



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

May 20, 2022



COVID Prevention Plan Review and/or Update Log

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

Date	Revised by: Name	Approved by	Program Reviewed*	Program Updated**	Comments:
11/15/20	M. DeSalvio	M. DeSalvio	N/A	N/A	Initial Copy
2/10/21	M. DeSalvio	M. DeSalvio	X	X	Updated campus procedures
4/28/21	M. DeSalvio	M. DeSalvio	X	X	Updated campus procedures
6/24/21	M. DeSalvio	M. DeSalvio	X	X	Updated to align with revised ETS
7/7/21	M. DeSalvio	M. DeSalvio		X	Updated procedures for vaccine verification.
7/21/21	M. DeSalvio	M. DeSalvio		X	Updated mask requirements and procedures for contact tracing.
8/16/21	M.DeSalvio	M.DeSalvio		X	Updated reporting procedures and resources
11/17/21	M.DeSalvio	M.DeSalvio	X	X	Clarified cleaning procedures and aligned with current campus practices.
5/20/22	M.DeSalvio	M.DeSalvio	X	X	Aligned with updated COVID-19 requirements

*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

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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 8 CCR 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. Failing to follow the procedures and requirements outlined in this plan, including but not limited to infection control procedures, exclusion procedures, testing, and training requirements, contributes to an unsafe work environment and may be subject to disciplinary procedures outlined in the campus [Injury Illness Prevention Program](#).

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](#) and all employees are encouraged to report hazards in the workplace using the provided procedures.

Additional resources and instructions, including frequently asked questions are accessible on the [CSUSB COVID-19](#) website.

Compliance:

Standard progressive disciplinary measures in accordance with the applicable personnel policy or labor contract will result when campus community members fail to comply with applicable regulations, campus policy, and/or departmental safety procedures. All personnel will be given instruction and an opportunity to correct unsafe behavior.

- Employees will be disciplined in accordance with progressive disciplinary procedures outlined by the applicable personnel policy or labor contract.
- Faculty members will be disciplined for unsafe practices in accordance with the Faculty Code of Conduct.
- Students not employed by the University will be disciplined for unsafe practices in accordance with the Student Code of Conduct.

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, or
- Has a positive COVID-19 diagnosis from a licensed health care provider; or
- Is subject to a COVID-19-related order to isolate issued by a local or state health official; or
- 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, including airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids.

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 determined 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 approved by, or has an Emergency Use Authorization by the FDA, and is administered in accordance with the FDA requirements. A self-administered and self-read test may be used for return-to-work criteria only if a verification of the results can be provided such as a time-stamped photo of the results.

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 infectious period defined by this section regardless of the use of face coverings, unless close contact is defined by regulation or order of the CDPH. If so, the CDPH definition shall apply.

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

Exposed Group: All employees at a work location, working area, or common area as defined by this plan where an employee COVID-19 case was present at any time during the infectious period. An exposed group may include employees from more than one employer as outlined by Labor Code sections 6303 and 6304.1.

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, including KN95 type masks. A face covering has no visible holes or openings and must cover the nose and mouth. A suitable face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

Infectious Period: means the following time period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply. 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 medication; and
- Symptoms have improved

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

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

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. KN95 type facepieces do not qualify as a respirator.

Remote Employees: During a stay-at-home order, employees whose tasks and/or assignments can be completed remotely and do not require access to the campus to perform work.

Returned Case: A COVID-19 case who returned to work pursuant to return to work criteria and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 80 days after the initial onset of COVID-19 symptoms or, if the person never developed symptoms, for 90 days after the first positive test. If a period of other than 90 days is required by a CDPH regulation or order, that period shall apply.

Outbreak: The presence of three (3) or more employee COVID-19 cases within an exposed group visited the worksite during their high-risk exposure period at any time during a 14-day period.

Major Outbreak: The presence of twenty (20) or more employee COVID-19 cases in an exposed group visited the workplace during their high-risk period within a 30-day period and continues until there are no new cases in an exposed workplace for a 14-day period.

Worksite: For the limited purposes of COVID-19 prevention, a worksite is defined as a building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that the COVID-19 case did not enter.

Worksite Common Areas: A common area includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas at the worksite excluding the following:

- For the purposes 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.
- If the COVID-19 case was part of a distinct group of employees who are not present at the worksite at the same time as other employees,
- If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious 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.

