



COVID-19
Prevention
Program

EMPLOYEE

Revised 9-13-2021

CHSU COVID-19 Prevention Program (CPP) – Employees

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CHSU COVID-19 Prevention Program (CPP) – Employees

The President’s Executive Council at California Health Sciences University (“CHSU” or “University”) is serving as the task force to monitor the COVID-19 pandemic and guidance from federal, state, and local governments, in addition to our accrediting and licensing bodies. Members of the President’s Executive Council include: Florence Dunn, President of CHSU; Dr. John Graneto, Vice President of Health Affairs, Dean of the College of Osteopathic Medicine; Dr. Mark Okamoto, Dean of the College of Pharmacy; Jimmy Dunn, Vice President of Operations; Richele Kleiser, Vice President of Marketing & Communications; Carlita Romero-Begley, PHR, SHMR-CP, Vice President of Human Resources & Title IX, Equity and Diversity Coordinator; Tanya Bohorquez, CPA, Interim Chief Financial Officer, Ashley Emerzian, Esq., General Counsel; and Kathleen Haerberle, Executive Administrative Assistant. Ms. Romero-Begley serves as the University’s lead administrator coordinating CHSU’s COVID-19 response.

This centralized document encompasses the University’s COVID-19 Prevention Program (CPP) and includes the most recent University policies and procedures that have been put in place to reduce the risk of spreading and contracting COVID-19 on-campus. This document updates all prior communications from the University regarding COVID-19 as of the effective date listed below in the document footer.

It is important to acknowledge that recommendations related to the COVID-19 pandemic are fluid and changing. In alignment with current guidance, including the Centers for Disease Control (CDC), and appropriate federal, state and local agency recommendations, CHSU has and will be taking actions notated within this document to keep our campus community safe and informed. This CHSU COVID-19 CPP will be updated by the University President’s Executive Council as new information and guidance becomes available. To the extent new public health guidance, law or regulation related to COVID-19 becomes available which conflicts with information in this document, CHSU will follow applicable public health guidance, law or regulation.

While no one can guarantee that an employee or student will not contract COVID-19, the University has and will continue to take the necessary precautions to keep our campus community safe and informed through appropriate policies and procedures, frequent communication, and health educational materials.

A. Authority and Responsibility

The President’s Executive Committee and Ms. Carlita Romero-Begley, Vice President for Human Resources as lead administrator coordinating CHSU’s COVID-19 response have overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all administrators and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and are responsible for ensuring employees receive answers to questions about the program in a language they understand. All employees are responsible for using safe work practices, following all directives, policies, procedures, and assisting in maintaining a safe work environment. All students are also responsible for adhering to the COVID-19 response guidelines and requirements.

B. Guiding Principles

The University President’s Executive Council has developed the CHSU COVID-19 CPP as informed by these guiding principles:

- a. We will fulfill our University’s and Colleges’ mission, vision, values and goals.
- b. The health, safety, and wellness of our campus community and community at large is paramount.
- c. Science, evidence, and guidance from federal, state, and local agencies will help us make informed decisions.
- d. We will be innovative and flexible in the face of evolving circumstances.
- e. We will provide inclusive and equitable solutions.
- f. We will provide timely and concise communications and educational materials to our campus community.
- g. We will heed our responsibility to ensure the University’s stability and financial strength.

C. Impacted Employees

The University recognizes that employees may be impacted by the COVID-19 pandemic, and as a result may need to take a leave of absence, need accommodation for a disability or have child or elder care responsibilities. CHSU is committed to supporting its workforce. Employees impacted by COVID-19 should consult with the Office of Human Resources to determine what their available options are, including what benefits may be available under CHSU’s policies, and California state or federal law.

D. Mental and Emotional Well-Being

The University recognizes that the situation with COVID-19 may be stressful for members of the CHSU community, especially those with family and friends who are affected.

Employees with questions, in need of further assistance or an accommodation should contact Carlita Romero-Begley, Vice President for Human Resources at cromerobegley@chsu.edu, HR@chsu.edu, or by Microsoft Teams communications to help determine the options best suited for their needs.

Employees can also utilize the CHSU Employee Assistance Program (“EAP”). Employees can access information about the EAP by phone at 1-800-854-1446 (multi-lingual) or on the internet at <https://www.unum.com/employees/services/life-balance>.

