**UCI COVID-19 RISK ASSESSMENT, PROTECTION & MONITORING PLAN
*Non-Research Workspaces***

***10-7-20 V1***

**Overview**

This document provides department heads (“Plan Owners”) with a consistent approach for meeting the risk assessment, protection and monitoring required by the state of California and guided by [California’s Statewide Industry Guidance](https://covid19.ca.gov/industry-guidance/) to help lower potential for virus transmission.

Plans are developed by a two-step process:

**STEP 1: ASSESS- See page 2**

* Complete the **COVID-19 Risk Assessment**

**STEP 2: PROTECT & MONITOR – See page 3**

* Using the Risk Assessment section as a guide, complete and submit the **Protection & Monitoring Plan** (“Plan”) to the appropriate Vice Chancellor, Vice Provost, Dean, or designee (“Authorized Official”) for approval

**Instructions**

1. **Conduct the assessment and prepare the Plan.** The COVID-19 Risk Assessment and the Protection & Monitoring Plan shall be completed by the Plan Owner.
2. **Obtain approval.** Approval of each Plan must be obtained by the Authorized Official (Dean, Vice Chancellor, or designee). The Plan must be approved before employees are allowed to return to campus.
3. **Post the Plan.**  Approved plans must be posted in a public area in each workspace.
4. **Implement the Plan.**  Take action on the items outlined in the Plan.
5. **Update the Plan.** The Plan documents should be updated when requirements or circumstances change. Any updates to the Plan must be approved by the Authorizing Official.

**Considerations**

When developing the Plan, Plan Owners should consider the following:

* All employees (including staff, contract, limited, temporary, student worker, intern, faculty, etc.) are encouraged to telecommute as much as possible and practical.
* All employees returning to campus must complete the COVID-19 [Returning to Campus Training](https://www.ehs.uci.edu/public-health/covid-19/training-returning-to-campus.php) in advance, conduct daily symptom screening, wear face coverings and practice physical distancing.

**Support**

For questions and concerns related to the completion of the Plan, please contact safety@uci.edu.

**UCI COVID-19 RISK ASSESSMENT
*Non-Research Workspaces***

**Organizational Unit\*:** Click or tap here to enter text.

**Plan Owner (Name, Title):** Click or tap here to enter text.

**Risk Assessment Date:** Click or tap to enter a date.

**Plan Contact (Name, Title):** Click or tap here to enter text.

**Plan Contact Email/UCI Phone:** Click or tap here to enter text.

\*Organizational Unit/Office structure is determined by Organization’s Senior Manager (i.e. Vice Chancellor or delegate)

**Review guidelines for each section and assess the level of modifications needed.**

*To check a box, click on it to insert an X.*

1. No modifications and/or safety precautions are needed beyond those listed below in each section.
2. Additional modifications and/or safety precautions are needed and are included in the COVID-19 Protection and Monitoring Plan.
3. Modifications cannot be implemented as this time. Plan Owner will reassess these sections for return to campus at a later time.