General Overview

This appendix is intended to align with the Cal/OSHA COVID-19 Emergency Temporary Standard, which was adopted on November 30, 2020, and readopted on June 17 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. It's recommended to call your health care provider, 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. 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 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:

- Perform periodic assessments of 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 worksite repopulation safety plan and ensuring that all requirements of the plan have been implemented prior to reopening.
- Ensuring that all employees receive a copy of the worksite repopulation safety plan and have the relevant training documented.
- Designating a safety coordinator who will oversee the implementation of the plan and work with EH&S when changes occur.
- Maintaining healthy operations in the workplace.
- Timely reporting COVID-19 cases to Risk Management through the [COVID-19 Reporting Tool](#);
- 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](#) for information and updates related to COVID-19.

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 suitable face masks when required to do so, unless a reasonable accommodation has been provided. Reasonable accommodations can be requested through Human Resources.
- Maintaining and observing all applicable infection control measures that have been implemented by the University.
- Maintain compliance with all CSU policies and procedures regarding vaccination against COVID-19.
- Complete the COVID-19 Reporting Tool if the employee receives a positive COVID-19 test result or possible close contacts.
- 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.
- Report to the appropriate administrator, or [EH&S](#), any possible COVID-19 hazards. Reports can be submitted anonymously or directly and in alignment with the campus IIPP, all reports regarding safety are encouraged to be reported without any fear of reprisal. Anonymous and direct safety concerns can be reported on the EH&S [website](#) by using the Report a Safety Concern button.

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.
- Notifying employees of a possible worksite exposure within one business day where required by law.
 - Student Health Center supports the investigation of student reports.
- Offering testing to employees when required in alignment with regulatory standards.
- 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:

- Conducting periodic inspections (as needed) of work areas to ensure that applicable control measures are maintained.
- Providing training resources in support of this plan when applicable.
- Monitoring the effectiveness of this plan and control measures, making updates where required.

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.

Identification of Risk Factors

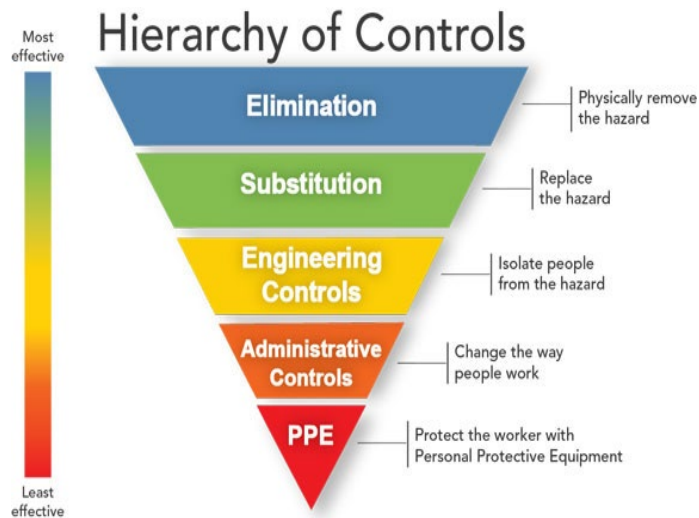
The risk of spreading COVID-19 increases the closer individuals interact with others as well as when the duration of those interactions increases. A good example of this may be large department meetings where attendees may be in close proximity for an extended period of time. It is necessary to review 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 effective use of infection and source control procedures.

Employees with certain medical or other conditions may have an increased risk of severe COVID-19 illness can request accommodations by contacting Human Resources. The control procedures outlined below

are effective at controlling the spread of COVID-19 however, it's essential to monitor controls and make adjustments as needed to ensure controls remain effective. In the event of an outbreak, EH&S will conduct a review of the COVID-19 prevention plan as well as the appropriate worksite and document the assessment to determine any appropriate corrective actions. The assessment will be repeated every 30-days that the outbreak is in effect.

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. Pandemic conditions are dynamic, and the use of specific safety controls will reflect current regulation and guidance. The University will continue to evaluate if controls need to be implemented when there is an outbreak and are required by law to implement them in the applicable worksite when there is a major outbreak.