E. Maintaining Our Inclusive Community

CHSU is committed to maintaining an educational and working environment that is free of all forms of discrimination, harassment, and sexual misconduct while on campus and through any temporary remote working conditions. For every member of our community to thrive—especially as we continue to navigate life and University operations during a global pandemic—we all must seek to foster mutual respect, support, and inclusion.

During this public health event, where there are many unknowns, taking care of each other is just as important as taking care of ourselves. Making assumptions about or engaging in negative treatment of others based on perceived symptoms, medical conditions or abilities, national origin, racial and ethnic characteristics, or any other protected status hurts our community. Every person's care, compassion, and empathy for each other makes a positive difference.

Acts of discrimination, harassment, and sexual misconduct run counter to University values and policies. To learn more, please reference our [CHSU Governing Statute Number 4 Non-Discrimination and Equal Opportunity Statement](#) and [CHSU Unlawful Discrimination, Harassment, Sexual Misconduct and Title IX Policy and Procedures](#).

F. California Department of Public Health (“CDPH”) Orders

Clinical faculty that act as preceptors to students at third party sites are required to comply with all CDPH orders as they relate to the healthcare sector as clinical faculty are considered healthcare workers when visiting third party sites

G. Identification and Evaluation of COVID-19 Hazards

We will continue to evaluate the educational environment and operations to identify tasks that may result in exposure to COVID-19. In assessing the campus, we will consider all interactions, areas, activities, processes, equipment, and materials that could present potential exposure to COVID-19. Specifically, we will conduct workplace evaluations using **Appendix A: Identification of COVID-19 Hazards**, or similar form, that consist of the following:

- a. Identification of places and times when people may gather or come into contact with one another, or unvaccinated persons (such as during meetings, trainings, entrances, bathrooms, hallways, etc.).
- b. Campus exposure. Consideration will be taken with regard to how employees enter, leave, and travel through campus.
- c. Review of COVID-19 protocols in place. We will periodically review the existing COVID-19 protocols in place to ensure these practices continue to meet the needs of CHSU.
- d. Periodic inspections. We will conduct periodic inspections using **Appendix B: COVID-19 Inspections**, or similar form, to identify any new potential hazards on campus and to ensure compliance with our COVID-19 Prevention Program.
- e. Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the Fresno County Public health department related to COVID-19 hazards and prevention.

Employee Participation: Employees are encouraged to participate in the identification and evaluation of COVID-19 hazards by: contacting Carlita Romero-Begley to share information regarding potential COVID-19 hazards and/or information on how to assist with such hazards.

H. Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the

Appendix B: COVID-19 Inspections form, or similar form, and corrected in a timely manner based on the severity of the hazards, as follows:

All potential hazards will be reviewed by Ms. Carlita Romero-Begley (or designee) and will be remedied within a reasonable time period. Where appropriate, Ms. Romero-Begley (or designee) will provide follow-up information to appropriate individuals relating to a hazard correction.

I. Control of COVID-19 Hazards

1. Screening

Employees are required to evaluate whether they have symptoms of COVID-19 before reporting to work and, if so, are not permitted to report to the workplace. Employees may voluntarily choose to use the symptom checker provided by CHSU. Symptomatic employees should contact Human Resources for information on sick leave, testing, and other human resources matters. Symptoms of COVID-19 can be found by visiting the website for the Centers for Disease Control, and include 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.

2. Physical (Social) Distancing & Barriers

Physical distancing and barriers will no longer be required in the workplace. However, in the event of an outbreak or mass outbreak of COVID-19 in the workplace, as defined by the California Department of Industrial Relations, the University will consider whether implementing physical distancing requirements and barriers in the workplace are advisable or required.

3. Vaccines Required Subject To Exemption; Vaccination Tracking

All CHSU employees are required to obtain COVID-19 vaccination by September 30, 2021.

Clinical Faculty: Notwithstanding the above, if an employee, such as a clinical faculty member, is required to obtain COVID-19 vaccination by their assigned third-party clinical site then CHSU will defer to the requirements of the clinical site.

If needed, employees may use their accrued but unused sick time to receive their vaccine during work hours. Employees should use their health insurance benefits to pay for the vaccine and, after accounting for all insurance and public resources available for payment, submit documentation of any out-of-pocket costs not covered by insurance for reimbursement to the Office of Human Resources.

