

SAN FRANCISCO STATE UNIVERSITY

Draft Repopulation Plan – Fall 2020



Last updated: August 12, 2020

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1) Requirements for Faculty & Staff Repopulation

These requirements are intended to mitigate the risks of spread of COVID-19 as staff, faculty, and specific student employees transition back to on campus operations. All staff and faculty are expected to follow and model compliance with these requirements in order to sustain a healthy campus while the community recovers from a global pandemic. It is important that we all diligently adhere to these health precautions. Please note that individual departments may have more stringent guidelines that comply with specific job requirements.

These requirements will be in force through at least **December 31, 2020** but are subject to change based on local, state and/or federal guidelines.

Audience

These requirements apply only to employees who transition back to on campus operations. However, the University expects employees who currently work remotely to familiarize themselves with, and abide by, the requirements during any subsequent visit or an eventual return to on campus operations.

Reporting to Campus

Staff and faculty may return physically to campus only if their return has been approved by their appropriate administrator and divisional leadership.

Requirements

1. Pre-return training

- Prior to returning to campus for face-to-face instruction or work, all students, faculty and staff must complete an online COVID-19 health and safety training module.
- The training will meet CalOSHA requirements and will include information on COVID-19 health screenings, reporting, physical distancing and face coverings, personal hygiene, and cleaning and disinfecting.

2. Screening

- Current guidance from San Francisco Department of Public Health requires certain businesses and organizations to ask personnel about symptoms of COVID-19 before they start work each day.

- Taking into account the current guidance, all employees who return to on campus operations must complete an online COVID-19 health screening prior to coming to campus each day. The online survey – conducted by a third-party vendor – will generate a “badge” which must be presented as individuals enter campus facilities.
- In addition to their badges, CSOs (Community Service Officers) will also be asking for employees to present their current SFSU IDs.
- All individuals entering Student Health Services (SHS), Children’s Campus and the Associated Students Early Childhood Education Center must complete the screening and measure temperatures daily.
- The online survey will aid employees in identifying symptoms they may be experiencing. Symptoms should match the list in the SF State app COVID-19 Screening tool. These symptoms can include the following:
 - Fever (100°F or higher)
 - Chills or repeated shaking/shivering
 - Cough
 - Sore Throat
 - Shortness of Breath
 - Difficulty Breathing
 - Feeling Unusually Weak or Fatigued
 - Loss of Taste or Smell
 - Muscle Pain
 - Headache
 - Runny or Congested Nose

- Diarrhea

- Individuals who fail the screening must stay home. The employee must notify their supervisor that they are ill and will not be coming to campus. Supervisors may not require such individuals to provide documentation of illness from their primary care provider.

3. Testing

- SFDPH recommends that anyone who is allowed to work on campus and has been in close contact with a person who has tested positive for COVID-19 or has one symptom be tested. They further advise that at this time all testing is voluntary.
- Employees should first seek COVID-19 tests from their primary care provider.
- SFDPH may also have the capacity to conduct testing for those without access to primary care.

4. Reporting

Employees who have tested positive or have been in close contact with an individual who has a confirmed COVID-19 diagnosis, must:

- Stay home even if they do not have symptoms.
- Contact their health care provider for advice. Employees should be advised to not go into a health facility without first contacting their health care provider for advice and direction. For a description of symptoms, please visit: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
- Contact the Student Health Services (SHS) COVID-19 Reporting Team by emailing covid19@sfsu.edu or by calling (415) 338-1251
- SHS will contact the employee's supervisor as necessary.
- SHS will notify SFDPH of such reports and follow their direction in support of contact tracing.
- The identity of individuals with COVID-19 and their close contacts will not be disclosed publicly.

5. Contact Tracing

- SFDPH has confirmed that they are the lead on all contact tracing efforts.
- SHS will work with the Registrar's Office and Human Resources to create an on-campus data collection team who will coordinate with SFDPH, support communication to possible close contacts on campus and implement exposure prevention efforts.

6. Isolation and Quarantining

- SFDPH has provided Home Isolation Quarantining guidelines for people with Coronavirus-2019 (COVID-19) infection and their household or close contacts.
- If an employee has a test confirmation or a doctor's diagnosis of COVID-19, the employee is subject to Health Officer Isolation Directive, which is available at: <https://www.sfdph.org/dph/alerts/files/Directive-2020-03-Isolation.pdf>
- If an employee is in a household that has COVID-19 or has had close contact with a person who has COVID19, the employee is subject to Health Officer Quarantine Directive, which is available at: <https://www.sfdph.org/dph/alerts/files/Directive-2020-03-Isolation.pdf>

- If an employee is awaiting test results, the employee should follow SFDPH's Home Isolation Steps until results arrive. If the results are negative, the employee should check with a doctor before the employee stops following the Home Isolation Steps.

7. Face coverings

- Faculty and staff who report to campus must wear a face covering when on campus and cannot maintain a minimum of six feet distance from others and are in prolonged contact (15 minutes or more). Face coverings should also be put on when within 30 feet of others when outside. Face coverings will be available from the University.
- Face coverings do not need to be worn when alone in a private office or room.
- Children under the age of two should not wear face coverings. Children between the ages of 3-12 may wear a face covering under adult supervision. Individuals with physical or developmental disabilities that prevent them from putting on a covering are not required to wear one.
- Employees who believe they have conditions that prevent them from complying with the face covering requirement may seek a reasonable accommodation by contacting the Disability Programs and Resource Center at dprc@sfsu.edu.
- For individuals with medical documentations stating that they cannot wear a face covering, the University will meet with the employee to discuss reasonable accommodations through the interactive process, in order to protect the health and safety of all employees.
- Use and Care of Face Coverings:
 - Putting on the face covering/disposable mask: Individuals should wash their hands before putting on their face covering, pull the face covering over their nose and mouth and then secure it under their chin.
 - Taking off the face covering/disposable mask: Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering, handling them only by the ear loops or ties and fold outside corners together then wash hands immediately.
 - Care, storage and laundering: Face coverings should not be placed in pockets for later use. To store or transport, carefully fold the face covering so the contaminated outside is folded inward and against itself.