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. Controls change based on the risk profile of COVID-19 cases in a

particular area. The Campus will evaluate and/or implement various controls when an outbreak (3 or more cases) or major outbreak (20 or more cases) occurs.

Figure 1: NIOSH Hierarchy of Controls

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 or have received a positive case (regardless of symptoms). Individuals not fully vaccinated but have had close contact with a confirmed case help to eliminate exposure to the hazard when they stay home, too.
- Limiting in-person interactions when in line with operational needs can also be an effective method of elimination. Examples of this can include working remotely, avoiding crowded or populous settings, and utilizing on virtual meetings when feasible.

Substitution:

Currently there are no effective methods to substitute the hazard of COVID-19, however some industry experts believe that vaccination may be one example of hazard substitution because those who have been fully vaccinated and boosted will have a significantly lower risk of acquiring COVID-19 and if exposed, may experience less-severe symptoms.

Several vaccines have been developed are readily available to our communities. Additionally, booster doses and additional doses for those who have been determined by a medical professional to be at higher risk for COVID-19 are currently available and recommended by health experts.

Medical professionals are strongly recommending the seasonal flu vaccine to further reduce the risk of illness in the workplace since flu-like symptoms are like 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](#).
 - a. Facilities Management custodial teams focus on disinfecting high-touch and high traffic areas such as building entrances, elevator buttons, and lobbies, in occupied buildings on a daily basis.
- 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.
 - a. 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.

- b. CSUSB maximizes the percentage of outside air whenever possible and when the current Air Quality Index is less than 100 or when doing so does not create a hazard of excessive heat
 - c. Portable HEPA air filtration units or other options will be assessed in consultation with Facilities Management and/or EH&S when ventilation systems do not meet the CSU Mechanical Review Board recommendations which align with NIOSH and other industry guidelines for COVID-19. If units are deemed necessary, they will be purchased by the University.
- Hands-free devices have been widely implemented throughout the campus.]
 - Water-bottle filling stations remain in use.

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.

Face Masks: While the campus policy no longer requires the use of face masks indoors, face masks are strongly recommended by CDPH. Additionally, face masks must be worn when notified by Risk Management to do so in response to an exposure or outbreak conditions as outlined by this plan. Face masks are not required in indoor spaces unless otherwise notified by Risk Management as a condition of your return-to-work criteria, or due to an outbreak. Face masks continue to be recommended by the CDPH and their continued use is encouraged. The use of face coverings shall not be discouraged.

- **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:** Physical distancing can be an effective way to reduce risk of exposure when determined by Public Health Officials to be applicable. Social distancing, when applicable, reduces the risk of close contact. Physical distancing should not be used to replace the use of face masks which serve as a source control and is most effective when practiced with additional controls as outlined in this section. The following outline when physical distancing may be applicable.
 - a. In the event of an outbreak, the requirement for physical distancing between employees of an exposed group will be evaluated and in the event six feet of physical distancing is not feasible, the use of cleanable solid partitions of sufficient size will be evaluated for use.

- b. In the event of a major outbreak, all employees not wearing a respirator required by the employer shall maintain six feet of physical distancing. Solid, cleanable partitions shall be installed if six feet physical distancing cannot be maintained.

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 to protect against COVID-19 includes the following and varies based on the type of operation and when task appropriate:

- a. N95
- b. Surgical Masks
- c. Procedure Masks

Respiratory Protection Requirements

Use of a respirator, including disposable filtering facepiece respirators such as N95 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 when required. In the event of a major outbreak, employees of an exposed group will be provided a respirator for voluntary use. 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.

Voluntary Respirator Use

All employees may request the use of N95 filtering facepiece for voluntary use when working indoors to further reduce the risk of exposure to COVID-19. Respirators are provided to employees at no cost and may be requested and used without fear of reprisal. In the event of an outbreak, employees in an exposed group will be notified of their right to request a respirator for voluntary use, if they are not fully vaccinated. The following conditions apply to the voluntary use of N95 respirators.

1. Instructions on how to wear the respirator.
2. Instructions on performing a seal check according to the manufacturer's instructions each time the respirator is worn, and the fact that facial hair interferes with the respirator's ability to form a seal to the user's face.

3. Submit an online request for an N95, in alignment with the following section and
4. Provided with a copy of Appendix D of the respiratory protection standard 8 CCR §5144.

Employees who request the voluntary use of an N95 will be provided with five (5) disposable N95 respirators for voluntary use per request and are limited to one request per week. To request N95 respirators for voluntary use, please [submit a request](#) using the provided link.

Reporting a COVID-19 Case or Exposure

CSUSB has established protocols for reporting positive tests of COVID-19 and potential exposures. CSUSB or an authorized representative will investigate COVID-19 exposures to determine if workplace conditions could have contributed to the exposure and what can be done to reduce exposure to COVID-19 hazards, if applicable. 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. Individuals who have tested positive for or have been exposed to COVID-19 must follow the procedures outlined below. Additional resources and instructions, including frequently asked questions are accessible on the [CSUSB COVID-19](#) website.

- Employees and Students: Please report positive cases and/or exposures using the [COVID-19 Reporting Tool](#). Employees should seek medical care through their regular health care provider. Students can 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.

Note: Users should not use the Reporting Tool to report an exposure based on a notification from Risk Management or the Contact Tracing Team unless you feel you may have had close contact with a positive case.

Required Reporting Information

- The following information is required to submit a completed report for a suspected COVID case The reporting tool requires a CSUSB login however, the tool allows reports to be submitted on behalf of another community member or guest. A common example may be a faculty member reporting on behalf of a student. In this case, the person who will be submitting the report should ensure that they have the basic contact information for the person they are reporting for. Applicable campus affiliation, (Faculty, Staff, Student)

- 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 10 days, and/or within 2 days before symptoms presented,
- Identify any areas on campus visited- include the dates, times, specific locations, and any close contacts.
- 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,

Reporting on Behalf of a COVID-19 Case

Under certain circumstances, members of the campus community may need to report a COVID-19 case on behalf of another person. The COVID-19 reporting tool allows CSUSB community members (students and employees) to submit a report on behalf of a COVID-19 positive case. This reporting mechanism should include the name and contact information for the case to ensure CSUSB is able to contact the case for additional information.

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 the infectious period to the extend determined during an investigation.

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. Written notifications to employees may include but not limited to the following methods:

- Personal service,
- Email,
- Text Message (if reasonably anticipated to be received within one business day of sending).
- Verbal notification may be used if CSUSB feels an employee has not received the notification, or if there is determined to be limited literacy in the language used in the notice. Such verbal notifications will be made as soon as practicable, in a language that is understandable by the employee.

Written notifications will be sent to the following:

- All employees at the worksite during the infectious period.
- Independent contractors and other employers at the worksite during the infectious period.
- Authorized Employee Representatives And service providers are granted access to the campus dashboard which reflects case counts and locations.

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

Testing opportunities are available through the [MyTurn](#) website and at-home test kits may also be used to meet return to work criteria. Testing is available at no cost and during paid time, to all employees who have had close contact in the workplace. A summary of these instructions and other applicable employee benefits are provided upon submission in the Reporting Tool or notification from Risk Management.

Every home in the US is eligible for 8 at-home test kits. You may order them [online](#) and they will be delivered to your address. California also offers free testing in the community. Visit the following website <https://covid19.ca.gov/get-tested/> to make your appointment today!

Please visit the campus [CSUSB COVID-19](#) website for more details.

Exceptions:

1. Employees who were fully vaccinated before the close contact and have not developed COVID-19 symptoms,
2. COVID-19 cases who returned to work by meeting the return-to-work requirements specified in this plan or,
3. Have remained free from COVID-19 symptoms for 90 days after the initial onset of COVID-19 symptoms and reported it to the University, or
4. Have never developed COVID-19 symptoms for 90 days after the first positive test.

Testing during an outbreak:

In the event of an outbreak, testing shall be provided to all employees in the exposed group based on the following procedures during paid time except the following:

- Employees who were not present at the worksite during the relevant 14-day period(s); or
- Employees who were fully vaccinated before the outbreak and have not developed symptoms; or
- COVID-19 cases who did not develop COVID-19 symptoms after returning to work based on return-to-work criteria, or no testing is required for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed Symptoms, 90 days after the first positive test.

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 in the exposed group 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.

Exclusion of COVID-19 Cases

All COVID-19 cases are to be excluded from the workplace until the return-to-work requirements outlined below have been met. This section is applicable to employees who have had a close contact and will be excluded from the workplace in alignment with CDPH requirements.

Employees excluded from work under this section will have the following protections as if the employee had not been removed from their job.

- a. Employee's earnings, wages, seniority
- b. Employee rights and benefits, including rights to former job status

Wages due under this section are subject to existing wage payment obligations and must 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. Unpaid wages owed under this section are subject to enforcement through procedures available in existing law. If it is determined that one of the exceptions below is applicable, the employee shall be informed of the denial and the applicable exception in alignment with current campus procedures.

- a. This section does not apply when it has been determined through the exposure investigation that the close contact is not work related.
- b. This section does not limit any other applicable law, employer policy, or collective bargaining agreement that provides for greater protections.
- c. At the time of exclusion, the employee shall be provided with information on applicable benefits

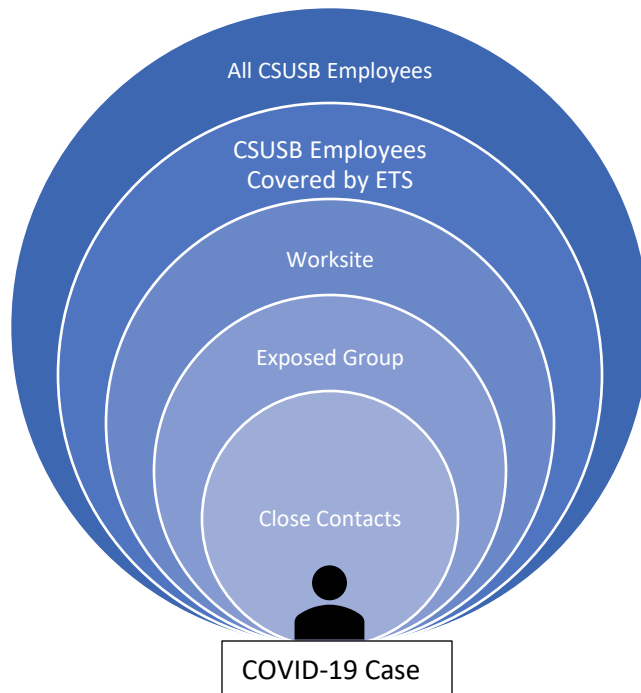


Figure 2: Illustration depicting the scope and populations defined by Cal/OSHA's COVID-19 Emergency Temporary Standard. Each category is further defined below.

- i. **All Employees:** Accounts for all CSUSB employees
- ii. **Employees Covered by the Emergency Temporary Standard (ETS):** all CSUSB employees not otherwise covered under the Aerosol Transmissible Diseases Standard defined by 8 CCR §5199
- iii. **Worksite:** For the limited purposes of COVID-19 prevention, a worksite is defined as a building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that the COVID-19 case did not enter.
- iv. **Exposed Group:** All employees at a work location, working area, or common area as defined by this plan where an employee COVID-19 case was present at any time during the infectious period.
- v. **Close Contacts:** Those 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 infectious defined by this section. This definition applies regardless of the use of face coverings. Does not include employees who wore a respirator in compliance with 8 CCR §5144.

Exclusion Procedures

The following procedures are used to determine the criteria for cases that will be excluded from the worksite. These procedures are based on several key factors including but not limited to vaccination status, recent test results, and type of test administered.

Required Exclusion from Campus:

1. Any individual who has a positive PCR test for SARS-CoV-2, OR
2. Individual diagnosed by a physician as having COVID-19 regardless of test results, OR

3. An unvaccinated individual who has had close contact with someone who tested positive for SARS-CoV-2

The exclusion from campus facilities will be for the duration of illness or quarantine as required by CDC Guidelines, local public health requirements, or instruction from a health care provider. Typical quarantine for unvaccinated individuals is 7-14 days depending on testing results and symptoms.

Conditional Exclusion from Campus:

Individuals meeting one of the following criteria may be temporarily excluded from campus facilities:

1. Individuals failing the daily health screen, OR
2. Individuals awaiting COVID-19 test results, OR
3. Individuals experiencing COVID-19 symptoms

The temporary exclusion from campus will be for the time required to obtain a negative COVID-19 test (PCR testing and additional quarantine requirements apply for unvaccinated individuals experiencing symptoms or who have been exposed). Testing is currently available on the Palm Desert and San Bernardino campuses daily Monday through Friday free of charge for employees and students.