|  |  |
| --- | --- |
|  | **Modifications Needed** |
| **SECTION** | **1** | **2** | **3** |
| **SPACE & PHYSICAL DISTANCING**After reviewing signage and the layout of the space(s), organizational Unit/office standard operating procedures and safety protocols, [Physical Space Assessment Reference Guide](https://www.ehs.uci.edu/public-health/covid-19/_pdf/physical-assessment-reference-guide.pdf) and the [Checklist Returning to Campus Administrative and General Work Area](https://www.ehs.uci.edu/public-health/covid-19/_pdf/returning/checklist-for-returning-to-campus-administrative-and-general-work-area.pdf) and/or [Checklist for Returning to Campus Auxiliary Services and Facilities Management](https://www.ehs.uci.edu/public-health/covid-19/_pdf/returning/checklist-for-returning-to-campus-auxiliary-and-fm.pdf). |[ ] [ ] [ ]
| **DISINFECTING SURFACES and EQUIPMENT** After reviewing the Organizational Unit/office’s current disinfecting procedures, the [Cleaning Procedures for General Environments in Response to COVID-19](https://www.ehs.uci.edu/public-health/covid-19/_pdf/cleaning/general-cleaning-guidance.pdf), [Cleaning Procedures for Dining Services](https://www.ehs.uci.edu/public-health/covid-19/_pdf/cleaning/dining-services-cleaning-guidance.pdf), [Cleaning Procedures for Facilities Management](https://www.ehs.uci.edu/public-health/covid-19/_pdf/cleaning/fm-cleaning-guidance.pdf), and/or [Cleaning Procedures for Student Housing](https://www.ehs.uci.edu/public-health/covid-19/_pdf/cleaning/student-housing-cleaning-guidance.pdf). |[ ] [ ] [ ]
| **PERSONAL HYGIENE & DAILY SYMPTOM SCREENING**After reviewing current cleaning, personal hygiene, and symptom screening procedures, [UCI’s face coverings protocol](https://www.ehs.uci.edu/public-health/covid-19/_pdf/face-covering-guidance.pdf), [EH&S COVID-19 Resources](https://www.ehs.uci.edu/public-health/covid-19/index.php), and the [Instructions for the Working Well Daily Symptom Check Application](https://uci.edu/coronavirus/app/index.php). |[ ] [ ] [ ]
| **EMPLOYEE COMMUNICATIONS & TRAINING**After reviewing the current communications and training protocols for this Organizational Unit/office and the [EH&S COVID-19 Resources](https://www.ehs.uci.edu/public-health/covid-19/index.php) page. |[ ] [ ] [ ]

**Additional comments related to the COVID-19 Risk Assessment:** *(attach additional pages if needed)*

Click or tap here to enter text.

**UCI COVID-19 PROTECTION AND MONITORING PLAN**

***Non-Research Workspaces***

**SECTION 1: ORGANIZATION, SPACE, AND EMPLOYEE INFORMATION**

**1a) Organization and Plan Owner Information**

**Organizational Unit:** Click or tap here to enter text.

**Plan Owner (Name, Title):** Click or tap here to enter text.

**Plan Date:** Click or tap to enter a date.

**Plan Contact (Name, Title):** Click or tap here to enter text.

**Plan Contact Email/UCI Phone:** Click or tap here to enter text.

\*Organizational Unit/Office structure is determined by Organization’s Senior Manager (e.g., Vice Chancellor, Vice Provost, Dean or delegate)

**1b) Space and Employee Information**

Indicate location(s) of space(s) in which operations will occur.Add rows to table, as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Building(s) | Room(s) | ~Square Feet\* | Max personnel\*\* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

\*Indicate square footage assigned to the unit/office (can be an estimate).

\*\* Please indicate the maximum number of people who can work in this space at any one time while maintaining physical distancing requirements (i.e. maintain at least six feet of distance between individuals)

**1c) How many unit employees (faculty/academic, staff, and students) will be returning to campus, including yourself?** *Please do not include names and contact information on this form.*

**Number of Employees:** Click or tap here to enter text.

**Max. Number of Employees On-Site at One Time:** Click or tap here to enter text.

**1d) Please mark this plan’s type:** [ ]  **Significant Return**  [ ]  **Occasional Return**  [ ]  **Continuation**

**Significant Return**: For units that plan to have a significant return of essential employees on campus, involves 30% or more of a unit’s employees returning to campus; or in-person services offered to students or the general public; or significant interaction with other employees.

**Occasional Return**: For units with employees that need to come to campus on occasion to pick up mail, deposit checks, re-boot servers, etc.; this includes faculty coming to campus for reasons other than preparation & delivery of remote instruction, or research approved under Phase 2 Research.

**On-Campus Continuation**: For units with essential employees who have continued working on campus (including faculty engaged in preparation and delivery of remote instruction). Note: large scale on-campus continuation, such as Facilities Management operations, may require review and approval as “Significant Return”.

**SECTION 2: COMPLIANCE CHECKLIST**

*To check a box, click on it to insert an X.*

**2a) COVID-19 related Safety Supplies**

The organizational unit/office contact for COVID-19 related safety supplies is:

**Name:** Click or tap here to enter text. **Title:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

[ ]  I have assessed current COVID-19 related safety supplies (reusable face coverings, disposable gloves for cleaning) and determined that our inventory is sufficient.

If you need COVID-19 related safety or cleaning supplies please complete the [Returning to Site -Supplies needed form](https://docs.google.com/forms/d/e/1FAIpQLSeJ2wy3_TqFZHxwzAn4JEeeWbzb4dmEOoqkdY_p0DIuIBuLhw/viewform) or email the Logistical Support Team.

Please add additional comments here regarding your COVID-19 related safety supplies:

*Click or tap here to enter text.*

**2b) Individual Control Measures and Screenings (check all that apply)**

[ ]  Control population density to ensure established occupancy limits are not exceeded

[ ]  Physical distancing measures

[ ]  Require [face coverings](https://www.ehs.uci.edu/public-health/covid-19/_pdf/face-covering-guidance.pdf) in line with current UCI requirements

[ ]  Frequent practice of hygiene measures such as hand washing

[ ]  Symptom self-screening measures [Self Screening Instructions here](https://uci.edu/coronavirus/app/index.php)

[ ]  Control access and use of space that is not shared by limiting access to only the Operational Unit/Office members

[ ]  Control access and use of shared space by limiting access to only UCI employees, appointees and registered students

**2.b.i)** How will the unit monitor and control population density within its facilities/space? Please describe your plan and/or approval process for employees to return to campus and define final approver(s) and procedures/tools you have implemented.

*Click or tap here to enter text.*

**2.b.ii)** Please add additional comments here regarding your control measures and screening efforts (If needed):

*Click or tap here to enter text.*

**2c) Disinfecting Protocols**

[ ]  Review the [UCI’s COVID-19 cleaning procedures for general environments](https://www.ehs.uci.edu/public-health/covid-19/_pdf/cleaning/general-cleaning-guidance.pdf)

[ ]  Review existing cleaning supplies inventory and If you need COVID-19 related safety or cleaning supplies please complete the [Returning to Site -Supplies needed form](https://docs.google.com/forms/d/e/1FAIpQLSeJ2wy3_TqFZHxwzAn4JEeeWbzb4dmEOoqkdY_p0DIuIBuLhw/viewform) or email the Logistical Support Team.

**2.c.i)** Please add additional comments here regarding your disinfecting protocols (if needed):

*Click or tap here to enter text.*

**2d) Physical Distancing Guidelines (check all that will be implemented)**

[ ]  Review [Return to Campus signage](https://www.ehs.uci.edu/public-health/covid-19/signage.php) page and evaluate COVID related Campus signage (i.e. directional signs and floor markings, etc.) to control the flow of employees and help ensure that they remain physically distant

[ ]  Physical barriers between workstations located less than six feet apart and where two or more team members must work in close proximity

[ ]  Designating “entry only” and “exit only” doors (when practical)

[ ]  Using a shared calendar to schedule access and control population density over time

[ ]  Using shift work (i.e., staggered work schedules) control population density over time

[ ]  Conducting remote group meetings

[ ]  Minimize in-person meetings to times when it is necessary or for safety reasons, all employees use face coverings, and remain physically distant (except for safety reasons and emergencies). *When allowed at a later time, describe in the additional comments section below what precautions and safety measures will be implemented?*

[ ]  Review the [CALOSHA COVID-19 Industry Guidance:  Institutions of Higher Education](https://files.covid19.ca.gov/pdf/guidance-higher-education--en.pdf)document to assess which tier the County is currently placed and update plan accordingly. Please note UCI Campus Policy, Procedures and Executive Directives may have more stringent/additional requirements. Kindly review all applicable policies, procedures, directives, and guidance when drafting your organization plan and be advised the more stringent/restrictive requirement(s) will apply.