Place in a clean or new paper bag, and perform hand hygiene. Place covering in the washing machine. Face coverings should be routinely washed depending on the frequency of use. CDC recommends washing cloth face coverings after each use.

8. Physical distancing

- Students, faculty and staff must maintain six feet of physical distance from one another when on campus for face-to-face instruction or work.
- Classroom, office and elevator total capacity numbers will be adjusted to account for physical distancing.
- Furniture will be rearranged and or removed as needed to meet the distancing requirements.
- Primary entrances and exits will be identified for each building in order to reduce crowding.
- Six-foot floor markings will be applied in offices, dining centers and any other facility where lines may form.
- Plexiglass barriers will be installed at all active and open service desks and reception counters.

- Signage indicating current COVID-19 requirements will be posted at all buildings, classrooms, offices and elevators.

9. Cleaning

- All open facilities will receive enhanced cleaning services in order to reduce the spread of virus.
- Enhanced cleaning measures include the spraying of disinfectants (CDC virus kill list compliant) and use of electrostatic foggers and disposable wipes.
- Classrooms will be cleaned between classes.
- Particular attention will be given to all common areas, lobbies, hallways and elevators.
- Restrooms will be cleaned three times daily.
- Non-contact sanitizer dispensing units will be installed at all primary entrances of open buildings and will be continuously stocked with alcohol-based sanitizer.
- There should be adequate ventilation when using cleaning products to prevent students, staff and faculty from inhaling toxic fumes.
- Frequently touched surfaces (e.g., door handles, sink handles, drinking fountains, grab bars, hand railings, bathroom stalls, and dining hall tables) will need to be cleaned and disinfected at all buildings at least daily or between use as much as possible.

- Use of shared objects (e.g., lab equipment, computer equipment, desks) should be limited when possible, or cleaned between use.

10. Travel

- Until further notice, no University-sponsored international travel is allowed.
- Until further notice, no University-sponsored domestic travel is allowed, unless it is for an exception approved by the employees Vice President and the President.
- All existing travel policies and procedures remain in effect.
- The University does not regulate the personal travel of staff and faculty but will inform faculty and staff about government requirements regarding travel where applicable

11. Meetings, Events and Visitors

- Meetings should continue to take place in a virtual setting wherever possible.
- No in-person meetings should take place unless 6 feet of distance can be maintained.
- No in-person meetings of more than 10 people are allowed on campus until further notice.

- No on-campus events are allowed until further notice. Events are intended to include one-off or recurring programming or social activities on campus primarily targeted towards visitors or larger cross-sections of the campus community. Events are not intended to cover internal, department-level meetings.
- No external, university-hosted visitors are allowed on campus until further notice. This does not apply to contractors (i.e. consultants, vendors) delivering goods or services to campus. Exceptions to this requirement may be approved by a Vice President.
- Faculty or staff bringing contractors (i.e. consultants, vendors) to work on campus are required to share these requirements with such contractors. As a condition for continuous or intermittent access to University campuses or facilities, contractors must comply with local regulations including wearing face coverings and practicing physical distancing.

Staff and faculty knowingly violating any of these requirements may be removed from campus and required to work remotely and be subject to discipline as may appropriate.

Contact

The following individuals can address questions regarding these requirements:

For staff:

Ingrid Williams

Associate Vice President, Human Resources

Phone: (415) 338-1872

Email: icwilliams@sfsu.edu

For faculty:

Carleen Mandolfo

Associate Vice President, Faculty Affairs

Phone: (415) 338-2205

Email: mandolfo@sfsu.edu

For students:

Danny Glassmann

Associate Vice President, Student Life & Dean of Students

Phone: (415) 338-3885

Email: dg@sfsu.edu

For contractors (vendors):

Jay Orendorff

Associate Vice President, Business Operations

Phone: (415) 338-2862

Email: jayo@sfsu.edu

2) Recommended Protocols

The following should be instituted on a departmental basis if all of the above requirements cannot be easily/consistently accomplished; these protocols are

strongly encouraged as general practice as much as is reasonably possible until further notice.

Lunch/Breaks/Shift Times

Employees may be assigned staggered shift times to avoid unnecessary staff interaction and overlap during shifts and to maintain physical distancing at exit and entry points; including, but not limited to, crowded elevators and hallways

Coordination with employees on shift/break/lunch/end times may be scheduled prior with employees and managers. Flexibility is required. For represented staff, this may require waiving CBA shift change notification.

Encourage Breaks/Lunch Outside

Employees are encouraged to eat at their work locations to reduce likelihood of unnecessary interactions. Non-exempt employees should not perform any work during their lunch break even if they remain in their work location. Employees should plan on bringing their lunches to their work areas and reduce storage of lunches in shared spaces. Employees should avoid using shared microwaves, cooking and eating utensils, etc. As a last resort, should an employee need to use a shared item, strict hygiene and sanitization protocols must be followed before and after use. If employees do not want to eat at

their workspace, they may eat outside but must maintain physical distancing.

3) Phased Staffing & Staffing Options

SFSU will return faculty and staff to campus in phases over time in a coordinated process to ensure appropriate physical distancing, availability of PPE (personal protective equipment) and operational needs, while continuing to engage in telework where available and attempting to accommodate individual health, safety and childcare needs.

SFSU will assess expanded staffing based on operational need, including instruction and student support, along with the ability to control and manage specific work environments, and necessity to access on-site resources. The need to reduce the number of people on campus to meet physical distancing requirements will continue for some time. Staff who can continue to effectively work remotely will likely continue to do so until restrictions are eased for larger gatherings.

Expanded staffing will be tightly controlled and coordinated to mitigate potential risks and ensure the safety of the campus community. No department or

auxiliary should increase staffing levels beyond current approved needs to support critical on-site operations without approval from a director or appropriate academic leadership. Once decisions to expand on-site staffing in certain areas have been made, staff should follow the policies and protocols detailed in this guide for returning to work on campus.

As staffing on-site increases and operations expand, University leadership will closely monitor and assess the potential spread of the virus, as well as existing policies and procedures to mitigate it. If localized outbreaks emerge, tighter restrictions and reduced staffing may need to be implemented again.

If public health conditions demand, there may be a requirement to rapidly return to an emergency pause at any time. SFSU officials will continue to work closely with SFDPH.

Staffing Options:

Once staff members have been instructed to return to work on-site, there are several options departments should consider to maintain required physical distancing measures and reduce population density within buildings and work spaces.

Remote Work:

Those who can work remotely to fulfill some or all of their work responsibilities should continue to do so to reduce the number of individuals on campus and the potential spread of the COVID-19 virus. These arrangements, which should be approved by the immediate supervisor, can be utilized on a full or partial day/week schedule as appropriate.

Alternating Days:

In order to limit the number of individuals and interactions among those on campus, departments and auxiliaries should consider scheduling partial staffing on alternating days. Such schedules will help enable physical distancing, especially in areas with large common workspaces.

Entry/Exit Control

The beginning and end of the workday typically bring many people together at common entry/exit points of buildings. Staggering reporting and departure times by at least 30 minutes will reduce traffic in common areas to meet physical distancing requirements.

4) Personal Safety Practices

Physical Distancing

Physical/social distancing means keeping space between yourself and other people outside of your home. To practice social or physical distancing:

- Stay at least 6 feet (about 2 arms' length) from other people
- Do not gather in groups
- Stay out of crowded places and avoid mass gatherings

Limit close contact with others outside your household in indoor and outdoor spaces. Since people can spread the virus before they know they are sick, it is important to stay away from others when possible, even if you — or they — have no symptoms. Physical distancing is especially important for people who are at higher risk for severe illness from COVID-19.

Handwashing:

CDC recommends employees protect themselves from respiratory illness with everyday preventative actions, including good hygiene. Employees should wash hands often with soap and water for at least 20 seconds, or use a hand sanitizer that contains at least 60% ethanol or 70% isopropanol alcohol if soap and water are not readily

available, especially during key times when persons are likely to be infected by or spread germs:

- After blowing one's nose, coughing, or sneezing
- Before, during, and after preparing food
- After using the toilet
- After touching garbage
- Before and after the work shift
- Before and after work breaks
- After touching objects that have been handled by others

Gloves:

When cleaning and disinfecting, employees should always wear gloves appropriate for the chemicals being used. Additional PPE may be needed based on setting and product.

Face Shields:

Staff do not need to wear face shields as part of general work activity. Good hand hygiene and avoiding touching your face are generally sufficient for non-health care environments. Face shields will be available for staff if required based on work assignment and job duties. Employees who have not been provided a face shield but believe their work assignment requires one should contact their supervisor for approval.

Personal Disinfection:

Employees should utilize the provided sanitizing supplies to clean their areas before and after use.

Coughing/Sneezing Hygiene:

- If employees are in a private setting and do not have on their cloth face covering, they should remember to always cover their mouth and nose with a tissue when they cough or sneeze or use the inside of their elbow.
- Throw used tissues in the trash.
- Immediately wash their hands with soap and water for at least 20 seconds. If soap and water are not readily available, clean their hands with a hand sanitizer that contains at least 60% alcohol.

Use of Public Transportation

Faculty and staff who take public transportation should wear a face covering before entering the bus/train/ride-share service and avoid touching surfaces with their hands. Upon disembarking, faculty and staff should wash hands or use alcohol-based hand sanitizers with greater than 60% ethanol or 70% isopropanol as the preferred form of hand hygiene in healthcare settings as soon as possible and before removing face covering.

5) Guidance for Physical Distancing Protocols

Physical distancing is important everywhere on campus -- including SFSU classrooms, facilities and offices.

Occupancy Capacity

Based on the guidelines from Public Health officials, the capacities of many campus facilities will be reduced to provide a minimum of six feet (6 ft) distance between occupants and/or reduce the amount of occupants per square feet. For most classrooms, instructional laboratories, dining areas, and meetings rooms, this will reduce the maximum capacity to approximately 25% of the normal maximum capacity based on fire code requirements. For research labs, maximum capacity will be 250 square feet per person.

Disabling or Removal of Furniture, Equipment or Fixtures

To further increase physical distancing, the university departments and units shall consider virtual options, changes in operational protocols, use of signage to

promote physical distancing. If other options are not available, university departments and units shall disable or remove chairs, desks, computer keyboards, etc. where required.

Traffic-flow Changes

In entrances to buildings, large rooms, hallways, and stairways there will be directional signage to reduce the likelihood of congestion for occupants.

Physical Barriers

While disabling furniture and equipment should be the initial option to be considered for six foot (6ft) physical distancing, in some spaces, the reduction of capacity could render a space inadequate for the operational need. Spaces where physical distancing cannot be implemented, such as high use reception areas and public-facing desk operations, may require the use of physical barriers to reduce the likelihood of airborne droplets.

Capacity monitoring at entrances

For facilities that are public facing and have little or no predictable schedule (i.e. Library, Bookstore, Dining areas, etc.), there may be a need to either employ door monitors to manage building occupancy or create a

system of appointments and schedules for occupants to select.

Unnecessary Gatherings

Faculty and staff should avoid office gatherings, break rooms, and unnecessary personal visitors in the workplace.

6) Common Workplace Protocols

Classrooms:

Classrooms will be configured to ensure physical distance of six feet (6ft) between students and the instructor. Desks and chairs will be disabled or removed to ensure that physical distancing expectations are maintained. Where legally permitted per the California Fire Code, classroom doors will remain open in order to minimize contact and increase air flow. Faculty and students should utilize sanitizing supplies to clean their areas before and after use. Hand sanitizer shall be available in high traffic classroom areas. It is recommended that same seating arrangements be utilized in spaces where face to face meetings are repetitively held.

Offices:

Faculty and staff who can successfully telework should continue to work remotely. Upon the decision to approve the reopening of a specific department, unit or auxiliary location, faculty and staff may make a request to their respective Dean or Divisional AVP to work their regular schedule (i.e. Monday-Friday) on-site. Approval will be based on the ability to maintain lower densities and ensure proper physical distancing. Faculty and staff should wear facial coverings and utilize sanitizing supplies to clean their areas before and after use. If request to work on campus is denied, faculty and staff should continue to telework.

Front/Reception Desks:

Staffing will be limited to ensure physical distance of six feet (6ft) between staff members working at front desks. Additionally, signage and changes to business processes will be utilized to minimize points of contact. If such methods are deemed ineffective, the use of physical barriers (plexiglass partitions) between staff and visitors can be utilized. Frequently touched items such as magazines, flyers, common pens, etc. should be removed. Hand sanitizer shall be available at all building entrances and high traffic areas. Faculty and staff should

utilize sanitizing supplies to clean their areas before and after use.

Cubicles:

Employees who work in open space cubicles should maintain physical distancing whenever possible. Additionally, work schedules and/or locations may be altered to ensure physical distancing. Departments, units and auxiliaries will coordinate directly with staff to ensure work schedules allow for social distancing and work productivity. Faculty and staff should utilize sanitizing supplies to clean their areas before and after use. Facial coverings should be worn when traveling through buildings and to cubicle locations. If physical distancing can be maintained, the employee may choose to remove their facial covering while in their cubicle.

Shared work spaces/desks:

Faculty and staff who work at shared desk locations will have their work schedules and/or locations altered to ensure sanitation between uses. Faculty and staff should utilize sanitizing supplies to clean their areas before and after use.

Shared equipment:

Sanitizing supplies shall be placed near all shared equipment (copy machines, fax machines, computers, office phones etc.). Faculty and staff should utilize sanitizing supplies to clean these items before and after each use.

Kitchen/Breakroom:

We encourage faculty and staff to limit their use of kitchens and break rooms and utilize them for only essential needs. Faculty and staff should maintain six feet (6ft) from others and facial coverings should be worn when accessing these common areas. Signs will be posted regarding maximum occupancy for the common break areas. Furniture will be configured to accommodate appropriate physical distancing. Faculty and staff shall adhere to these limitations. Additionally, departments, units, and auxiliaries shall eliminate reusable kitchen items (flatware, dishes, and cups) and cleaning tools (sponges, brushes, cloth towels) and replace with single use options. Use of shared appliances (coffee makers, microwaves, refrigerators, electric kettles, etc) should be minimized and departments and units are encouraged to utilize appliances with single use or no touch options.

Faculty and staff should utilize sanitizing supplies to clean areas before and after use.

Restrooms:

Faculty and staff should practice physical distancing, wear facial coverings and wash their hands for at least 20 seconds after using the restroom/toilet. To increase physical distance, some fixtures are being taken out of service and signage installed.

Elevators:

No more than two people may enter an elevator at a time. Faculty and staff are strongly encouraged to utilize the stairs if able to do so safely. Faculty and staff who desire to utilize the elevator are encouraged to practice physical distancing by limiting the number of individuals in an elevator at one time when possible and wearing a facial covering while in the elevator.

Meetings:

Assembling in groups increases the risk of viral transmission. Where feasible, meetings should be held in whole or part using the extensive range of available

collaboration tools (e.g. Zoom, Microsoft Teams, Google Meet, teleconference and telephone, etc.).

In person meetings are limited to the restrictions of local, state and federal orders and should only be held when remote/virtual meetings are not an option. The occupancy of in-person meetings should not exceed 50 percent of a room's capacity, assuming individuals can still maintain six feet (6ft) of separation for physical distancing requirements. Departments should remove or rearrange chairs and tables or add visual cue marks in meeting rooms to support social distancing practices between attendees. Individuals who participate in in-person meetings should be instructed to wash their hands for 20 seconds immediately before and immediately after the meeting. Cleaning supplies should be used to wipe down meeting areas before and after use.

During time on-site, faculty and staff are encouraged to communicate with colleagues and supervisors as needed by email, instant message, telephone or other available technology rather than face-to-face. Staff can also use a range of available collaboration tools (e.g. Zoom, Microsoft Teams, etc.).

Instruction, Academic, and Work-Related Visitors/Vendors:

Departments, colleges, and auxiliaries should put measures into place to minimize physical visitors. Measures should encourage vendors and potential visitors to utilize alternatives to physical visits to campus departments and offices, including but not limited to the use of virtual meetings, virtual front desks, virtual office hours and required appointments.

Meals:

Before and after eating, employees should wash their hands thoroughly to reduce the potential transmission of the virus.

If dining on campus, employees should wear their face covering until they are ready to eat and then replace it afterward. No indoor group eating will be allowed. Break rooms cannot be used for eating unless there is only one person present. Eating establishments must meet requirements to allow at least six feet (6ft) of distance between each customer. Individuals should not sit facing one another. Staff are encouraged to take food back to their office area or eat outside, if this is reasonable for their situation.

If faculty and staff are required to eat in their work environment (breakroom, office, etc.), they should maintain six feet (6ft) distance between them and others. Individuals should not sit facing one another. Faculty and staff should only remove their face covering in order to eat, then put it back on. Departments, units, and auxiliaries shall remove or rearrange chairs and tables or add visual cue marks in employee break rooms to support social distancing practices between employees. Wipe all surfaces, including table, refrigerator handle, coffee machine, etc.

Food Service

- Provide grab-and-go options for meals. If a cafeteria or group dining room is typically used, serve individually plated meals if possible (versus buffet or any self-serve stations).
- Use disposable food service items (e.g., utensils, dishes). If disposable items are not feasible or desirable, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing food and utensils and consider the safety of individuals with food allergies.

7) Mental and Emotional Wellbeing for Employees

The COVID-19 pandemic continues to be difficult for many of us. You may be finding the stress and uncertainty impacting your mental health and well-being. Taking care of your physical and mental health right now is imperative. If you or a loved one think you may need mental health support, please consider exploring and sharing these helpful tools and community resources:

Helpful Tools

- Calm - [Free Meditation Resources](#)
- Headspace - [Weathering the storm \(meditations\)](#)
 - Headspace is offering a collection of meditations and sleep/movement exercises to help you find some space and kindness for yourself and those around you
- [SAMHSA: coping with stress during ID outbreak](#)
- [SAMHSA: Tips for social distancing, quarantine, isolation during ID outbreak](#)
- CDC – [Taking Care of Your Emotional Health](#)

- The Guardian - [Managing Anxiety During COVID-19](#)
- [AMR Therapy](#)
 - AMR Therapy is offering sliding scale mental health therapy and 30-minute phone sessions for donation only.
- Wysa - [AI Chat to Cope with Isolation, Anxiety, and Depression](#)
 - Wysa is an AI chatbot with exercises to help with stress, depression, and anxiety. They have developed activity packs for Isolation Stress and Pandemic Stress.
- Sanvello - [Free Premium Access During COVID-19 Crisis](#)
 - Sanvello is an app that provides exercises for managing stress, anxiety, and depression. They are providing premium access- all content, coping tools, and peer support, for free during the crisis
- Happify - [Free Tracks for COVID-19](#)
 - Happify is an app and website designed to help users overcome negative thoughts, stress, and life's challenges using evidence-based solutions.
- Mental Health Associated of SF 24/7 peer-run [warm line](#) for COVID19 support
- [Qigong to Calm the Mind with Sally Chang](#)

Crisis Lines

Suicide Prevention Lifeline (1-800-273-8255)

Disaster Distress Helpline (1-800-985-5990)

Substance Use Support

- [Substance Abuse and Mental Health Helpline](#) (SAMHSA) – National Helpline (800-662-HELP)
- [Online AA Meetings](#)

Additional Resources can be found here:

<https://hr.sfsu.edu/community-resources>

8) Signage

SFSU will deploy signage in and around campus buildings. These will include, but not be limited to:

- COVID-19 hygiene reminders
- Entry Directives
- Face coverings
- Social distance
- Do not enter if ill
- Directional signage
- Social Distancing (6ft) Indicators

- Room Capacities
- Disinfecting Stations
- Elevator Restrictions To ADA Or Staff Only

9) University Enforcement of Public Health Orders

Compliance with public health orders and university policy is critical in minimizing the spread of COVID-19 and protecting SFSU's campus community. As the university repopulates, SFSU is dedicated to ensuring campus community members are complying with evolving public health orders and social distancing guidelines amid the COVID-19 pandemic. Education remains the primary method for ensuring compliance and efforts including required COVID-19 training for faculty and staff. It is both the responsibility of the campus community as a whole, as well as an individual responsibility to create a safe and healthy environment for the campus community by following federal, state and local laws and public health orders and university policies.

ADDRESSING NON-COMPLIANCE BY FACULTY & STAFF:

Individuals can report faculty/staff non-compliance by contacting the following areas:

- Human Resources: <https://hr.sfsu.edu/>
- Environment, Health and Safety: <https://ehs.sfsu.edu/>
- Enterprise Risk Management: <https://erm.sfsu.edu/>

Reports of non-compliance by faculty and/or staff will be reviewed by the above offices/departments. Failure to follow these protocols may result in progressive discipline (i.e., counseling, reprimand, possible suspension, etc.)

RESOURCES FOR FACULTY & STAFF

For information on Leaves, please visit the HR website at <https://hr.sfsu.edu/coronavirus-covid-19-managers-and-staff-faqs>.



DIRECTIVE OF THE HEALTH OFFICER No. 2020-03c

**DIRECTIVE OF THE HEALTH OFFICER
OF THE CITY AND COUNTY OF SAN FRANCISCO DIRECTING ALL
INDIVIDUALS DIAGNOSED WITH OR LIKELY TO HAVE COVID-19
TO SELF-ISOLATE**

(PUBLIC HEALTH EMERGENCY ISOLATION DIRECTIVE)

DATE OF DIRECTIVE: August 5, 2020

Summary: It is now well established that the virus that causes Coronavirus 2019 Disease (“COVID-19”) is easily transmitted, especially in group settings, and that the disease can be extremely serious. It can require long hospital stays, and in some instances cause long-term health consequences or death. It can impact not only those known to be at high risk but also other people, regardless of age or risk factors. This is a global pandemic causing untold societal, social, and economic harm. The spread of COVID-19 is a substantial danger to the health of the public within the City and County of San Francisco (the “City”). To help slow COVID-19’s spread, protect vulnerable individuals, and prevent the healthcare system in the City from becoming overwhelmed, it is necessary for the City’s Health Officer to require individuals who have been diagnosed with, or are likely to have, the COVID-19 virus to self-isolate. This self-isolation requirement protects everyone in the City, including people who are high risk for serious illness, such as older adults and people with weakened immune systems. This Directive was updated on August 5, 2020, to incorporate changes to the self-isolation criteria and protocol based on new guidance from the United States Centers for Disease Control and Prevention.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE
SECTIONS 101040, 101085, 120175, 120215, 120220, AND 120225 THE HEALTH
OFFICER OF THE CITY AND COUNTY OF SAN FRANCISCO (“HEALTH
OFFICER”) DIRECTS AS FOLLOWS:**

- 1. Any person who meets any of the following criteria is required by this Directive to self-isolate and take the other actions listed in Section 2:**
 - a. The person has a positive lab test for the COVID-19 virus; OR**
 - b. The person has signs and symptoms that are consistent with COVID-19 that are not explained by another condition or diagnosis within 14 days of knowingly being in Close Contact with another person who had or was believed to have had COVID-19; OR**
 - c. The person has been informed by a healthcare provider that they are likely to have COVID-19; OR**
 - d. The person has signs and symptoms that are consistent with COVID-19 and is awaiting results of testing for COVID-19.**
- 2. Any person who meets any of the criteria set forth in Section 1 must do all of the following:**



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- a. The person must immediately self-isolate in that person's residence or another residence, such as a hotel or motel, until both of the following criteria are met:
 - i. At least one (1) day (24 hours) has passed since recovery, defined as the resolution of fever without use of fever-reducing medications and improvement of other symptoms, AND
 - ii. At least ten (10) days have passed since symptoms first appeared, or if the person never had symptoms, then at least ten (10) days have passed since the date they had their first positive COVID-19 test.
- b. The person must carefully review and closely follow all home isolation guidelines listed in the "Home Isolation and Quarantine Guidelines for People with Coronavirus-2019 (COVID-19) Infection and their Household or Close Contacts" issued by the City's Department of Public Health, a copy of which is attached to this Directive and which is available online here: <https://www.sfcdep.org/Home-Isolation-Quarantine-Guidelines>. For purposes of this Directive, any future changes provided online to the guidance listed in this subparagraph are automatically incorporated into this Directive by this reference without any need to amend or revise this Directive.

Minors and adults with special needs who are unable to care for themselves do not have to isolate from caregivers in their home. However, they should stay at home and stay away from people outside their household except to receive medical care.

- c. The person must notify any Close Contact that they need to self-quarantine for fourteen (14) days pursuant to Health Officer Directive No. 2020-02b. The person should refer their Close Contacts to Health Officer Directive No. 2020-02b and to the "Home Isolation and Quarantine Guidelines for People with Coronavirus-2019 (COVID-19) Infection and their Household or Close Contacts" issued by the City's Department of Public Health, a copy of which is attached to this Directive and which is available online here: <https://www.sfcdep.org/Home-Isolation-Quarantine-Guidelines>. This is necessary because Close Contacts of a person who has been diagnosed with or is likely to have the COVID-19 virus have likely themselves been exposed to COVID-19 and, if infected, can easily spread it to others, even if they have only mild symptoms or no symptoms at all.
3. The intent of this Directive is to ensure that any person who has been diagnosed with or is likely to have COVID-19 avoids contact with others to slow the spread of the COVID-19 virus and mitigate the impact of the virus on members of the public and on the delivery of critical healthcare services to those in need. All provisions of this Directive must be interpreted to effectuate this intent.



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- 4. This Directive is issued based on evidence of increasing occurrence of COVID-19 within the City, the Bay Area, and the United States of America, scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically, and evidence that the age, condition, and health of a significant portion of the population of the City places it at risk for serious health complications, including death, from COVID-19. The virus can also have a serious impact on other people, regardless of age or other risk factors. Due to the outbreak of the COVID-19 virus in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the City. Making the problem worse, some individuals who contract the virus causing COVID-19 have no symptoms or have mild symptoms, which means they may not be aware they carry the virus and can inadvertently transmit it to others. Because even people without symptoms can transmit the infection, and because evidence shows the infection is easily spread, gatherings and other interpersonal interactions can result in preventable transmission of the virus.**
- 5. This Directive is also issued in light of the existence, as of August 2, 2020, of 7,081 cases of infection by the COVID-19 virus in the City, including a significant number of cases of community transmission and likely further significant increases in transmission. This Directive is necessary to slow the rate of spread, and the Health Officer will continue to assess the quickly evolving situation and may modify or extend this Directive, or issue additional directives, related to COVID-19, as changing circumstances dictate.**
- 6. This Directive is also issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 12, 2020 Executive Order (Executive Order N-25-20) issued by Governor Gavin Newsom, the February 25, 2020 Proclamation by Mayor London Breed Declaring the Existence of a Local Emergency (as supplemented several times after its issuance), the March 6, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, and guidance issued by the California Department of Public Health and Centers for Disease Control and Prevention, as each of them have been and may be supplemented.**
- 7. If an individual who is subject to this Directive fails to comply with it in willful disregard of public safety, the Health Officer may take additional action(s), which may include issuing an individualized isolation order and seeking civil detention at a health facility or other location, as necessary to protect the public's health.**
- 8. Definitions.**

