



COVID-19  
Prevention  
Program

**EMPLOYEE**

Revised 7-29-2022

**CHSU COVID-19 Prevention Program (CPP) – Employees**

**Table of Contents**

CHSU COVID-19 Prevention Program (CPP) – Employees ..... 4

    A. Authority and Responsibility ..... 4

    B. Guiding Principles ..... 4

    C. Impacted Employees ..... 5

    D. Mental and Emotional Well-Being ..... 5

    E. Maintaining Our Inclusive Community ..... 5

    F. California Department of Public Health (“CDPH”) Orders ..... 5

    G. Identification and Evaluation of COVID-19 Hazards ..... 5

        1. Employee participation ..... 6

        2. Employee screening ..... 6

    H. Correction of COVID-19 Hazards ..... 6

    I. Control of COVID-19 Hazards ..... 6

        1. Screening ..... 6

        2. Vaccines and Vaccine Boosters Required Subject To Exemption; Vaccination Tracking ..... 7

        3. Unvaccinated Employees ..... 8

        4. Face Coverings ..... 8

        5. Smoking and Vaping Not Permitted on Campus ..... 8

        6. Coughing/Sneezing Hygiene ..... 9

        7. Engineering Controls ..... 9

        8. Cleaning and Disinfecting ..... 9

        9. Hand Sanitizing ..... 9

        10. Personal Protective Equipment (PPE) Used to Control Employees’ Exposure to COVID-19 ..... 10

        11. All Other Personal Protective Equipment (PPE) ..... 10

        12. Testing of Symptomatic Employees ..... 10

    J. Investigating and Responding to COVID-19 Cases ..... 11

    K. System for Communicating ..... 11

    L. Training and Instruction ..... 11

    M. Exclusion of COVID-19 Cases and Employees Who Had a Close Contact ..... 12

    N. Reporting, Recordkeeping, and Access ..... 13

    O. Return-to-Work Criteria for Employees Excluded from the Workplace ..... 13

    P. Visitors & Vendors ..... 13

    Q. Addressing Non-Compliance ..... 13

    R. Information Regarding Use of This Document ..... 14

Appendix A: Identification of COVID-19 Hazards ..... 16

|  |    |
|--|----|
| Appendix B: COVID-19 Inspections.....                                    | 17 |
| Appendix C: Investigating COVID-19 Cases.....                            | 19 |
| Appendix D: COVID-19 Training Roster.....                                | 21 |
| Appendix E: Documentation of Employee COVID-19 .....                     | 22 |
| Appendix F: Multiple COVID-19 Infections and COVID-19 Outbreaks.....     | 23 |
| Appendix G: Major COVID-19 Outbreaks.....                                | 25 |
| Appendix H: COVID-19 Prevention in Employer-Provided Transportation..... | 1  |
| Appendix G: Major COVID-19 Outbreaks.....                                | 3  |

## 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; Brian Kim, Provost and Vice President of Academic Affairs; Dr. John Graneto, Vice President of Health Affairs, Dean of the College of Osteopathic Medicine; Dr. Mark Okamoto, Dean of the College of Pharmacy & Chief Academic Officer; 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, Chief Financial Officer;; and Kathleen Haeberle, 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](mailto:cromerobegley@chsu.edu), [HR@chsu.edu](mailto:HR@chsu.edu), or by Microsoft Teams communications to help determine the options best suited for their needs. Employees who receive requests from students for accommodations due to COVID-19 should refer them to their student affairs department.

Employees can also utilize the CHSU Employee Assistance Program ("EAP"). Employees can access information about the EAP by phone at 800-356-7089 (multi-lingual) or on the internet at <https://magellanascend.com/?ccid=hpZiwITni%2FVKNrZqvUQNB7VVSPdtPv3jlhVU7sCv%2FsA%3D>.

### **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 implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** Form, or similar documentation.
- Document the vaccination status of our employees by having them show proof of their digital

COVID-19 vaccine record from the California Department of Public Health, or similar documentation.

- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace, as set forth herein.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/ OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections** form, or similar documentation, as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- Vaccination requirements, as set forth herein.

## 1. **Employee participation**

Employees are encouraged to participate in the identification and evaluation of COVID-19 hazards by notifying Ms. Carlita Romero-Begley of any questions, concerns or information related to COVID-19 hazards.