Note: The CDC does not require quarantine for fully vaccinated people who have a known exposure to someone with confirmed COVID-19. These individuals can continue to access campus facilities following face covering requirements and should obtain a test 3–5-day post exposure.

Return to Work Criteria

California Department of Public Health and the CDC have identified clear criteria for when employees who have been exposed to a positive case, have received a positive COVID test result, or have symptoms consistent with COVID-19 are considered safe to return to the worksite. Based on this guidance, it is safe to be around others once the criteria have been satisfied; however, it is important to note that every case is unique, and a determination will be made based on the specific circumstances of that case. 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 COVID-19 Cases** (have symptoms) –
If you were exposed to someone with COVID-19 and you have COVID-19 symptoms, you can return to work when all of these are true.

- Your fever has resolved, and
 - You have no other symptoms, or
 - Your other symptoms are improving.
 - You get a negative COVID-19 antigen test on Day 5 or later from when your symptoms began.
 - You wear a well-fitting mask around others for 10 days, especially when indoors.
- **Asymptomatic COVID-19 Cases** (positive tests but no symptoms) –
If you do not have symptoms but you test positive for COVID-19, you can return to work when ALL of these are true.
- You never developed symptoms.
 - You get a negative COVID-19 antigen test result on Day 5 or later from your last exposure to COVID-19.
 - You wear a well-fitting mask around others for 10 days, especially when indoors.

This applies to everyone regardless of vaccination status or previous infection.

Ending Quarantine: Quarantining separates those who may have been in close contact with a positive case to see if they develop symptoms consistent with the disease.

If you were exposed to someone with COVID-19, but you do not have any symptoms, you must get tested on Day 5. You can continue to go to work if ALL of these are true.

- You continue to not have COVID-19 symptoms.
- You get a negative test result on Day 5 from your last exposure.
- You wear a well-fitting mask around others for 10 days, especially when indoors.

Considerations for Travel

The following align with current [CDC travel advisories](#):

[Recommendations from CDPH for airline travel: https://covid19.ca.gov/travel/](https://covid19.ca.gov/travel/)

Whether your travel is domestic or international, follow CDC travel guidelines for testing, masking, and quarantine:

- Delay travel until you're vaccinated and boosted
- If you're not vaccinated and boosted, but choose to travel, get tested before and after
- Non-U.S. citizens and non-U.S. immigrants must be vaccinated to enter the U.S.
- No matter your vaccination status, it's strongly recommended that you wear a mask while on public transportation or in a transportation hub
- Whether you're vaccinated or not, get tested 3-5 days after returning to California

Returning to the United States from Abroad

- If you plan to travel internationally, you will need to get a COVID-19 viral test (regardless of vaccination status or citizenship) no more than 1 day before you travel by air into the United States. You must show your negative result to the airline before you board your flight.
- If you recently recovered from COVID-19, you may instead travel with documentation of recovery from COVID-19 (i.e., your positive COVID-19 viral test result on a sample taken no more than 90 days before the flight's departure from a foreign country and a letter from a licensed healthcare provider or a public health official stating that you were cleared 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, routes of transmission, recognizing the signs and symptoms, and when to seek medical attention.
- Procedures for hazard reporting
- Information related to COVID-19 benefits
- Campus COVID-19 prevention plan
- Daily health screening procedures
- Source Control Procedures
- Infection Control Procedures
- Reporting Procedures
- COVID-19 Testing, and how to access testing and vaccination.
- 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 ETS FAQ](#)
- [CA COVID-19 Website](#)
- [CSUSB Injury Illness Prevention Program \(IIPP\)](#)

Appendix A: Employee COVID-19 Vaccine Self-Certification Instructions

Please follow the steps below to complete a COVID-19 Vaccine Self-Certification.

1. Login to the [My Coyote Portal](#)
2. Click on the Employee COVID-19 Vaccine Self-Certification tile



Figure 3: Tile icon in the MyCoyote Portal for employee COVID-19 Vaccine Self-Certifications.

3. Review Section I of the form. Make the appropriate selection from the provided options and complete the required fields.
4. Review and certify the statement in Section II.
5. Click "Submit"