

# LODI USD PANDEMIC SAFETY PLAN

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#### Introduction

The purpose of this plan is to define the measures being taken by Lodi Unified School District ("LUSD") to help reduce the risk of infection from a PANDEMIC virus e.g., SARS-CoV-2, coronavirus). The defined measures are based upon guidance from the San Joaquin County Public Health Services and the California Department of Public Health. While the provisions of this document are intended to help reduce contagious/infectious disease risk, they cannot guarantee that infection will not occur.

This plan begins by providing an overview of how it is applied and implemented, along with a summary of assigned roles and responsibilities. This is followed by a more specific discussion of various plan elements.

#### 2. Application and Implementation Overview

This plan applies to all work areas and operations and is implemented as follows:

1. <u>Pandemic Safety Team</u>. The PANDEMIC Safety Coordinator (Director III, M&O) is responsible for managing this plan and facilitating the PANDEMIC safety teams, which are described below:

a. *District Team*. This team monitors current public health guidance, along with information regarding plan implementation, and determines how PANDEMIC safety will be addressed by updating the provisions of this plan as appropriate.

b. *Site/Department Team*. This team will oversee a site, department, or area unit and serves as a bridge between the core team and all employees and stakeholders. The extended team will be lead by the Principal/Manager. The team reviews information and plan updates provided by the core team and provides feedback regarding challenges and opportunities related to the implementation of plan provisions.

A listing of the PANDEMIC Safety Coordinator and team members, along with associated contact information and current meeting plans, is maintained by the PANDEMIC Safety Coordinator using the "Contacts & Resources" form provided in Appendix A.

2. <u>Prevention</u>. Principals/Managers of specific work areas and operations are responsible for assessing PANDEMIC risks, identifying safe practices, training employees in these practices, ensuring these practices are followed, and documenting their implementation through periodic inspections. The PANDEMIC Safety Coordinator defines global practices and provides general resources for developing area/operation specific practices, delivering training, and conducting inspections. More specific provisions are addressed in the Prevention section of this plan.

3. <u>Case Response [Appendix B]</u>. Principals/Managers of specific work areas and operations are responsible for initiating a case response form, gathering incident information, and implementing immediate response actions. The PANDEMIC Safety Coordinator is responsible for completing the case response form, which entails conducting additional incident assessment, response, and follow-up activities. The case response form defines a protocol that addresses the subject case, potentially exposed persons, and the impacted environment. More specific provisions are addressed in the Case Response section of this plan.

4. <u>Building Closure [Appendix C]</u>. The PANDEMIC Safety Coordinator is responsible for coordinating with responsible parties (e.g., building maintenance) to ensure proper consideration is given to minimizing potential environmental health concerns prior to closing and re-opening buildings (including substantially reduced occupancy and partial closures). A checklist of common environmental health issues associated with building closures is included in Appendix B.

5. <u>Supply Management [Appendix D]</u>. The PANDEMIC Safety Coordinator is responsible for coordinating with responsible parties (e.g., purchasing) to address the specification, acquisition, distribution and inventory of supplies critical to implementation of PANDEMIC safe practices. Critical supplies and associated management protocols are identified using the form provided in Appendix C, which is managed by the PANDEMIC Safety Coordinator.

#### 3. Roles and Responsibilities

The key roles involved in the implementation of this plan and their associated responsibilities are summarized below. More specific descriptions of requirements are provided in the other sections of this plan.

#### 3.1 Pandemic Safety Coordinator

The PANDEMIC Safety Coordinator maintains this plan and facilitates its implementation. Key responsibilities:

a. Ensuring this plan and associated practices are updated to reflect current public health guidance.

b. Facilitating the core and extended safety teams.

c. Developing global and common environment safe practices, as well as guidance for creating area/operation specific safe practices.

d. Providing support to Principals/ Managers in developing area/operation specific practices

e. Managing global facility color-coded mapping activities.

f. Reviewing, approving, and inventorying all safe practices and facility maps.

g. Providing training on global and common environment safe practices, as well as training for Principals/Managers on their responsibilities under this plan, including the creation of specific area/operation safe practices.

h. Coordinating global communications to visitors/vendors.

i. Reviewing and archiving inspection records.

j. Reviewing and managing the completion of response actions related to known or suspected cases of PANDEMIC.

k. Coordinating with responsible parties (e.g., building maintenance) to ensure proper consideration is given to minimizing potential environmental health concerns related to building closures.

I. Coordinating with responsible parties (e.g., purchasing) to address the specification, acquisition, distribution and inventory of supplies critical to implementation of safe practices.

m. Reporting case information to San Joaquin County Public Health Services and communicating AB 685 notifications to all applicable parties

#### **3.2 Principals/Managers**

Principals/Managers are responsible for ensuring the provisions of this plan are implemented in the areas/operations and among the employees under their responsibility. Key responsibilities:

a. Developing safe practices for their specific work areas and operations, inclusive of area/operation color-coded mapping.

b. Completing training related to this plan.

c. Providing area/operation specific training on safe practices and ensuring employees under their responsibility complete training related to this plan.

d. Inspecting work areas/operations under their responsibility on a regular basis to ensure compliance with safety practices, and for correcting deficiencies identified.

e. Initiating immediate response actions regarding known or suspected cases of PANDEMIC and working with the PANDEMIC Safety Coordinator to complete response actions.