## 2. **Employee screening**

Employees are screened and we respond to those with COVID-19 symptoms by: (1) require employees to self-screen for symptoms of COVID-19; (2) requiring unvaccinated employees to test at least weekly for COVID-19, subject to test availability; and (3) implement response protocols as set forth in this CPP including, but not limited to, implementation of workplace exclusion/quarantine requirements.

## 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:

- The severity of the hazard will be assessed, and correction time frames assigned, accordingly.
- Individuals are identified as being responsible for timely correction.
- Follow-up measures are taken to ensure timely correction.

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. 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. Vaccines and Vaccine Boosters Required Subject To Exemption; Vaccination Tracking**

All CHSU employees are required to obtain COVID-19 vaccination by September 30, 2021. Additionally, all employees are required to obtain COVID-19 booster vaccination shots immediately upon becoming eligible, in compliance with applicable public health guidelines, including a first booster shot and future booster shots (subject to vaccine availability). At the time of printing, the CDC has most recently updated its guidance on COVID-19 vaccine booster shots on December 9, 2021 advising booster shots 6-months after completing the primary COVID-19 vaccination series with either the Pfizer or Moderna vaccine series, or 2-months after receiving the Johnson & Johnson single dose COVID-19 Vaccine. Employees are responsible for monitoring their eligibility for booster shots so that they receive their booster shots timely. Failure to do so may result in discipline up to and including termination of employment.

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.

CHSU will implement vaccine verification procedures to verify vaccine status, and the accuracy of the vaccine documentation provided. The Office of Human Resources will develop procedures for vaccine verification of all employees. Beginning January 31, 2022, all CHSU employees should be prepared to prove vaccination status utilizing their electronic record from the California Department of Public Health's Digital COVID-19 Vaccine Record (<https://myvaccinerecord.cdph.ca.gov/>) upon request by the Office of Human Resources. 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. Failure to abide by CHSU's vaccine verification procedures is considered insubordination, unprofessional conduct, and may subject the employee to discipline, up to and including termination of employment.

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.

### 3. Unvaccinated Employees

Employees that satisfy either one of the exemption criteria outlined above and remain unvaccinated after September 30, 2021, or unboosted will be required to complete COVID-19 testing once weekly; and it is strongly recommended they wear face coverings that meet Cal/OSHA requirements except as outlined in Section 4 below.

Unvaccinated or unboosted employees who are not granted an exemption 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.

### 4. Face Coverings

The University may choose to require face coverings on campus as public health guidance changes or in the event of an outbreak.

The University provides clean, undamaged face coverings and ensures they are properly worn by employees where required by orders from the California Department of Public Health (CDPH). Employees should report to Ms. Romero-Begley if co-workers do not wear their face coverings over their nose and mouth, or do not wear clean face coverings. Ms. Romero-Begley will ensure that the face coverings provided meet the requirements set by Cal/OSHA.

Employees required to wear face coverings may remove them under the following conditions:

- When an employee is alone in a room or a vehicle.
- While eating or 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 feasible.
- When employees are required to wear respirators in accordance with our respirator program that meets section 5144 requirements.
- 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. Such employees will wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it. If their condition does not permit it, then the employee will be at least six feet apart from all other persons and either fully vaccinated or tested at least weekly for COVID-19.
- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

Any employee not wearing a required face covering will be at least six feet apart from all other persons unless the unmasked employee is either fully vaccinated or tested at least weekly for COVID-19.

The University will not prevent any employee from wearing a face covering when it is not required unless it would create a safety hazard, such as interfering with the safe operation of equipment.

Face coverings also will be provided to any employee that requests one, regardless of their vaccination status.

**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.**

### 5. 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.

## **6. 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.

## **7. Engineering Controls**

For indoor locations, using **Appendix B** or similar documentation, 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 by ensuring implementation at all University property. The University refers to the [CDPH's Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) as needed.

## **8. Cleaning and Disinfecting**

We implement the following cleaning and disinfection measures for frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, and bathroom surfaces: CHSU engages a professional cleaning service that cleans and disinfects the facilities daily Monday – Friday, or more as needed. For phones and headsets, disinfection wipes or spray are made available for individuals to clean their own assigned devices regularly.