 - a. For the purposes of this Directive, a "Close Contact" means a person who:**



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- i. Lived in or stayed at the same residence as the person with COVID-19; OR
- ii. Was an intimate sexual partner of the person with COVID-19; OR
- iii. Stayed within 6 feet of the person with COVID-19 for 15 minutes or more; OR
- iv. Had direct contact for any amount of time with the body fluids and/or secretions of the person with COVID-19 (*e.g.*, was coughed or sneezed on, shared utensils with, or was provided care by or provided care for them without wearing a mask, gown, and gloves)

at any time during the period starting 48 hours before the person with COVID-19's symptoms began (or starting 48 hours before the date of their positive test if the person with COVID-19 had no symptoms).

9. This Directive shall become effective at 12:00 p.m. on August 5, 2020 and will continue to be in effect until it is extended, rescinded, superseded, or amended in writing by the Health Officer. Also effective as of 12:00 p.m. on August 5, 2020, this Directive revises and replaces Directive Number 2020-03b, issued May 4, 2020.

A handwritten signature in blue ink that reads "Tomás Aragón".

Tomás J. Aragón, MD, DrPH,
Health Officer of the
City and County of San Francisco

August 5, 2020



What you Need to Know	If You're Getting a COVID-19 Test – page 1
	Home Isolation Steps – page 2
	Home Quarantine Steps – page 2
	Steps for <u>Both</u> Isolation & Quarantine– page 3

If You're Getting a COVID-19 Test

- A swab (like a Q-Tip) goes into your mouth or nose
- The test checks for COVID-19 virus in your body right now
- Results are reported to the Department of Public Health, so that health staff can help identify infections and keep them from spreading. Health staff are trained to keep your personal information private

WHILE WAITING FOR TEST RESULTS

- *If you have COVID-19 symptoms* → follow **Home Isolation Steps** (page 2)
- *If you do not have COVID-19 symptoms, but you have recently had close contact with a person who has COVID-19* → follow **Home Quarantine Steps** (page 2)
- *If no COVID-19 symptoms or close contacts* → stay safe, wait for test results.

WHEN YOU RECEIVE YOUR TEST RESULTS

Positive Results (virus detected). A “positive” viral test means you had COVID-19 infection on the day you were tested. Follow **Home Isolation Steps** (page 2)

Negative Results (virus not detected). A “negative” viral test means you probably do not have COVID-19 infection right now. This is a little tricky, so read carefully:

- If you have had no COVID-19 symptoms or close contacts, then you do not have COVID-19. Done!
- If you have had no COVID-19 symptoms but you did have recent close contact with a person who has COVID-19, then continue to follow **Home Quarantine Steps** (page 2).
- If you had COVID-19 symptoms, the negative test result could be wrong -- you still might have COVID-19. This is because the test is excellent but not perfect.
 - At a minimum, follow **Home Isolation Steps** until you feel better, with at least 1 day with no fever
 - Or, ask your healthcare provider when you should stop following the **Home Isolation Steps**
 - Or, if you are in close contact with a “vulnerable” person, you might want to keep following **Home Isolation Steps** until at least 10 days have passed since your symptoms first started

COVID-19 symptoms: fever at least 100.4°F, chills, cough, shortness of breath, difficulty breathing, sore throat, muscle aches, headache, feeling unusually weak or tired, diarrhea, congested or runny nose, or losing the sense of smell or taste.

Close Contact means people in your home, your sex partners, and people who take care of you or who you take care of. Also considered close contacts are people who stayed within 6 feet of you for more than 15 minutes, or who had direct contact with your body fluids or secretions while they were not wearing a facemask, gown, and gloves.

Vulnerable means age 50 years or more, or has medical conditions such as heart, lung, or kidney disease, diabetes, obesity, cancer, sickle cell, or a weakened immune system. See more at www.sfgdcp.org/vulnerable



Home Isolation and Quarantine Guidelines for People with COVID-19 Infection and their Household or Close Contacts

Follow **Home Isolation Steps** if you have:

- Positive test for COVID-19 viral infection, or
- Healthcare provider diagnosis of COVID-19, or
- COVID-19 symptoms and you had close contact with someone who has COVID-19, or
- COVID-19 symptoms and you are waiting for test results

Reference: [Health Officer Isolation Directive](#)

Follow **Home Quarantine Steps** if:

- You live in a household with, or had close contact with, someone who has COVID-19

→ see definition of Close Contact, page 1

Reference: [Health Officer Quarantine Directive](#)

Home Isolation Steps

Most people with COVID-19 have mild illness. Persons of any age can become seriously ill, but the risk is higher for those age 50 years or older or who have medical conditions such as heart, lung, or kidney disease, diabetes, obesity, cancer, sickle cell, or a weakened immune system.

Follow steps on page 3, plus:

Stay home for at least 10 days

- You can end your isolation after at least **10 days** since your symptoms began, **and** your fever is gone for the past 24 hours without taking fever-reducing medicine like acetaminophen (Tylenol®) **and** your other symptoms have improved. If you had a positive COVID-19 test but never had symptoms, stay home for at least **10 days** after the day you were tested.
- If you have severe immune system weakness you may need to stay in isolation longer. Please discuss with your healthcare provider.
- You do not need, and should not get, a second COVID-19 test in order to end your Isolation. Just follow the instructions in the bullets above.

Close Contacts

- See definition of Close Contact, page 1
- If you had a positive COVID-19 viral test or a healthcare provider's diagnosis of COVID-19, then everyone who you had close contact with from 48 hours before your symptoms began (if you never had symptoms, then from 48 hours before your test) until you self-isolated, should follow the Home Quarantine Steps. Please share this document with them. For help in notifying your Close Contacts without revealing your identity to them, please call 628-217-6102.

What if you can't separate yourself from others?

- Anyone who continues to be in close contact with you will need to begin a new quarantine cycle of 14 full days after the last day that person had close contact with you, or from the date that your isolation ends.
- Persons unable to care for themselves must stay home but don't have to isolate from their caregiver.

Home Quarantine Steps

It can take up to 14 days to develop symptoms if you become infected with COVID-19.

Follow steps on page 3, plus:

Stay home to see if you develop symptoms

- You must stay in home quarantine for at least 14 full days after you were last in close contact with the person with COVID-19.
- If you cannot avoid having close contact with the person with COVID-19 while they are sick (for example, you are their caregiver), you must stay in quarantine for 14 full days **after** the day that person completed their self-isolation. (This is likely to be at least 24 total days of home quarantine.)

What if you develop symptoms?

- COVID-19 symptoms include fever, chills, cough, shortness of breath, sore throat, runny nose, or muscle pain, headache, nausea, vomiting, diarrhea, or losing the sense of smell or taste.
- If you develop any of the above symptoms, and they are new symptoms that you don't usually have in daily life, then you may have COVID-19 and you must follow the Home Isolation Steps.
- Monitor your symptoms closely and seek medical advice or medical care if symptoms worsen, especially if you are at a higher risk of serious illness.
- Get COVID-19 diagnostic testing to confirm that you have it. Call your healthcare provider or contact 3-1-1 about testing locations.

Which groups do not have to quarantine?

- Essential COVID-19 Response Workers* (check employer's policy; try to follow Home Quarantine Steps while not at work)

***Essential COVID-19 Response Workers** are healthcare workers, laboratory personnel handling COVID-19 specimens, morgue workers, first responders, law enforcement, sanitation workers, 911 and 311 operators, emergency management personnel, individuals assigned to work as Disaster Service Workers, and individuals who work in long-term care facilities or homeless shelters.



Steps for **BOTH** Home Isolation and Home Quarantine

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| <ul style="list-style-type: none"> Stay home except to seek medical care. Do not go to work, school, or public areas. Do not use public transportation, ride shares or taxis Separate yourself from others in your home, especially people with higher risk of serious illness. Stay in a specific room and away from other people as much as possible. Use a separate bathroom, if available Do not allow visitors into your home, and do not prepare or serve food to others Limit your contact with pets | <ul style="list-style-type: none"> If you cannot meet the requirements for Isolation or Quarantine where you currently live, contact 3-1-1 to request help with housing, food, or other needs If your employer requests a letter or a negative test to return to work, you can direct them to https://www.sfcddp.org/workletter If you have other concerns related to the impact of isolation and quarantine on your work, visit https://www.sfcddp.org/workerFAQ |
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Prevent the spread:

- Wear a face covering or mask if you are in the same room with others. Others should wear a face covering or mask if they share or enter the room with you.
- Cover your coughs and sneezes. Cover your mouth and nose with a tissue or sneeze into your sleeve -- not into your hands -- then throw away the tissue into a lined trashcan and immediately wash hands.
- Wash your hands often with soap and water - especially after coughing, sneezing, or blowing your nose, or after going to the bathroom. Alcohol-based hand sanitizer with a minimum content of 60% alcohol can be used instead of soap and water if the hands are not visibly dirty.
- Do not share household items such as dishes, cups, utensils, towels, bedding with other people. After using these items, wash them thoroughly with soap and water. Laundry may be washed in a standard washing machine with warm water and detergent; bleach may be added but is not necessary.
- Clean and disinfect all "high-touch" surfaces every day (including counters, tabletops, doorknobs, faucets, toilets, phones, tv remotes, keys, keyboards), and especially any surfaces that may have body fluids on them. Use household cleaning and disinfectant sprays or wipes, according to the product label instructions. More info: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cleaning-disinfection.html>

Practice home care:

- Rest and drink plenty of fluids. You may take acetaminophen (Tylenol®) to reduce fever and pain.
 - Do not give children younger than age 2 years any medications without first checking with a healthcare provider.
 - Note that medicines do not "cure" COVID-19 and do not stop you from spreading the virus.
- Seek medical care if your symptoms get worse, especially if you are at a higher risk of serious illness.
- Symptoms that indicate you should seek medical care include:**



- If possible, call ahead before going to your healthcare provider's office or hospital and tell them you are in Isolation for COVID-19 to prepare health care personnel for your arrival and protect others from getting infected.
 - Do not wait in any waiting rooms; wear a face covering or mask at all times if possible.
 - Do not use public transportation.
 - If you call 911, first notify the dispatch and paramedics that you are under isolation for COVID-19.

For more information, or to get these guidelines in another language, visit <http://www.sfcddp.org/I&Q> or call 3-1-1.

Thank you for your cooperation in this important public health matter