

<p>Bridges Charter School</p> 	<p>Board Policy-</p> <p>Health and Safety Related to COVID-19</p>	
<p>Policy Number:</p> <p>AR 5141.6</p>	<p>Adopted:</p> <p>09/14/20</p>	<p>Revised:</p> <p>09/29/20</p>

California employers are required to establish and implement an Injury and Illness Prevention Program (IIPP) to protect employees from all worksite hazards, including infectious diseases.

Bridges Charter School has adopted this addendum to accommodate staff returning to worksites after sheltering in place. Until the COVID-19 outbreak is contained, worksite administrators should coordinate with state and local health officials to obtain timely and accurate information about the level of disease transmission in the local community before resuming on-site work practices. Local conditions will influence the decisions that public health officials make regarding community-level strategies. Administrators may also follow a phased approach based on current levels of transmission and healthcare capacity at the state or local level, as part of resuming school operations.

This addendum contains three parts. Part one contains background information regarding COVID-19, including known symptoms, emergency warning signs and high-risk factors. Part two provides guidelines for implementation of a COVID-19 Control Plan, which includes short-term measures to implement while COVID-19 remains endemic in states and communities. Part three contains measures to maintain a healthy workforce until herd immunity in the population is achieved or the global incidence of COVID-19 comes under control.

Background

In November 2019, a novel coronavirus (SARS-CoV-2) was discovered in Wuhan, China, which was found to cause a viral respiratory illness (coronavirus disease 2019, or “COVID-19”) leading to severe injury and death in certain populations, particularly elderly persons and persons with underlying health conditions.

COVID-19 was declared a pandemic by the World Health Organization on March 11, 2020. In response to the COVID-19 Pandemic, public health officers in many states and counties ordered all individuals to stay home or at their place of residence (i.e., “Shelter in Place”), except as needed to maintain continuity of operations of certain critical infrastructure sectors. Across the nation, public schools and most other government offices and private

businesses were closed in order to slow the spread of the coronavirus in the community. Many states and localities have now commenced phased reopening.

In 2020, the CDC identified the following symptoms of COVID-19, which typically appear within 2-14 days after exposure to the virus:

- 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

The CDC also recommends that, if a person shows any of the following emergency warning signs,* he or she should seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

*Please note that this is not a complete list of all possible symptoms. Anyone experiencing any other symptoms that are severe or concerning should contact a medical provider.

Certain people are at higher risk for severe illness from COVID-19, including:

- People 65 years and older
- People who live in a nursing home or long-term care facility
- People of all ages with underlying medical conditions, particularly if not well controlled, including:
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes

- People with chronic kidney disease undergoing dialysis
- People with liver disease

Decisions to resume in-person activities should be based on both the level of disease transmission in the community and the capacity to protect the safety and health of staff and students at each worksite or meeting space. By providing guidelines for the design of a control plan for COVID-19, part two of this addendum is intended to allow for the resumption of school by implementing measures to prevent and slow the spread of COVID-19 within the workplace.

COVID-19 Control Plan

Before resuming in-person activities after a Shelter in Place order is lifted, prepare and implement a COVID-19 preparedness, response, and control plan (i.e., COVID-19 Control Plan) for each facility or physical location. Federal, state, and local public health communications must be monitored to keep up with information available about COVID-19 regulations, guidance, and recommendations, to ensure that workers have access to the timeliest information.

Design, implement, update and maintain a COVID-19 Control Plan:

The overall goal of the COVID-19 Control Plan is to decrease the spread of COVID-19 and lower the impact of the disease in the workplace. This includes the following objectives:

Prevent and reduce transmission among employees;
Maintain healthy school operations; and
Maintain a healthy work environment.

All site administrators should implement and update as necessary a control plan that:

Is specific to your workplace;
Identifies all areas and job tasks with potential exposures to COVID-19; and
Includes control measures in this policy to eliminate or reduce such exposures.

COVID-19 Control Plans should consider that employees may be able to spread COVID-19 even if they do not show symptoms, which is a source of anxiety in the workforce, particularly among higher-risk individuals. Therefore, it is important to have discussions with workers about planned changes and seek their input. Additionally, collaboration with workers to effectively communicate important COVID-19 information.

Adjust operations to slow the spread:

Employees who have COVID-19 symptoms should notify their supervisor and stay home as directed.

Sick employees should follow CDC-recommended steps for self-quarantine. Employees should not attend in-person activities return to work until the criteria to discontinue home isolation are met, in consultation with their supervisor, local health departments and healthcare providers.

Employees who appear to have symptoms upon arrival at any work activity or who become sick during the day should immediately be separated from other employees, students, and visitors, and sent home.

Adopt a procedure for the safe transport of an employee who becomes sick while attending an in-person meeting or work activity. The employee may need to be transported home or to a healthcare provider.

Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and follow CDC-recommended precautions.

If implementing in-person health checks, conduct them safely and respectfully. Protect the screener using social distancing, barrier or partition controls, or personal protective equipment (“PPE”). However, reliance on PPE alone is a less effective control and is more difficult to implement, given PPE shortages and training requirements.

