issues associated with specialized water systems (e.g., fountains, cooling towers, misters, etc.). Consider further assessment if conditions of concern present. Reference the [EPA Building Water Quality Checklist](#) for specific guidance.
7. Ensure HVAC systems are in good condition. Inspect air handling units (filters, coils, pans, outdoor air intakes, etc.). Reference the CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) and Cal-OSHA [Protecting Indoor Workplaces](#) for specific guidance.

8. Ensure adequate ventilation to occupied areas. Lack of ventilation and circulation of fresh air during low occupancy can result in the buildup of indoor air and surface contaminants such as dust, particulates, and volatile organic compounds.

## Appendix C Inventory of Safe Practices

Safe practices files are located on EHS website and Campus Re-entry website

Safe Practice Title	ID#	Revised
Global Practices for all Employees	CSF-G001	08/10/2021
Visitor/Vendor Guidelines	CSF-G002	08/10/2021
Custodial Guidelines	CSF-001	08/10/2021
Students Guidelines	CSF-G004	08/10/2021



## Appendix D Hazard Identification Form

<b>Conducted by:</b>		<b>Date:</b>	
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Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls

# Appendix E Hazard Inspection Form

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_

Location: \_\_\_\_\_

Q#	Question	Yes	No	n/a
1.	Are COVID-19 safety practices applicable to the area posted or otherwise available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have employees completed required COVID-19 safety training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has clean air ventilation been maximized?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are portable air purifiers needed to maximize clean air ventilation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are portable air purifiers being used, if present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is routine cleaning being conducted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are adequate hand washing facilities present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are hand washing facilities properly stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are people practicing proper personal hygiene (e.g., frequent hand washing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Is hand sanitizer available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Are face coverings being properly worn, if required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are respirators being worn properly, if used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Have vendors been notified of program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q#	Notes (Comment on deficiencies/improvements. Reference question number above.)	Action Needed?	Action Done?
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
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