#### 3.3 All Employees

All employees are responsible for complying with the provisions of this plan. Key responsibilities:

a. Following safe practices as communicated to them by their Principals/Managers or through training.

b. Reporting hazardous conditions related to potential transmission of the PANDEMIC virus.

Staying home and reporting to their Principal/Manager if they exhibit symptoms of PANDEMIC, have a positive PANDEMIC test, or have been exposed to a known or suspected case.

#### 3.4 Other Parties

a. Persons who are the primary contacts for visitors and vendors are responsible for ensuring that visitors/vendors understand that they are expected to follow the PANDEMIC safety guidance for visitors, as well as additional any area/operation-specific PANDEMIC safety practices. In addition, primary contacts for vendors are responsible for communicating to employees and visitors any additional safety practices that should be followed as a result of the vendor's work.

b. Human Resources is responsible for communicating process and benefit information to employees restricted from work as a result of having PANDEMIC symptoms, a positive PANDEMIC test, or potential exposure to a known or suspected PANDEMIC case.

c. Pandemic Monitor is responsible for organizing all Case Response Forms and posting redacted versions on Webpage for access by Cabinet, Safety Coordinator, and Bargaining Unit Leadership.

d. Workers Compensation Analyst is responsible for reporting all SB 1159 information.

#### 4. Prevention

Efforts to help prevent the risk of infection from the PANDEMIC virus are enacted through a process of assessing infection hazards, identifying safe practices, training/communicating these practices, and confirming the practices are being implemented properly. These and other prevention elements are discussed below.

#### 4.1 Hazard Assessment and Safe Practice Development

- A. <u>Global Practices</u>. The PANDEMIC Safety Coordinator coordinates the development safe practices that apply to all work areas and operations.
- B. <u>Common Environments</u>. The PANDEMIC Safety Coordinator coordinates the development of general safe practices for common work areas and operations.
- C. <u>Specific Work Areas/Operations</u>. Principals/Managers are responsible for the development of safe practices for their specific work areas and operations. The PANDEMIC Safety Coordinator provides guidelines and support for creating these specific practices.
- D. <u>Facility Mapping</u>. A color-coded system of mapping facility areas based on general PANDEMIC safety practices is utilized to help facilitate implementation. Coded floorplans may be posted along with relevant similarly coded safe practice documents in the subject areas. Area/operation mapping activities are managed by area/operation Principals/Managers and global facilities mapping activities are managed by the PANDEMIC Safety Coordinator. A work area diagram mapping template is provided in Appendix D. The following color codes are used to characterize areas and safe practice documents:

Green = staff personal spaces	Blue = global practices
Yellow = staff common areas	Light Purple = public common areas
Orange = staff specialized areas	Dark Purple = public specialized areas

E. <u>Approval</u>. All coded floorplans and safe practice documents must be reviewed, approved and inventoried, and archived by the PANDEMIC Safety Coordinator. An inventory of all developed safe practices is managed by the PANDEMIC Safety Coordinator using the form provided in Appendix E.

## 4.2 Training and Communications

- A. <u>General Training</u>. The PANDEMIC Safety Coordinator is responsible for providing resources to support training for all employees on global and common environment safe practices and for Principals/Managers on their responsibilities under this plan. An inventory of available training resources is maintained by the PANDEMIC Safety Coordinator using the form provided in Appendix F. Training is documented per the Injury & Illness Prevention Program.
- B. <u>Area/Operation Specific Training</u>. Principal/Manager are responsible for ensuring their employees complete global and common environment training and are responsible for providing area and operation specific training to their employees. Training is documented per the Injury & Illness Prevention Program.
- C. <u>Visitor/Vendor Communications</u>. Persons arranging the work of visitors/vendors are responsible for communicating expectations of visitors/vendors regarding PANDEMIC safety (e.g., general practices for visitors document). The PANDEMIC Safety Coordinator is responsible for coordinating global communications via Principals/Managers to visitors/vendors (e.g., postings, email notifications, social media, or other means as deemed appropriate).
- D. <u>Staff/Community Communications</u>. Principals/Managers are responsible for maintaining email, social media, and Blackboard Connect groups in order to facilitate immediate communication of any event related to possible exposure. Communications related to possible or actual exposures shall not identify any person(s). An artifact of an actual communication can be found in Appendix "I" below, and may be used as a model when drafting communications. (Cf. Article 2(3) above)

# 4.3 Inspection

- A. Principals/Managers are responsible for regularly evaluating their work areas and operations for compliance with safety practices, and for correcting deficiencies identified. This occurs on a continuous basis as part of ongoing operations and is formally documented on a regular basis using the inspection form provided in Appendix G. Completed inspection forms are provided to the PANDEMIC Safety Coordinator. Some areas will require a higher level of scrutiny than others. Color-coded site maps (Cf. 4.1(d)) shall be labeled with the following hierarchy of need:
  - i. Level 1 hourly inspection
  - ii. Level 2 daily inspection
  - iii. Level 3 weekly inspection
  - iv. Level 4 random inspection
- B. The PANDEMIC Safety Coordinator is responsible for reviewing and archiving inspection records to confirm noted deficiencies have been corrected. Inspection records are maintained per the Injury & Illness Prevention Program.

## 5. Reporting

A case reporting protocol is enacted to help mitigate potential risk of PANDEMIC transmission upon discovery of a PANDEMIC case potentially impacting facilities, employees, or other stakeholders (a.k.a., PANDEMIC case incident). The case reporting protocol guides specific actions to take and information to document related to different types of PANDEMIC case incidents. The protocol is summarized below:

1. Upon learning of PANDEMIC case incident, area/operation Principals/Managers are responsible for initiating the Positive Case Reporting Form and/or the Case Response Form, as applicable.

2. Principals/Managers gather incident information and take immediate response actions per the form. These actions involve addressing the subject case, potentially exposed persons, and the impacted environment.

3. The PANDEMIC Safety Coordinator is ultimately responsible for ensuring that Principals/Managers follow-up on potentially exposed persons, cleaning/disinfection of the impacted environment, communication with concerned stakeholders, and implementation of the area/operation specific PANDEMIC safe practices. The PANDEMIC Safety Coordinator conducts these actions working in conjunction with Human Resources, the area/operation Principal/Manager, outside environmental health consultants and cleaning/disinfection contractors as needed.

4. The PANDEMIC Safety Coordinator ensures that the Principal/Manager manages the case response protocol until the subject environment has been properly addressed and all identified potentially exposed persons have been cleared to return to the area/operation.

5. Positive Case Reporting: The District must satisfy the reporting requirements of AB 685, SB 1159, CalOSHA Emergency Temporary Standards ("ETS"), and Bargaining Unit Leadership Reporting:

a. Principals/Managers will enter all positive case information into the Positive Case Reporting Form for any known positive case who represents a potential exposure on any District site over the fourteen (14) days prior to testing positive. Principals/Managers will also complete Case Response Form (Appendix B) for all positive cases and potential exposure cases

b. Safety Coordinator will submit reports to San Joaquin County Public Health Services and communicate all AB 685 notifications

c. Pandemic Monitor will communicate all redacted Case Response Forms ("CRF") to all Bargaining Unit Leadership, Cabinet, and the Safety Coordinator.

d. The Workers Compensation Analyst will report all SB 1159 notifications

# 6. Exposure Protocols



Pandemic Exposure and When to Return to Work Protocols **rev. 2/08/2021** (SJCPHS, School Resource: Steps to take for COVID-19 symptoms (close contact or confirmed COVID-19, 12/31/2020)

**Definition of Exposure/Close Contact:** 15 cumulative minutes of exposure within six (6) feet, over a 24-hour period, to either a symptomatic person with laboratory-confirmed COVID-19 in the period from two (2) days before symptom onset until they meet criteria for discontinuing home isolation; or an asymptomatic person with laboratory-confirmed COVID-19 in the two (2) days before the date of specimen collection until they meet criteria for discontinuing home isolation.

Exposure Category	Minimum Criteria for Return to Work
Symptomatic Positive Case Workers with symptoms who are laboratory confirmed to have COVID-19	After 10 days have passed since symptoms first appeared; under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.
Asymptomatic Positive Case Workers who never had symptoms and are laboratory confirmed to have COVID-19	After 10 days have passed since the date of their first positive COVID-19 test. Under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.
Symptomatic Negative Case Workers who had symptoms of COVID-19 but test result returned negative	After 10 days have passed since symptoms first appeared; under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.
Asymptomatic Negative Case Workers who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative	Workers must home-quarantine for 10 days after the last known close contact with the case patient. Under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.

Symptomatic Untested Case Workers who had symptoms of COVID-19 but were not tested	Testing is highly recommended. If the worker cannot be tested, use the same criteria for return to work as laboratory confirmed cases. Under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.
Asymptomatic Untested Case Workers who had close contact with a laboratory-confirmed case patient at work, home, or in the community and do not have symptoms. OR Workers who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from SJCPHS or healthcare provider, and do not have symptoms.	Workers must home- quarantine for 10 days after the last known close contact with the case patient. Testing is highly recommended*; under no circumstances may Administrator/Manager grant return to work unless staff member is symptom-free for 24 hours without use of medication.
Remote Work	Principals and Directors may approve remote work for home-quarantined staff only if the staff member represents that she/he is well enough to work; symptomatic staff or those that refuse remote work must contact Personnel to discuss how their leave will be accounted for.