Complete the health checks in a way that helps maintain social distancing guidelines, such as providing multiple screening entries into the building.

Follow guidance from the Equal Employment Opportunity Commission regarding confidentiality of medical records from health checks.

To prevent stigma and discrimination in the workplace, make employee health screenings as private as possible. Do not make determinations of risk based on race or country of origin or any other protected characteristics, and be sure to maintain confidentiality of each individual’s medical status and history.

Conduct a Workplace Hazard Assessment:

The purpose of a hazard assessment of the workplace is to identify where and how workers might be exposed to COVID-19 in an office or other in-person work setting. Combinations of controls from the hierarchy of controls are used to limit the spread of COVID-19 (see Controls Table in Appendix A). These include engineering controls, workplace administrative policies, and personal protective equipment (PPE) to protect workers from the identified hazards.

Conduct a thorough hazard assessment to determine if workplace hazards are present, or are likely to be present, and determine what type of controls are needed for specific job duties.

When engineering and administrative controls cannot be implemented or are not fully protective:

Determine what PPE is needed for each workers’ specific job duties,

Select and provide appropriate PPE to the workers at no cost, and

Train their workers on its correct use.

Until lifted, the Governor has ordered that all workers must wear a cloth face covering in public settings including in-person work activities if the hazard assessment has determined that they do not require PPE (such as a respirator or medical facemask) for protection. A cloth face covering contains the wearer's respiratory droplets to help protect their co-workers and others.

Cloth face coverings are not considered PPE. They help prevent those who do not know they have the virus from spreading it to others, but do not offer the same level of protection for wearers from exposure to the virus that causes COVID-19 as PPE.

Remind employees that CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain, especially in areas of significant community-based transmission. Wearing a cloth face covering, however, does not replace the need to practice social distancing.

Take action if an employee is suspected or confirmed to have COVID-19 infection:

Please consult with your local health department as necessary and/or required. In most cases, you do not need to shut down the facility. If it has been less than 7 days since the sick employee has been in the facility, close off any areas used for prolonged periods of time by the sick person:

Wait 24 hours before cleaning and disinfecting to minimize potential for other employees being exposed to respiratory droplets. If waiting 24 hours is not feasible, wait as long as possible.

During this waiting period, open outside doors and windows to increase air circulation in these areas.

If it has been 7 days or more since the sick employee used the facility, additional cleaning and disinfection is not necessary. Continue routinely cleaning and disinfecting all high-touch surfaces in the facility.

Follow the CDC cleaning and disinfection recommendations:

Clean dirty surfaces with soap and water before disinfecting them.

To disinfect surfaces, use products that meet EPA criteria for use against SARS-Cov-2, the virus that causes COVID-19, and are appropriate for the surface.

Always wear gloves and other PPE appropriate for the chemicals being used when you are cleaning and disinfecting.

You may need to wear additional PPE depending on the setting and disinfectant product you are using. For each product you use, consult and follow the manufacturer's instructions for use.

Determine which employees may have been exposed to the virus and may need to take additional precautions:

Inform employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA).

Follow the Public Health Recommendations for Community-Related Exposure and instruct potentially exposed employees to stay home for 14 days, or such period as established by local health order, telework if possible, and self-monitor for symptoms.

Measures to Maintain Healthy Ongoing School Operations

Director will be responsible for COVID-19 issues and their impact at the workplace.

Protect employees at higher risk for severe illness through supportive policies and practices. Older adults and people of any age who have serious underlying medical conditions are at higher risk for severe illness from COVID-19.

Provide options to telework, if available and reasonable.

Offer vulnerable workers duties that minimize their contact with students and other employees, if the worker agrees to this.

Offer flexible options such as telework to employees where available and reasonable to eliminate the need for employees living in higher transmission areas to travel to workplaces in lower transmission areas and vice versa.

Communicate supportive workplace policies clearly, frequently, and via multiple methods. Employers may need to communicate with non-English speakers in their preferred languages.

Train workers on how implementing any new policies to reduce the spread of COVID-19 may affect existing health and safety practices.

Communicate to any contractors or on-site visitors about changes that have been made to help control the spread of COVID-19. Ensure that they have the information and capability to comply with those policies.

Create and test communication systems that employees can use to self-report if they are sick and that you can use to notify employees of exposures and closures.

Use a hotline or another method for employees to voice concerns anonymously.

Establish policies and practices for social distancing. Where possible and reasonable, alter your workspace to help workers and students maintain social distancing and physically separate employees from each other and from students, such as:

Implement flexible worksites (e.g., telework).

Implement flexible work hours (e.g., rotate or stagger shifts to limit the number of employees in the workplace at the same time).

Increase physical space between employees at the worksite by modifying the workspace.

Increase physical space between employees and students (e.g., physical barriers such as partitions).

Use signs, tape marks, or other visual cues such as decals or colored tape on the floor, placed 6 feet apart, to indicate where to stand when physical barriers are not possible.

Implement flexible meeting and travel options (e.g., postpone non-essential meetings or events in accordance with state and local regulations and guidance).

Close or limit access to common areas where employees are likely to congregate and interact.

Prohibit handshaking.

Deliver services remotely (e.g., phone, video, or web).

Adjust school practices to reduce close contact with and among students — for example, by using larger formal spaces (e.g., auditoriums) or outdoor areas for instruction.

Give employees and students what they need to clean their hands and cover their coughs and sneezes:

Provide tissues and no-touch trash cans.

Provide soap and water in the workplace. If soap and water are not readily available, use alcohol-based hand sanitizer that is at least 60% alcohol. Ensure that adequate supplies are maintained.

Ideally, place touchless hand sanitizer stations in multiple locations to encourage hand hygiene.

Place posters that encourage hand hygiene to help stop the spread at the entrance to your workplace and in other workplace areas where they are likely to be seen. This should include signs for non-English speakers, as needed.

Direct employees to visit CDC's coughing and sneezing etiquette and clean hands webpage for more information.

Perform routine cleaning:

Incorporate the Guidance for Cleaning and Disinfecting to develop, implement, and maintain a plan to perform regular cleanings to reduce the risk of exposure to COVID-19.

Routinely clean and disinfect all frequently touched surfaces in the workplace, such as workstations, keyboards, telephones, handrails, and doorknobs.

If surfaces are dirty, clean them using a detergent or soap and water before you disinfect them in accordance with Healthy Schools Act protocols.

For disinfection, most common, EPA-registered, household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available on the EPA website. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method, and contact time).

Discourage workers from using each other's phones, desks, offices, or other work tools and equipment, when possible.

Provide disposable disinfecting wipes so that employees can wipe down commonly used surfaces (e.g., doorknobs, keyboards, remote controls, desks, other work tools and equipment) before each use.

Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together. This can cause fumes that could be very dangerous to breathe in.

Advise employees to always wear gloves appropriate for the chemicals being used when they are cleaning and disinfecting and that they may need additional PPE based on the setting and product.

Perform enhanced cleaning and disinfection after persons suspected/confirmed to have COVID-19 have been in the facility:

If a sick employee is suspected or confirmed to have COVID-19, follow the CDC cleaning and disinfection recommendations.

Minimize risk to employees when planning meetings and gatherings:

Use videoconferencing or teleconferencing when possible for work-related meetings and gatherings.

Cancel, adjust, or postpone large work-related meetings or gatherings that can only occur in-person in accordance with state and local regulations and guidance.

When videoconferencing or teleconferencing is not possible, hold meetings in open, well-ventilated spaces continuing to maintain a distance of 6 feet apart and wear cloth face coverings.

The Director is authorized to implement changes or additions to this addendum in order to ensure compliance with new or revised orders or guidance from local, county, state or federal authorities ("Agencies") and/or the facts of a specific circumstance, and to take any and all actions consistent with orders and guidance from the Agencies that is not specifically addressed by this policy. The Director shall provide the Board with regular updates as to actions taken pursuant to this section.

Appendix A

Controls Table

The following table presents examples of controls to implement in the workplace. The most effective controls are those that rely on engineering solutions, followed by administrative controls, then PPE. PPE is the least effective control method and the most difficult to implement. Worksites may have to implement multiple complementary controls from these columns to effectively control the hazard.

Engineering (Facilities and Equipment) <ul style="list-style-type: none">• Assess job hazards for feasibility of engineering controls• Ensure ventilation and water systems operate properly• Alter office workspaces to maintain social distancing. Examples include:<ul style="list-style-type: none">○ Configure partitions as a barrier shield○ Move electronic payment reader away from cashier in cafeteria○ Use verbal announcements, signage, and visual cues to promote social distancing○ Remove/rearrange furniture
Administrative Management and Communications <ul style="list-style-type: none">• Monitor state and local public health communications about COVID-19• Require students who are ill to stay home• Encourage sick workers to report symptoms, stay home, and follow CDC guidance• Develop strategies to:<ul style="list-style-type: none">○ communicate with staff○ manage staff concerns• Remind staff of available support services• Communicate to partners, suppliers, other contractors on policies and practices• Encourage social distancing and the use of cloth face coverings (if appropriate) in the workplace• Use technology to promote social distancing (e.g., telework and virtual meetings)• Cancel group events• Close/limit use of shared spaces• Consider policies that encourage flexible sick leave and alternative work schedules.• Schedule stocking during off-peak hours Cleaning and Disinfection <ul style="list-style-type: none">• Clean and disinfect frequently touched surfaces, (e.g., counters, shelving, displays)• Provide employees with disposable disinfectant wipes, cleaner, or sprays that are effective against the virus that causes COVID-19 Training <p>Provide employees with training on:</p> <ul style="list-style-type: none">• Symptoms, emergency warning signs and high-factors for COVID-19• Policies to reduce the spread of COVID-19

- General hygiene
- Cleaning and disinfection
- Cloth face covers
- Social distancing
- Use of PPE
- Safe work practices
- Stress management

Personal Protective Equipment (PPE)

- Conduct workplace hazard assessment
- Determine what PPE is needed for their workers' specific job duties based on hazards and other controls present
- Select and provide appropriate PPE to the workers at no cost, and train employees in the use of the PPE.