Employees are required to show proof of vaccination to a designated representative in the Office of Human Resources once they have obtained the vaccine. Upon showing proof of vaccination, the HR representative will complete a form documenting that vaccination has been confirmed. CHSU will not maintain vaccination records on-file. At no time are employees required to provide confidential health information – CHSU is only seeking proof of receipt of a COVID-19 vaccine and not any information related to the health of the employee.

Exemptions: CHSU will abide by all exceptions to the vaccination requirement required by applicable law. Specifically, an employee may be entitled to a reasonable accommodation exempting them from the vaccine requirement if:

1. The employee has a physical or mental disability that prevents the employee from taking the vaccine.
2. The employee has a sincerely held religious belief, practice, or observance that prevents the employee from taking the vaccine.

A disability may include pregnancy or related conditions. If an employee is unable to receive a COVID-19 vaccine due to a disability or a sincerely held religious belief, or otherwise believes they have a legal basis for exemption from the vaccination requirement, the employee shall submit a completed Request for COVID-19 Vaccine Accommodation form. The disability accommodation form must be completed by the employee's treating healthcare professional practicing within the scope of their license, who is providing treatment to the employee for the disability giving rise to the employee's request for accommodation. The form for a disability or a sincerely held religious belief accommodation can be obtained the Office of Human Resources. Any questions regarding vaccines and/or reasonable accommodations should be directed Ms. Romero-Begley.

Until an employee shows proof of being fully vaccinated the employee will be considered unvaccinated for purposes of this CPP.

4. Vaccine Boosters

Fully vaccinated employees must obtain vaccine boosters as required or advised by public health agencies subject to eligibility and availability.

5. Unvaccinated Employees

Employees that satisfy either one of the exemption criteria outlined above and remain unvaccinated after September 30, 2021, will be required to complete COVID-19 PCR testing twice weekly and must wear an N95 respirator at all times except as outlined in Section 6 below.

Unvaccinated employees who are not granted an exemption by September 30, 2021 are subject to termination of employment, pursuant to the University and Colleges' human resources policies and procedures, codes of conduct and, for contracted employees, employment agreement provisions.

6. Face Coverings

The University may choose to require face coverings on campus as public health guidance changes or in the event of an outbreak. When face coverings are not required for everyone on-campus the following requirements apply:

Fully vaccinated employees are no longer required to wear face coverings in the workplace except

for in the following circumstances:

1. Indoors and outdoors when there is an outbreak (3 or more COVID-19 positive cases in an exposed group) and physical distancing cannot be maintained.
2. In any setting where the California Department of Public Health (CDPH) requires the use of face coverings regardless of vaccination status.

Notwithstanding the above, the University will not retaliate against any employee for choosing to wear a face covering even when not required. Even vaccinated employees may choose to continue wearing a face covering if desired.

The University provides unvaccinated employees with clean, undamaged face coverings, including N95 respirators and ensures they are properly worn by over the nose and mouth when indoors and where required by orders from the CDPH or local health department. Employees may also choose to bring their own mask from home. If the University provides an employee with a N95 respirator, the University will ensure that the employee is provided a N95 that is the correct size.

The following are exceptions to the use of face coverings in our workplace:

- a. When an employee is alone in a room;
- b. While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible;
- c. Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders;
- d. Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis; and
- e. Specific tasks that cannot feasibly be performed with a face covering.

Any employee who requires an exception to the masking requirement under letter c. or d., above, should notify Human Resources.

Any face covering which has an exhalation valve is prohibited, as an exhalation valve defeats the primary purpose of the mask: protecting others from the wearer.

7. Use and Care of Face Coverings

When putting on a face covering/disposable mask, people should:

- i. Wash hands or use hand sanitizer prior to handling the face covering/disposable mask;
- ii. Ensure the face covering/disposable mask fits over the nose and under the chin;
- iii. Situate the face covering/disposable mask properly with nose wire snug against the nose (where applicable);
- iv. Tie straps behind the head and neck or loop around the ears;
- v. Avoid touching the front of the face covering/disposable mask; and
- vi. Try to avoid adjusting the mask during the day and wash hands/use sanitizer after any adjustments.

When taking off a face covering/disposable mask, people should:

- i. Avoid touching their eyes, nose, or mouth;
- ii. Loop their finger into the strap and pull the strap away from the ear or untie the straps; and
- iii. Wash hands immediately after removing.

8. Care, Storage and Laundering of Face Coverings

- i. People should keep face coverings/disposable mask stored in a paper bag when not in use;
- ii. Cloth face coverings may not be used more than one day at a time and must be washed after use;
- iii. Cloth face coverings should be hand washed or laundered with regular soap or clothing detergent before first use and after each shift;
- iv. Cloth face coverings should be replaced immediately if soiled, damaged (e.g. ripped, punctured), or visibly contaminated; and
- v. Disposable masks must not be used for more than one day and should be placed in the trash after your shift or if they are soiled or damaged (i.e. stretched ear loops, torn or punctured material), or visibly contaminated.

9. Smoking and Vaping Not Permitted on Campus

Adhering to the CHSU Smoke & Tobacco-Free policy is critical during the pandemic to ensure that cloth face coverings can consistently be worn when required by this policy and to avoid the known negative effects on individuals with COVID-19.

Members of the University community, including academic and staff employees, students, student organizations, and volunteers, are responsible for observing and adhering to the Smoke & Tobacco-Free Environment policy that can be found [here](#).

Smoke & Tobacco-Free means that smoking, smokeless tobacco products, the use of nicotine products, and the use of e-cigarettes is strictly prohibited on all University buildings and grounds, parking lots (even when inside vehicles parked in the parking lot), University-affiliated off-campus locations and clinics and any buildings owned, leased, or rented by the University. Therefore, the University has designated itself as a Tobacco Free Campus, with smoking and all other tobacco usage prohibited. This Tobacco-Free policy is in effect 24 hours a day year-round.

10. Coughing/Sneezing Hygiene

Those in a private setting who do not have a cloth face mask on should remember to always cover their mouth and nose with a tissue when they cough or sneeze or use the inside of their elbow. Then throw used tissues in the trash.

After sneezing, individuals should immediately wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, they should clean their hands with a hand sanitizer that contains at least 60% alcohol.

If a person has been sneezing/coughing into the cloth face mask and it becomes contaminated with mucus, they should change the mask and launder it.

11. Engineering Controls

For indoor locations, using Appendix B or a similar form, we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system, and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of transmission. We will continue to review our engineering controls as CDPH guidance regarding ventilation recommendations changes.

12. Cleaning and Disinfecting

CHSU engages a professional cleaning service that cleans and disinfects the facilities daily Monday – Friday.

13. Shared Tools, Equipment and Personal Protective Equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected by the users both before and after use.

14. Hand Sanitizing

Everyone should wash their hands often with soap and warm water for at least 20 seconds, especially after they have been in a public place or after blowing their nose, coughing, sneezing, or touching their face. It is also suggested that everyone wash their hands as they enter and leave various on-campus spaces and before eating. People should also avoid touching their eyes, nose, and mouth.

If soap and water are not readily available, people can use a hand sanitizer that contains at least 60% alcohol. They should cover all surfaces of their hands and rub them together until they feel dry.

In order to implement effective hand sanitizing procedures we have:

- a. Have posted signage throughout campus; and
- b. Placed hand sanitizer throughout all campus facilities;

Hand washing and sanitizing supplies are checked regularly by CHSU's janitorial service.

15. Personal Protective Equipment (PPE) Used to Control Employees' Exposure to COVID-19

On-site at CHSU, we evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed. When members of the CHSU community are on-site at affiliated healthcare institutions they are required to follow the protocols for use of PPE in place at such facility.

When it comes to respiratory protection, CHSU evaluates the need at our facilities in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained.

We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

a. Gloves

Healthcare workers and others in high-risk areas should use gloves as part of PPE, but according to the CDC, gloves are not necessary for general use and do not replace good hand hygiene. If a task or on campus area DID NOT require gloves prior to the pandemic, gloves are not required now. If a task or on campus area (e.g. laboratory) required a specific type of gloves as PPE prior to the pandemic, those requirements remain in place.

Lab gloves should not be worn in common areas.

Washing hands often is considered the best practice for common everyday tasks.

b. Goggles/Face Shields

The University is monitoring evolving guidance related to the use of face shields and may provide them where advisable. CHSU employees do not need to wear goggles or face shields as part of general activity on campus. Laboratories may require specific PPE, and those guidelines must be followed. Good hand hygiene and avoiding touching the face are generally sufficient for non-healthcare environments.

16. All Other Personal Protective Equipment (PPE)

All other types of personal protective equipment (PPE) required for a specific task or specific on campus area (e.g. laboratory) should not be altered or substituted due to the pandemic without consultation with University Operations. For labs, rules remain in effect to remove all PPE prior to leaving the lab. PPE must not be shared, e.g., gloves, goggles and face shields.

17. Testing of Symptomatic Employees

The University will make COVID-19 testing available at no cost to employees with COVID-19 symptoms who are not fully vaccinated, during employees' paid time.

J. Investigating and Responding to COVID-19 Cases

The University has developed effective procedures to investigate COVID-19 cases that include seeking information from our employees and students regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This will be accomplished by using the Appendix C: Investigating COVID-19 Cases form, or similar form.

When conducting an investigation, a COVID-19 Case and "close contact" with a COVID-19 case will be ascertained in compliance with Title 8 CCR section 3205. At the time of publication, a close contact is anyone who has come into contact with a documented COVID-19 case as follows: less than six feet for 15 minutes or more within a 24-hour period.

We also ensure the following is implemented:

- a. Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, excluding:
 - i. Employees who were fully vaccinated before the close contact and do not have symptoms.
 - ii. COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.
- b. Written notice within 1 day of your knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers at the worksite during the high-risk exposure period. These notifications must meet the requirements of T8CCR section

3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.

- c. Provided with information regarding benefits as described in the Training and Instruction, and Exclusion of COVID-19 Cases, below.

We will engage in contract tracing as recommended by state and local health department guidance in a way that does not reveal any personal identifying information of the COVID-19 case, as required by law.

1. Protocols for COVID-19 Exposure in Clinical Environments/Rotations

Employees must follow the practice site's direction and all CHSU processes as identified in this document. Please refer to Protocols for Confirmed COVID-19 Case(s) on Campus.

2. Cleaning Following Known or Suspected COVID-19 Exposure

In the event there is known or suspected COVID-19 exposure on campus, CHSU will follow the CDC, California Department of Industrial Relations, and California Department of Public Health guidelines on deep cleaning and disinfecting the building or facility if someone is sick.:

K. System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- a. Who employees should report COVID-19 symptoms and possible hazards to, and how.
- b. That employees can report symptoms and hazards without fear of reprisal.
- c. Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
- d. When testing is not required, how employees can access COVID-19 testing.
- e. In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test.

Information regarding COVID-19 symptoms, exposures, diagnosis, hazards, and/or any other questions or concerns regarding University response to COVID-19 should be directed to Carlita Romero-Begley, Vice President of Human Resources at cromerobegley@chsu.edu, HR@chsu.edu.

Note: Additional communication requirements may apply depending upon the severity of outbreak. See **Appendix F for Multiple COVID-19 Infections and Outbreak Procedures**. See **Appendix G for Major Outbreak Procedures**.

L. Training and Instruction

We will provide effective training and instruction that includes:

- a. Our 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;
- b. Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws;
- c. Information regarding the fact that:
 - i. COVID-19 is an infectious disease that can be spread through the air.
 - ii. COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - iii. An infectious person may have no symptoms.
- d. 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.
- e. The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled;
- f. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment, COVID-19 is an airborne disease. N95s and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user. and
- g. COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- h. CHSU's policies for providing respirators, and the right of employees who are not fully vaccinated to request a respirator for voluntary use as stated in this section, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use:
 - i. How to properly wear the respirator provided;
 - ii. How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair interferes with a seal.
- i. Information on the CHSU's 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.
- j. 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.
- k. How to properly wear a face mask.

Appendix D: COVID-19 Training Roster or similar protocol will be used to document this training.

This mandatory training will be provided during:

- a. New employee orientation;

- b. Student orientation; and
- c. Scheduled times for current employees and students, as determined and communicated.

M. Exclusion of COVID-19 Cases And Employees Who Had A Close Contact

Where we have a COVID-19 case in our workplace, we will limit transmission by:

- a. Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met;
- b. Excluding employees who had a close contact with a COVID-19 case until the return-to-work criteria are met, with the following exceptions:
 - o Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms, unless otherwise recommended or advised by a local, state or federal public health agency; and
 - o COVID-19 cases who returned to work pursuant to return to work criteria 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 COVID-19 symptoms, for 90 days after the first positive test
- c. Providing employees with leave, including maintaining earnings and benefits during such leave, as required by law and CHSU policy; and
- d. Providing employees at the time of exclusion with information on available benefits.

