



CAL STATE LA
CALIFORNIA STATE UNIVERSITY, LOS ANGELES

On-Campus Instructional Activities Protocol

PURPOSE AND SCOPE

This document describes considerations for Instructional-based Activities Protocols ("IAP"), taking place at Cal State LA, due to the COVID-19 pandemic.

An Instructional-based activity is defined as an activity that supports Cal State LA's academic mission utilizing campus premises for instructional purposes, such as instructional video recording, instructional off-campus project kit assembly, and other related instructional activities.

A copy of the approved plan will be provided to the Vice President of Administration and Finance.

Risk Management and Environmental, Health & Safety (RM/EHS) and Facilities will need a list of buildings/rooms/spaces that will be used, which will be submitted by department heads.

OBJECTIVES

The protocol objectives are to:

- Achieve an orderly and safe instructional-based activity involving operations, personnel, and facilities.
- Minimize staff exposure to potential COVID-19 cases to the maximum extent possible.

INSTRUCTIONAL ACTIVITY PROTOCOL APPROVAL PROCESS

The following shall be completed for instructional-based activity consideration:

1. Complete the [RM/EHS COVID-19 Safety Online Course](#) on CSU Learn.
2. Complete the IAP Application (Attachment B) and attach certificate of COVID-19 Training. If the Department Chair and College Dean approve the application, then the requestor will reserve space with University Scheduling.
3. Reserve instructional space with University Scheduling. Email: scheduling@calstatela.edu. If University Scheduling indicates that it does not have the ability to reserve that space, please reach out to the appropriate [Building Administrator](#) for permission to use the designated space.
4. Schedule a COVID-19: Safety Site Assessment by sending an email to RMEHS@calstatela.edu. A safety site assessment will be confirmed with RM/EHS and Facilities Services within 24-48 hours upon receipt of the email request. The email should include: A copy of your complete IAP application that includes the faculty, department chair and Dean signatures. The IAP must list all participants, the location (building and room number, a description of the activity, and the specific date/ days/ times of the activity at the location. Additionally, you should attach certificates of the COVID-19 Safety training for all participants identified in the application.
 - a. Prior to the Safety Site Assessment, the requestor should review and follow the [Safety Site Assessment Guidance](#) that identifies what is needed to prepare and comply with the required information identified in the Safety Site Assessment Form.
 - b. Participate in the COVID-19: Safety Site Assessment at your instructional-based activity with RM/EHS and Facilities Services personnel. Upon completion and proof of compliance during the Safety Site Assessment, RMEHS will complete the COVID-19: Safety Site Assessment Checklist (Attachment A) form via DocuSign. Once this form has been signed by all parties, the requestor will receive an electronic copy with approval signatures and submit this to their College Resource Manager. The College Resource Manager will upload the document and initial that it has been attached to the IAP application. Afterwards, the application will move forward to collect the remaining signatures for approval.

COVID-19: Safety Site Assessment Checklist

This checklist is intended for implementation at the group level. Facilities Services, labor studio Principal Investigators and RM/EHS will conduct a walkthrough and survey of instructional-based activity spaces prior to instructional-based activity re-openings post closures due to COVID-19. If you discover a hazardous condition that poses a threat to you or to others, call EHS immediately at (323) 343-3531 or 911. If you have and COVID-19 symptoms or if you are feeling sick, please contact your healthcare provider.

BUILDING:	ROOM NO.:
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YES	SAFETY SITE ASSESSMENT	
<input type="checkbox"/>	Determine how physical distancing standards will be applied – include sketches of instructional-based activity and number of sq. ft. Physical distancing adequate distancing .	
<input type="checkbox"/>	Has capacity been determined? _____	
<input type="checkbox"/>	Have public or common area (e.g. restrooms, elevators) cleaning protocols been reviewed? _____ Nearest restroom location: _____	
<input type="checkbox"/>	Personnel must wash hands immediately and frequently and in accordance with CDC recommendations, before touching any surfaces.	
<input type="checkbox"/>	Sterilize working surfaces with approved disinfectants . Use EPA-registered hospital disinfectants with label claims to be effective against SARS-CoV-2 . Follow manufacturer's recommendations for use, such as dilution, contact time, and safe handling.	
<input type="checkbox"/>	Develop communication strategy for team members (email, notifications, etc.) in the event of a COVID-19 exposure.	
<input type="checkbox"/>	If applicable, identify equipment that will need to be recalibrated/certified and serviced . Schedule such service before having anyone arrive on campus. Distancing needs to be maintained with service technicians in addition to regular instructional-based activity members.	
<input type="checkbox"/>	Protective Equipment , i.e. Disposable gloves, face shields or other PPE, is available for all personnel.	
<input type="checkbox"/>	Cloth face coverings are required to be worn at all times.	
<input type="checkbox"/>	COVID-19 signage for posting at entrance and usage of PPE .	
<input type="checkbox"/>	Completion of COVID-19 Safety Training by each instructional-based activities personnel.	
Name of Faculty or Director:	Signature: _____	Date: _____
RM/EHS Representative:	Signature: _____	Date: _____
Facilities Representative:	Signature: _____	Date: _____

IAP APPLICATION

FACULTY/DIRECTOR NAME:	EMAIL:
DEPARTMENT:	GROUP NAME:

Personnel: List all personnel who should be considered eligible to participate. Please list name and status (faculty, staff). *(The State and CSU recommend members of vulnerable populations avoid campus) Students returning to campus from outside of the United States have quarantined for 14 days as recommended by the Centers for Disease Control and Prevention.*

NAME (Last, First)	Status/Role

Campus Spaces and Scope of Work: List all rooms/spaces where activities will be conducted for any amount of time.

Space (building, room#)	Activities to be Performed	Start Date/ End Date	Weekly/ Daily Hours

- I certify that I have read and understand this document and the protocols outlined in it.
- I understand, and will take all necessary steps within my control to make sure, that only the specifically identified individuals should be allowed into my lab.
- I acknowledge it is my duty to implement the above infection control practices and make the limitation of virus transmission a top priority.
- I understand that my instructional-based activity may be subject to random safety inspections by RM/EHS.
- I understand that non-compliance with any of the described infection control practices may result in a recommendation of instructional-based activity cessation to University administration.

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| 1. _____ | _____ |
| Signature of Faculty or Director | DATE |
| 2. _____ | _____ |
| Signature of Department Chair | DATE |
| 3. _____ | _____ |
| Signature of Dean | DATE |
| 4. _____ | _____ |
| Signature of Director of Risk Management & EHS | DATE |
| 5. _____ | _____ |
| Initial of Director of Student Health Center | DATE |
| 6. _____ | _____ |
| Signature or Initial of Vice Provost | DATE |
| 7. _____ | _____ |
| Signature of Provost | DATE |
| 8. _____ | _____ |
| Signature of President | DATE |

**cc: Vice President and CFO, Administration and Finance
Director of Public Safety
University Scheduling
Director of Facilities Services
Use of Facilities
Office of Planning and Budget**