

SUMMER 2021
FACULTY RETURN TO IN-PERSON IN-OFFICE WORK

This form is needed for Colleges/Departments who will give permission to Faculty to return to in-person work in their offices during June and July, 2021.

If you have questions related to this form email EHSRM at: amythomas1@csumb.edu

Instructions:

- 1) Fill in the list of Faculty who will return to in-person work (page 2)
- 2) Complete the *Dept. Risk Assessment* (pages 3-18) OR attach to a previously approved Dept. Risk Assessment
- 3) The Dean approves the list of faculty, and the VP approves the completion of the Dept. Risk Assessment
- 4) Submit a final copy of all pages to EHSRM at amythomas1@csumb.edu
- 5) EHSRM will log the request and respond by email with final instructions

Dept. Name _____

FALL 2021 SEMESTER

Departmental Risk Assessment for COVID-19 Prevention

Completion of this form provides a detailed risk assessment and establishment of site-specific COVID-19 prevention protocols.

Guiding principle: Limit the number of employees reporting to campus, both in total numbers and at any one time. Managers should consider the following priorities to support the guiding principle:

- Maximize telecommuting
- Assign each employee their own workspace (no shared spaces)
- Avoid instances of employees working in close proximity (less than 6-feet) in workspaces without physical barriers
- Alternate reporting days (consider required tasks and workspace proximity)
- Stagger reporting times and work schedules

Instructions: If you have questions related to this form email EHSRM at: amythomas1@csumb.edu

- 1) Complete this *Dept. Risk Assessment form* and obtain VP/Dean approval prior to submitting this document to EHSRM
- 2) Complete the workplace risk questions applicable to your department’s physical workspace and activities performed. The examples given for some of the questions are not limiting but are there for guidance for your thought process. Check “Yes” if this risk is present in your department or “No/Not applicable” if this risk is not present.
- 3) If the risk is present in your department, identify features that may be unique to your department. Be specific when identifying activities, locations, and items.
- 4) Review the prevention protocols in the last column, which meet the latest direction by CDC, CDPH, and/or Cal/OSHA.
- 5) For each risk present in your department, include the department-specific prevention plan (i.e.; which prevention protocols you will implement, and for which identified items). Provide specific details, including the who, what, where and when. For example: list the planned occupancies for each room, how an activity will take place, who will clean shared items, etc.

List the building(s), room number(s), or area information included in this assessment:

For best results: 1. save this form as a pdf to your desktop before filling it out, 2. open the saved pdf with Adobe Acrobat DC, 3. fill out the form, and 4. save the completed form as a new pdf.

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Frequently touched surfaces</p> <p>Does your workspace have frequently touched and shared surfaces?</p> <p>Examples: doorknobs, light switches, tabletops, PIN pads, conference room chairs, copy machines, telephones, etc.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify surfaces that are frequently touched:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Employees will have access to cleaning supplies for use before touching shared surfaces (those surfaces not cleaned by FMD/UG2). • Request that employees clean personal workspaces often.

Department's Protection Plan: Check all that apply.

- Employees are encouraged to minimize items stored and/or displayed on the surfaces of their personal "touch" surfaces.
 - Cleaning supplies are provided for use in personal workspaces.
Location(s) of supplies:
 - Common area "touch" surfaces are cleaned/disinfected:
 - Before each use Once per shift
 Location(s) of supplies:
 - Employees apply hand sanitizer prior to each time they touch a common area "touch" surface.
Location(s) of supplies:
 - Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Shared equipment/tools</p> <p>Does your department have equipment and/or tools that are shared?</p> <p>Examples: computers, keys, printers, copy machines, telephones, hand tools, etc.</p> <p><i>Note: shared vehicles and carts are addressed in the next section.</i></p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify shared equipment and tools:</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>	<ul style="list-style-type: none"> • Avoid sharing phones, work supplies, office equipment, etc. whenever possible. • If equipment/tools must be shared, disinfect between users or shifts, whichever is more frequent. • Employees will have access to cleaning supplies for use before touching shared surfaces (those surfaces not cleaned by FMD/UG2).

Department's Protection Plan: Check all that apply.

Shared supplies and equipment are cleaned/disinfected:

Before each use Once per shift

Location(s) of supplies:

Employees apply hand sanitizer prior to each time they touch a shared supply or piece of equipment.