N. Reporting, Recordkeeping, and Access

It is our policy to:

- a. Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- b. Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- c. Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- d. Use the **Appendix C: Investigating COVID-19 Cases**, or similar form, to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

O. Return-to-Work Criteria for Employees Excluded from the Workplace

In situations where employees are required to be excluded from the worksite, such as an unvaccinated staff member who experienced a close contact or a vaccinated staff member experiencing symptoms of COVID-19, the following return to work criteria shall apply:

- a. COVID-19 cases with COVID-19 symptoms will not return to work until all the following

- have occurred:
- i. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medications; and
 - ii. COVID-19 symptoms have improved; and
 - iii. At least 10 days have passed since COVID-19 symptoms first appeared.
- b. COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
 - c. A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” have been met.
 - d. Persons who had a close contact may return to work as follows:
 - o Persons who had a close contact but never developed any COVID-19 symptoms may return to work when 10 days have passed since the last known close contact.
 - o Persons who had a close contact and developed any COVID-19 symptom cannot return to work until the return-to-work criteria have been met, unless all of the following are true:
 - The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
 - At least 10 days have passed since the last known close contact; and
 - The person has been symptom-free for at least 24 hours, without using fever reducing medications.
 - e. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will 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 will be in accordance with the return-to-work criteria described above.

P. Visitors & Vendors

Visitors are required to self-screen for symptoms, including temperature; and wear masks while on campus.

Vendors under contract with CHSU to provide services indoors where the vendor’s workers (either employees or 1099 contractors) are on campus for more than 15 minutes at a time are required to:

1. document the vaccination status of all employees and independent contractors who work on any property managed by CHSU by reviewing each vaccinated worker’s COVID-19 vaccine card and recording vaccination status for each worker;
2. send only vaccinated workers to provide services at CHSU properties;
3. continue to implement the above protocols for all new employees and new independent contractors;
4. not send workers experiencing symptoms of COVID-19 to any property managed by CHSU, regardless of vaccination status;
5. notify Ms. Carlita Romero-Begley or Mr. Jimmy Dunn immediately if the Company becomes aware that any member of their workforce has tested positive for COVID-19 and has come into

- close-contact with any CHSU employee; and
6. update their COVID-19 Prevention Program and be in full compliance with the CalOSHA emergency temporary standards (and Federal OSHA standards if applicable), including masking, ventilation of office buildings, screening and contact tracing protocols.

Q. Addressing Non-Compliance

Failure to comply with the CHSU COVID-19 Prevention Program (CPP) outlined in this document places our community at risk for spreading the virus, which could endanger community health and result in further disruption of educational activities and research. University Operations has the authority to shut down facilities and activities that are noncompliant with these health and safety precautions.

Every member of our community is empowered to request compliance with the CHSU COVID-19 Prevention Program (CPP) set forth here and in other University communications.

Those who encounter employee or student noncompliance with the CHSU COVID-19 Prevention Program (CPP), may notify the University through Carlita Romero-Begley, Vice President for Human Resources at cromerobegley@chsu.edu, HR@chsu.edu, or by Microsoft Teams communications or the appropriate college Office of Student Affairs, respectively.

Repeated or serious noncompliance with the CHSU COVID-19 Prevention Program (CPP) will result in suspended facility access for a period of time and corrective and/or disciplinary action dependent on the severity and frequency of the infraction. Human Resources and/or Student Affairs must be consulted regarding any proposed corrective and/or disciplinary action for employees or students, respectively.

R. Information Regarding Use of This Document

To the extent that anything in this CHSU COVID-19 Prevention Program (CPP) document conflicts with another CHSU policy, this document shall govern. Nothing in this document is intended to violate any applicable law, regulation or public health guidance. To the extent that anything in this document conflicts with changes in law, regulation, or public health guidance, we will follow the law, regulations, and/or public health guidance as appropriate.



9/13/2021

Carlita Romero-Begley,
Vice President of Human Resources

Date

Employee Acknowledgment of Receipt

I hereby acknowledge receipt of this COVID-19 Prevention Program (CPP). The CPP describes important information about my employment. I understand and agree that it is my responsibility to read and comply with the policies in the CPP. I understand that I should consult Carlita Romero-Begley, Vice President of Human Resources, regarding any questions not answered in this document or to bring to their attention any COVID-19 related hazards, questions or concerns. I understand that CHSU can change all policies or practices in the CPP at any time.