## **9. Hand Sanitizing**

To implement effective hand sanitizing procedures, we:

- Evaluating handwashing facilities.
- Determining the need for additional facilities.
- Encouraging and allowing time for employee handwashing.
- Providing employees with an effective hand sanitizer, and prohibit hand sanitizers that contain methanol (i.e., methyl alcohol).
- Encouraging employees to wash their hands for at least 20 seconds each time.
- It is also suggested that everyone wash their hands as they enter and leave various on-campus spaces and before eating.
- Have posted signage throughout campus.
- Hand washing and sanitizing supplies are checked regularly by CHSU's janitorial service.

## **10. 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.

### **a. Respirators**

Upon request, we provide respirators of the correct size for voluntary use to all employees who are working indoors or in vehicles with more than one person. We provide training on how to use the respirators.

We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

We provide and ensure use at CHSU facilities 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.

### **b. 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.

### **c. 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.

## **11. 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.

## **12. Testing of Symptomatic Employees**

We make COVID-19 testing available, by referral to community resources or providing an at-home test, at no cost to all employees who had close contact in the workplace during employees' paid time. Employees are required to utilize no-cost testing and/or testing covered by insurance prior to submission of reimbursement of any out-of-pocket costs.

## **J. Investigating and Responding to COVID-19 Cases**

We have 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 is accomplished by using the **Appendix C: Investigating COVID-19 Cases** form or similar documentation.

We comply with requirements for notice within one business day after receiving knowledge of a COVID-19 case to employees of a possible workplace exposure and close contact exposure by providing a letter to the employee's email or via text message in a language and format the employee can understand. The notices comply with Labor Code section 6409.6 and Title 8 of the California Code of Regulations section 3205, the California Emergency Temporary Standard ("ETS") and current public health guidance issued by the California Department of Public Health.

Close contacts and exposed workers are those that meet the definitions set by the ETS. Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, except for 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.

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.

## **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. How employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations.
- d. Access to COVID-19 testing, when testing is required, unless tests are provided by the University. The University will provide information regarding local testing options.
- e. The COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.
- f. Confidential medical information will not be released (e.g., names of positive cases in the workplace).

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](mailto:cromerobegley@chsu.edu), [HR@chsu.edu](mailto: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 (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- c. 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 and are most effective when used in combination.
- e. The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators. Employees voluntarily using respirators will be trained according to section 5144(c)(2) requirements:
  - o How to properly wear them.
  - o How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair can interfere with a seal.
- f. 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;
- g. 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.
  - o The conditions where face coverings must be worn at the workplace.
  - o That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
  - o Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- h. COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- i. Information on the CHSU's COVID-19 policies and 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.

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

### **M. Exclusion of COVID-19 Cases and Employees Who Had a Close Contact**

Where we have a COVID-19 case or close contact in our workplace, we limit transmission by complying with the applicable and current Cal/OSHA guidance regarding exclusions from the workplace, including consideration of vaccine status, booster status, symptomatic status, and length of exclusion. Such guidance incorporates California Department of Public Health guidance on exclusions and can change over time. Accordingly, specific requirements for exclusion are not included here but will be explained in notices of exposure provided to employees who are exposed to COVID-19 at work.

## **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.

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

Those excluded from work due to COVID-19 diagnosis, positive test or exposure may return to work based on applicable guidance from Cal/OSHA and the California Department of Public Health. Such guidance on exclusions can change over time. Return-to-work criteria will be explained to employees excluded from work based on current guidance, as it may change from time to time.

## **P. Visitors & Vendors**

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 Cal/OSHA 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.



July 29, 2022

---

**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 B: COVID-19 Inspections

[This form is only intended to get you started. Review the information available at [www.dir.ca.gov/dosh/coronavirus/](http://www.dir.ca.gov/dosh/coronavirus/) for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify the form accordingly.]

Date: [enter date]

Name of person conducting the inspection: [enter names]

Work location evaluated: [enter information]

| Exposure Controls  | Status | Person Assigned to Correct | Date Corrected |
|--|--------|----------------------------|----------------|
| <b>Engineering</b>   |        |                            |                |
| Ventilation* (amount of fresh air and filtration maximized)                                  |        |                            |                |
| Additional room air filtration*  |        |                            |                |
| <b>[Add any additional controls your workplace is using]</b>                                 |        |                            |                |
| <b>Administrative</b>  |        |                            |                |
| 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 |        |                            |                |
| <b>[Add any additional controls your workplace is using]</b>                                 |        |                            |                |

| Exposure Controls  | Status | Person Assigned to Correct | Date Corrected |
|--|--------|----------------------------|----------------|
| <b>[Add any additional controls your workplace is using]</b> |        |                            |                |
| PPE (not shared, available and being worn)                   |        |                            |                |
| Face coverings (cleaned sufficiently often)                  |        |                            |                |
| Gloves   |        |                            |                |
| Face shields/goggles   |        |                            |                |
| Respiratory protection                                       |        |                            |                |
| <b>[Add any additional controls your workplace is using]</b> |        |                            |                |

\*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.

## **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 returned to work per our return-to-work criteria and have remained symptom free for 90 days (or a different period than 90 days if it is required by a CDPH regulation or order) or, for those that never developed symptoms, for 90 days (or a different period than 90 days if it is required by a CDPH regulation or order) after the initial positive test.
- The names of those close contacts that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements.
- The names of those close contacts exempt from exclusion requirements because:
  - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms, and are required to wear a face covering and maintain six feet of distance from others at the workplace for 14 days following the last date of close contact.
  - They returned to work per our return-to-work criteria and have remained symptom free, and are required to wear a face covering and maintain six feet of physical distance from others at the workplace for 14 days following the last date of close contact.
  - They never developed symptoms and are required to wear a face covering and maintain six feet of physical distance from others at the workplace for 14 days following the last date of close contact.

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 on the premises at the same worksite as the COVID-19 case during the high-risk exposure period
2. Their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a) (2) and (c))

| <b>Names of employees that were notified:</b> | <b>Names of their authorized representatives:</b> | <b>Date</b> |
|---|---|-------------|
|   |   |             |
|   |   |             |

Independent contractors and other employers on the premises at the same worksite as the COVID-19 case during the high-risk exposure period.

| <b>Names of individuals that were notified:</b> | <b>Date</b> |
|---|-------------|
|   |             |
|   |             |

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?

**Appendix D: COVID-19 Training  
Roster**

**Date:**

**Person that conducted the training:**

| Employee Name | Signature |
|---------------|-----------|
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |
|               |           |

**Appendix E: Documentation of  
Employee COVID-19  
Vaccination Status - CONFIDENTIAL**

| Employee Name | Fully or Partially Vaccinated <sup>1</sup> | Method of Documentation <sup>2</sup> |
|---------------|--|--------------------------------------|
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |
|               |  |                                      |

<sup>1</sup> Update, accordingly and maintain as confidential medical record. T8CCR section 3205(b)(9) definition of “fully vaccinated” will be applied.

<sup>2</sup> Acceptable options include:

- Employees provide proof of vaccination (vaccine card, image of vaccine card or health care documents showing vaccination status) and 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.
- 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.

## **Appendix H: COVID-19 Prevention in Employer-Provided Transportation**

### **Assignment of transportation**

To the extent feasible, we reduce exposure to COVID-19 hazards by assigning employees sharing vehicles to distinct groups and ensuring that each group remains separate from other such groups during transportation, during work activities, and in employer-provided housing. We prioritize shared transportation assignments in the following order:

- Employees residing in the same housing unit are transported in the same vehicle.
- Employees working in the same crew or workplace are transported in the same vehicle.
- Employees who do not share the same household, work crew or workplace are transported in the same vehicle only when no other transportation alternatives are feasible.

### **Face coverings and respirators**

We ensure that the:

- Face covering requirements of our CPP **Face Coverings** are followed for employees waiting for transportation, if applicable.
- All employees are provided with a face covering, which must be worn unless an exception under our CPP Face Coverings applies.
- Upon request, we provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees in the vehicle who are not fully vaccinated.

### **Screening**

We develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation.

### **Cleaning and disinfecting**

We ensure that:

- All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned to prevent the spread of COVID-19 and are cleaned and disinfected if used by a COVID-19 case during the high-risk exposure period, when the surface will be used by another employee within 24 hours of the COVID-19 case.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned to prevent the spread of COVID-19 between different drivers and are disinfected after use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

### **Ventilation**

We ensure that vehicle windows are kept open, and the ventilation system is set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

- The vehicle has functioning air conditioning in use and excessive outdoor heat would

create a hazard to employees.

- The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.
- Protection is needed from weather conditions; such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

### **Hand hygiene**

We provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.

## **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.