**2.d.i)** Please add additional comments here regarding your physical distancing guidelines (if needed):

*Click or tap here to enter text.*

**2e) Employee Communications and Training on How to Limit the Spread of COVID-19 (check all that will be implemented)**

[ ]  The Unit leader will complete COVID-19 “Returning to Work” training and ensure employees complete the training before returning to the workplace

[ ]  The Unit leader will review current unit safety plans and procedures and assure that returning staff have completed all required safety training

[ ]  The Unit leader will instruct employees returning to the workplace to conduct daily symptom monitoring before reporting to work. [Daily Self-Monitoring Information](https://uci.edu/coronavirus/app/index.php)

[ ]  The Unit leader will conduct a virtual welcome back meeting in advance with employees to review the return to campus plan and identify any concerns or suggestions. This includes reminding employees to:

* Prioritize team member safety and health
* Stay home if sick
* If desired by the employee, they may request to continue working remotely if they or a family member are at [higher risk for severe illness due to COVID-19](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html). Contact your local HR person for assistance.

Date of unit employee welcome back meeting: Click or tap here to enter text.

**2.e.i)** Will the unit employees engage in-person with non-UCI personnel and visitors? [ ]  Yes [ ]  No

If YES, please describe how the unit will monitor and control population density of this population within its space (reference *Visitors Executive Directive*):

Click or tap here to enter text.

**2.e.ii)** Add additional comments here regarding employee communications and training (if needed):

Click or tap here to enter text.

**2f) Return to Earlier Phase**

[ ]  If operationally necessary or if required by the campus management in response to local public health directives, the return to an earlier operational phase will occur.

**SECTION 3: UNIT/OFFICE PLAN**

**3a)** Were EH&S and/or Facilities Management consulted during this plan development process?

 [ ]  Yes [ ]  No

**3b) Unit/Office Workspace**

Provide a summary of the use of the workspace that ***includes an overview of the schedule of on-site employees***, particularly if work will be performed in shifts. (Note: When possible, employees who share shifts should remain consistent over time to limit the number of per person contacts.) *Please do not include names and contact information.*

*Click or tap here to enter text.*

**3c) Shared Spaces (if applicable)**

Describe the intended schedule for use of shared/contiguous spaces and for shared equipment. The use of shared and contiguous space and equipment must be coordinated between operational units/offices.

*Click or tap here to enter text.*

**3d) Shared Space not under your control (if applicable)**

If your Operational Unit/Office uses shared spaces that are not under your control (e.g., workshops, conference rooms, breakrooms, etc.), gather information to help ensure that the unit has appropriate policies and safeguards in place.

**3e)** Unit has contacted adjacent units about coordinating access to shared spaces:

 [ ]  Yes [ ]  No (If YES, please include shared space coordination plan below)

*Click or tap here to enter text.*

**SECTION 4: ACKNOWLEDGEMENT AND APPROVAL**

I have verified that the Plan Owner has:

1. Performed a detailed risk assessment and implemented a site-specific protection plan;
2. Trained employees on how to limit the spread of COVID-19, including how to screen themselves for symptoms and stay home if they have them;
3. Implemented individual control measures and screenings;
4. Implemented disinfecting protocols; and
5. Implemented physical distancing guidelines
6. Once approved, this plan will be posted in the following locations and provided to employees for compliance and reference:

*Click or tap here to enter text.*

**APPROVED:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Authorized Approver’s Name and Title: Click or tap here to enter text.

 **POST APPROVED PLANS IN PUBLIC AREA OF WORKSPACE** (Retain in file for 1 year after posting)

LOCATION POSTED: Click or tap here to enter text. DATES POSTED: to