I have read, understand, and agree to follow the policies and procedures contained in the CPP.

Employee Signature: _____ Date: _____

Printed Employee Name: _____

Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, trainings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be 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. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.

Person conducting the evaluation:

Date:

Name(s) of employee and authorized employee representative that participated:

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 B: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Ventilation* (amount of fresh air and filtration maximized)			
Additional room air filtration*			
Administrative			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
<p>*Identify and 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 HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and local health departments related to COVID-19 hazards and prevention have been reviewed, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. We maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.</p>			

Appendix C: Investigating COVID-19 Cases

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

Date:

Name of person conducting the investigation:

Name of COVID-19 case (employee or non-employee*) and contact information:

Occupation (if non-employee*, why they were in the workplace):

*If we are made aware of a non-employee COVID-19 case in our workplace

Names of employees/representatives involved in the investigation:

Date investigation was initiated:

Locations where the COVID-19 case was present in the workplace during the high-risk exposure period, and activities being performed:

Date and time the COVID-19 case was last present and excluded from the workplace:

Date of the positive or negative test and/or diagnosis:

Date the case first had one or more COVID-19 symptoms, if any:

Information received regarding COVID-19 test results and onset of symptoms (attach documentation):

Summary determination of who may have had a close contact with the COVID-19 case during the high-risk exposure period. Attach additional information, including:

- The names of those found to be in close contact.
- Their vaccination status.
- When testing was offered, including the results and the names of those that were exempt from testing because.
 - They were fully vaccinated before the close contact and do not have symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90days or, for those that never developed symptoms, for 90 days after the initial positive test.
- The names of those that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements.

- **The names of those exempt from exclusion requirements because:**
 - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms.
 - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:

1. All employees who were in close contact
2. Their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a) (2) and (c))

Names of employees that were notified:	Names of their authorized representatives:	Date

Independent contractors and other employers present at the workplace during the high-risk exposure period.

Names of individuals that were notified:	Date

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?

What could be done to reduce exposure to COVID-19?

Was local health department notified? Date?

employer maintains a copy.

- Employees provide proof of vaccination. The employer maintains a record of the employees who presented proof, but not the vaccine record itself.
- Employees self-attest to vaccination status and employer maintains a record of who self-attests.

Appendix F: Multiple COVID-19 Infections and COVID-19 Outbreaks

This addendum will stay in effect until there are no new COVID-19 cases detected in the exposed group for a 14-day period.

COVID-19 testing

- We provide COVID-19 testing at no cost to all employees, during paid time, in our exposed group except for:
 - Employees who were not present during the relevant 14-day period.
 - Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.
 - COVID-19 cases who did not develop symptoms after returning to work pursuant to our return-to-work criteria, no testing is required for 90 days after the initial onset of symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.
- COVID-19 testing consists of the following:
 - All employees in our exposed group are immediately tested and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by, the local health department.
 - After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
 - We provide additional testing when deemed necessary by Cal/OSHA.

We continue to comply with the applicable elements of our CPP, as well as the following:

1. Employees in the exposed group wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions indicated in our CPP apply).
2. We give notice to employees in the exposed group of their right to request a respirator for voluntary use if they are not fully vaccinated.
3. We evaluate whether to implement physical distancing of at least six feet between persons, or where six feet of physical distancing is not feasible, the need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

COVID-19 investigation, review, and hazard correction

We immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review is documented and includes:

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.

- Insufficient outdoor air.
- Insufficient air filtration.
- Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. We consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing as much as feasible.
 - Requiring respiratory protection in compliance with section 5144.

Buildings or structures with mechanical ventilation

We will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

Appendix G: Major COVID-19 Outbreaks

This addendum will stay in effect until there are fewer than three COVID-19 cases detected in our exposed group for a 14-day period.

We continue to comply with the Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, except that the COVID-19 testing, regardless of vaccination status, is made available to all employees in the exposed group twice a week, or more frequently if recommended by the local health department.

In addition to complying with our CPP and Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, we also:

- Provide employees in the exposed group with respirators for voluntary use in compliance with section 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
- Separate by six feet (except where we can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by us and used in compliance with section 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible.
- Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as cash registers, desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.