Location(s) of supplies:

Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Mail/package handling</p> <p>Does your department handle mail and/or packages from either outside vendors or from campus mail services?</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify which employees handle mail/packages and from what sources:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Minimize transaction times with delivery personnel. Make contactless, if possible. • Use electronic signatures whenever possible • Provide gloves to employees when necessary. • Contact Shipping and Receiving if packages are damaged or leaking.
<p>Department's Protection Plan:</p> <div style="border: 1px solid black; height: 250px; width: 100%;"></div>			

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Waiting/reception/seating areas</p> <p>Does your department have waiting, reception or seating areas?</p> <p>Examples: department front desks, help desks, etc.</p> <p>Include applicable building and room numbers.</p> <p><i>Note: areas where lines form are addressed in the next section.</i></p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify locations of waiting/reception/seating areas:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Develop a system for customers to wait outside whenever possible. FMD post "please wait here" signage. • FMD rearrange chairs or mark chairs "do not use" to create 6 feet of physical distance between them. • If paper/other handoffs must take place, have customers place item on desk and take a step back. Frequently sanitize chair arms and other touch points. • Work with FMD to provide physical barriers, such as plexiglass, in appropriate locations.
<p>Department's Protection Plan: check those that apply</p>			
<div style="border: 1px solid black; padding: 10px;"> <ul style="list-style-type: none"> <input type="checkbox"/> An outside queue area has been created. <input type="checkbox"/> Seats have been removed or blocked off. <input type="checkbox"/> Chairs and other touch points are cleaned/disinfected: <ul style="list-style-type: none"> <input type="checkbox"/> After/Before each use At least once per shift <p>Location(s) of supplies: Consultation with FMD completed. Required barriers have been installed. Location(s) of barriers: Additional practices:</p> </div>			

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Areas where lines form</p> <p>Does your workspace have areas where lines may form?</p> <p>Include applicable building and room numbers.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify areas where lines form:</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>	<ul style="list-style-type: none"> • Post clear signage to direct customers. • Staff should inform customers and direct them once they arrive. • Develop a system that allows customers to wait outside. • FMD place physical distancing markers at 6-foot intervals.

Department’s Protection Plan: check those that apply

FMD has installed 6-foot distancing decals.

Staff will direct customers and clear signage has been posted.

Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Breakrooms/kitchenettes</p> <p>Does your department have breakrooms and/or kitchenettes?</p> <p>Include applicable building and room numbers.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify locations of breakrooms and kitchenettes:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Encourage personnel to take breaks outside or at their personal desks. • Occupancy will be limited to 1 person per kitchenette. Obtain signage from FMD. • Employees will have access to cleaning supplies for use before touching shared surfaces (those surfaces not cleaned by FMD/UG2). • Block tables and chairs in breakrooms to prevent congregation. Obtain signage from FMD.

Department's Protection Plan: Check those that apply.

- FDM has placed or provided an occupancy sign.
- Tables and chairs have restricted to prevent congregation (signage from FMD) .
- Employees have been encouraged to eat outside or at their personal workspace.
- FMD/UG2 does not service this breakroom/kitchenette. It will be cleaned/disinfected:
 - Before/after each use Once per shift
- Location(s) of supplies:
- Employees apply hand sanitizer prior to each time they touch a shared supply or piece of equipment.
 - Location(s) of supplies:
- Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Conference/meeting rooms</p> <p>Does your department have conference or meeting rooms?</p> <p>Note: Some conference/meeting rooms are shared among multiple departments. Work with those departments for a shared effort.</p> <p>Include applicable building and room numbers.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify locations of conference and meeting rooms:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Encourage virtual meetings whenever possible. • In-person meetings should not exceed 50 percent of a room’s capacity, assuming individuals can still maintain 6 feet of separation. • Post maximum occupancy signs on door. Obtain signage from FMD. • Rearrange chairs or mark chairs as “do not use” to allow for physical distancing between users. • Provide supplies so users can clean tabletops and arms of chairs before meetings.

Department’s Protection Plan:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>High traffic areas</p> <p>Does your workspace have high traffic areas? Examples: corridors, entrances/exits, etc.</p> <p><i>Note: This does <u>not</u> include building entrances/exits or hallways in which your department does not have sole control of.</i></p> <p>Include applicable building and room numbers.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify high traffic areas your department has control of:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • Create directional flow of traffic when possible. • If you have two entrances, route incoming traffic through one door and outgoing traffic through another. • FMD place signage.

Department’s Protection Plan: check those that apply

FMD has provided directional signs and entry/exit only signs as needed.

Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Workstations/computers within 6 feet of each other</p> <p>Does your workspace contain desks or computers that are within 6 feet of each other?</p> <p>Examples: computer labs, small shared offices, etc.</p> <p>Include applicable building and room numbers.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify locations of workstations and computers that are within 6 feet of each other:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<ul style="list-style-type: none"> • Work with FMD to evaluate the possibility of rearranging workstations to allow for 6 feet of physical distance between users. • Mark off computers as “do not use” to allow for physical distancing. Use FMD signage. • FMD provide physical barriers between workstations or computers if 6 feet of physical distancing cannot be maintained.

Department’s Protection Plan: check those that apply

Consultation with FMD has been completed.

The following modifications to the workspace have been completed:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Areas or activities where physical distancing is not possible</p> <p>Does your department have areas or activities where 6 feet of physical distancing between people is not possible?</p> <p>Examples: some lab and shop classrooms, certain construction activities, cash registers, etc.</p> <p>Include applicable building & room #s.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify areas/activities where physical distancing is not possible:</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	<ul style="list-style-type: none"> • FMD provide physical barriers between people. • Require the use of face coverings for all parties involved. • Provide and require additional PPE as applicable.

Department's Protection Plan: check those that apply

- Employees have been trained on face covering requirements.
- Additional PPE is required:
Type of PPE identified in box above.
- Physical barriers and any signage installed by FMD.
- Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Visiting vendors</p> <p>Does your department have vendors visit your workspace?</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify vendors that visit your area:</p> <div style="border: 1px solid black; height: 300px; width: 100%;"></div>	<ul style="list-style-type: none"> • Implement contact-less deliveries/ visitations if possible. • Remind vendors of the University’s requirements on physical distancing, positive case reporting, and use of face coverings while on campus. Assure these details are in the service provider agreement.
<p>Department’s Protection Plan: check those that apply</p>			
<div style="border: 1px solid black; padding: 10px;"> <p><input type="checkbox"/> No-contact deliveries are in use.</p> <p><input type="checkbox"/> Vendors have received pertinent information regarding campus COVID-19 practices.</p> <p><input type="checkbox"/> Additional Practices:</p> </div>			

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Shared university-owned vehicles</p> <p>Does your department have shared campus-owned vehicles? This could be work trucks, cars, vans, buses, and carts.</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify shared university-owned vehicles:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<ul style="list-style-type: none"> Employees should clean steering wheel, shifter, and doorknobs before each use. CA Dept of Public Health recommends between users or shifts, whichever comes first. Follow the <i>CSUMB COVID-19 Vehicle Usage Procedures</i>.

Department's Protection Plan: check those that apply

- Vehicle occupancy is limited to 1 person unless the usage meets an exception noted in the *CSUMB COVID-19 Vehicle Usage Procedures* document.
- Occupancy Exceptions - Vehicle ID and exception type are noted in the box above.
- Shared vehicles are cleaned/disinfected:
 - Before each use At least once per shift
- Location(s) of supplies:
- Employees will utilize wipes or spray disinfectant on a cloth/paper towel and allow sufficient contact time.
- Face coverings will be worn in vehicles when:
 - More than one person is in the vehicle.
 - An open vehicle cannot reasonably maintain 6 feet of distance from others, including while driving on sidewalks/in high traffic areas.
- Additional Practices:

Dept. Name _____

Workplace Risk	Present in your Dept?	Identification	Prevention Protocols
<p>Other areas not previously listed</p> <p>Do you have any other areas or activities not identified in other sections of this risk assessment that will need prevention protocols for COVID-19?</p>	<p>Check one:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No/Not applicable</p>	<p>Identify areas or activities that have not been listed elsewhere in this risk assessment:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>	<ul style="list-style-type: none"> • FMD/UG2 provide enhanced cleaning overnight or per week. • FMD provide applicable signage, physical barriers, and floor markings to ensure physical distancing. • Employees will have access to cleaning supplies for use before touching shared surfaces (those surfaces not cleaned by FMD/UG2).

Department's Protection Plan:

Dept. Name _____

How will you communicate your department-specific Protection Plan (and future amendments) to your employees?

List any additional measures taken:

Department Dean/Director/Manager is responsible for ensuring the following is complete prior to returning employees to campus:

- Prevention Protocols in the Departmental Risk Assessment are complete and remain in place.
- Employees have taken the required COVID-19 Awareness training.
- Employees have or are provided with an appropriate face covering. The University will provide face coverings, however, employees may wear their own if it is appropriate.
- A manager or supervisor has reviewed this Departmental Risk Assessment and the required protective measures with the affected employees.

Proposed Date Staff Will Return:

Dean/Director/Manager Completing this form:

Vice President:

VP Signature:

EHSRM NOTES:

DATE EHSRM LOGGED/FILED RECORD: