



Albizu University
COVID-19 Recovery Plan towards a New Normal
and Exposure Control Guidelines

Version: June 3, 2020



Recovery Plan Overview

This plan has three objectives:

1. present the Institution's recovery strategy to resume operations following a COVID-19 quarantine,
2. provide the exposure control guidelines and protocols,
3. present the Return to Normality Plans for institutional units.

Recovery Strategy

Guiding Principles

The plan to return to the University is framed under the following guiding principles:

- The safety of the students, faculty, staff, clients, and partners is the foremost priority.
- Scenario planning guides decision-making.
- Constant update and plan improvement are required.

Alignment

All return to work activities must be aligned to the following rules, regulations, and guidelines issued by:

1. The White House Guidelines for Opening Up America Again:
<https://www.whitehouse.gov/openingamerica/>
2. Center for Disease Control
 - a. Considerations for Institutes of Higher Education:
<https://www.cdc.gov/coronavirus/2019-ncov/community/colleges-universities/considerations.html>
 - b. Cleaning and Disinfecting:
<https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
3. State of Florida Executive Orders
4. Government of Puerto Rico Executive Orders
5. Miami Dade County Executive Orders
6. Ordinance from the San Juan, Mayagüez, or Doral municipalities.
7. Occupational Safety and Health Act (OSHA) Guidance on Preparing Workplaces for COVID-19: <https://www.osha.gov/Publications/OSHA3990.pdf>
8. Puerto Rico Occupational Safety and Health Act (PROSHA)
9. Roadmap for the Structured Reopening of Puerto Rico
10. ACHA Considerations for Reopening Institutions of Higher Education in the COVID-19 Era:
https://www.acha.org/documents/resources/guidelines/ACHA_Considerations_for_Reopening_IHEs_in_the_COVID-19_Era_May2020.pdf

Roles and Responsibilities

The institutional recovery efforts are led by the Emergency Management Executive Team (EMET) and the Institutional Emergency Management Committee (IEMC). The members are listed below. Both groups will hold regular meetings twice a semester and weekly before, during, or after a significant event disrupting operations.



Emergency Management Executive Team

<p>Dr. José Pons, President Dr. Tilokie Depoo, Miami Chancellor Dr. Julio Santana, San Juan Chancellor Dr. Youssef Ahmad, Associate Dean CUM Dra. Marizaida Sánchez, ITM Executive Director Larry Alicea, PAF Director</p>	<p>Dr. Ángel Ortiz, Chief Financial Officer Dr. Berta Rios, Special Assistant to the President Luis Camacho, Institutional Director of IT Carmen Rivera-Laboy, Institutional Title IV Compliance Officer Ricardo Soto, bFWD, Communications Consultant</p>
---	--

Emergency Management Executive Committee

<p>Co-chairs Dr. Marizaida Sánchez, ITM Executive Director Dr. Berta Ríos, Special Assistant to the President</p>	<p>Presidency Luis Camacho, Institutional IT Director Carmen Rivera-Laboy, Institutional Title IV Compliance Officer</p>
<p>Miami Dr. Irene Bravo, Dean of Academic Affairs Dr. Floralba Albelo, Dean of Students Carmen García, Director of Human Resources and Administration Dr. Evangelina Alonso, Clinic Director</p>	<p>Puerto Rico Dr. Jose A. Perez Santiago, Dean of Academic Affairs Carmen Rivera-Laboy, Dean of Students Epifanio Rivera, Director of Administration Carmen Acevedo, Director of Human Resources Dra. Vanessa Rivera, Clinic Director Larry Alicea, PAF Director</p>
<p>Mayagüez Dr. Youssef Ahmad, Associate Dean of Academic Affairs Cruz Corraliza, Director of Administration Dr. Melissa Besares, Clinic Director</p>	<p>ITM Dr. Hector Colon, ITM Research Director Idalie Hernández, Director of Administration</p>

Risk Breakdown Structure (RBS)

The COVID-19 Recovery Plan is subject to the following risk framework:

Risk Level 0	Risk Level 1	Risk Level 2
0. Pandemic	Internal Risk	
	1. Health and Safety	Risk of contagion Illness Death
	2. Management	
	Academic	Semester interruption Portfolio
	Administrative	Operational interruption
	Clinical Training and Clinics	Operational and service interruption
	Communication	Internal breakdown
	3. Technology	Business interruption Cyberthreat
	4. Financial	Revenue and enrollment loss Institutional stability
	Commercial Risk	
	1. Contractual and agreement terms	Fulfillment capacity
	2. Internal procurement	Fulfillment capacity
	3. Suppliers & vendors	Supply & demand
	4. Partnerships	Operational interruptions
	External Risk	
	1. Legislation	Restrictions Protections
	2. Executive Orders	Restrictions
	3. Regulatory	Restrictions
	4. Competition	Lose market share Slow growth
	5. Site/Facilities	Space limitations
	6. Environment/Weather	Hurricanes and Earthquakes
	7. Seasonal	Influenza & COVID-19
	8. Supply Chain	Supply & Demand
9. Political	Elections Racial tensions	
10. Geopolitical	Travel restrictions	
11. Economic/Finance	Unemployment Market fluctuations Oil markets	
12. Legal	Exposure	

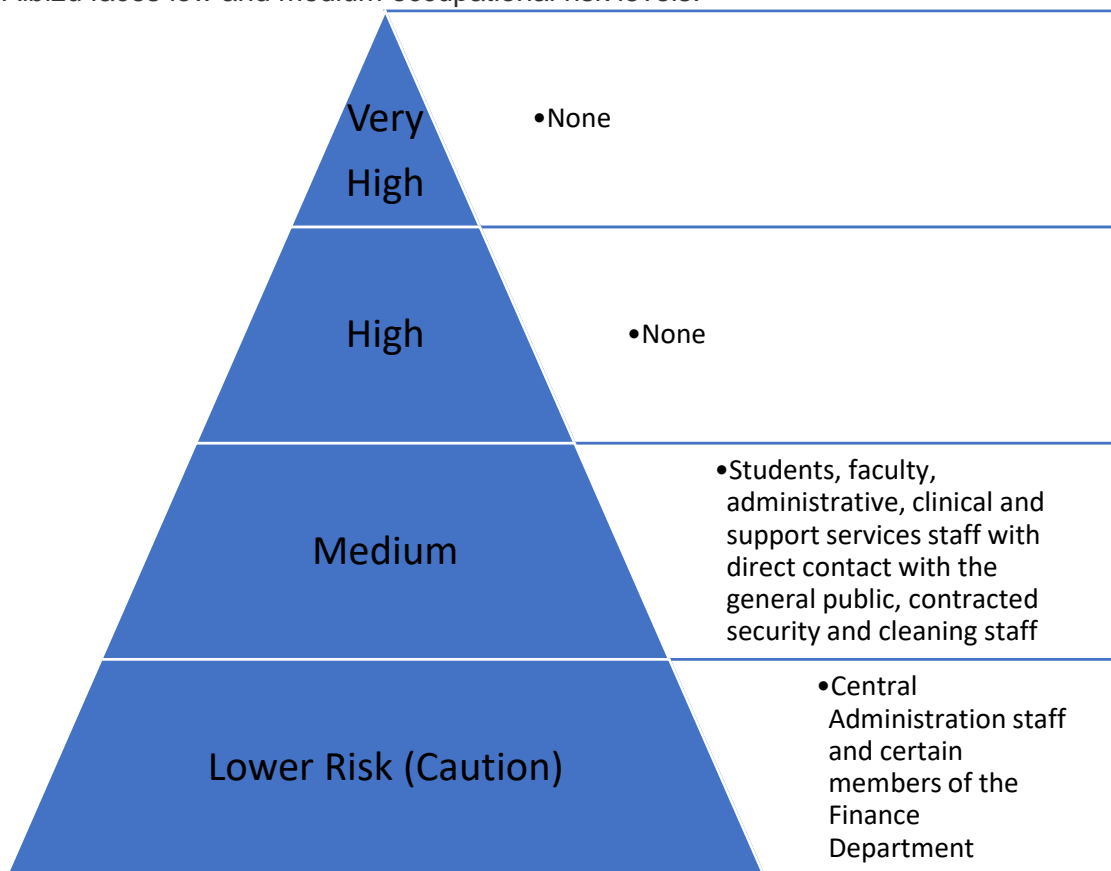
Return to the Workplace

Compliance

All Staff members must fully comply with the protocols, procedures, and guidelines established in this Plan. Failure to do so represents a public health hazard and may result in corrective actions. No Staff member is authorized to modify the dispositions in this Plan.

Occupational Risk Pyramid

According to the OSHA-3990 Guidance on preparing Workplaces for COVID-19 Publication, Albizu faces low and medium occupational risk levels.



The University will take the following measures based on job classification or individual exposure:

Exposure Risk	Description	Unit	Measures by unit based on job classification
Very High	Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures.	None	Not applicable to Albizu University
High	High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19	None	Not applicable to Albizu University
Medium	Medium exposure risk jobs include those that require frequent and/or close contact with (i.e., within 6 feet of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients.	San Juan Campus Mayaguez University Center Miami Campus PAF ITM Field Staff Central Administration (Receptionists)	<p>Engineering Controls Install physical barriers, such as clear plastic sneeze guards, where feasible.</p> <p>Administrative Controls Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able to leave the workplace (i.e., for medical evaluation/care or to return home). In the event of a shortage of masks, a reusable face shield that can be decontaminated may be an acceptable method of protecting against droplet transmission. See CDC/ NIOSH guidance for optimizing respirator supplies, which discusses the use of surgical masks, at: www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy.</p> <p>Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in stores where sick customers may visit (e.g., pharmacies) or including COVID-19 information in automated messages sent when prescriptions are ready for pick up.</p> <p>Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas.</p> <p>Consider strategies to minimize face-to-face contact (e.g., drive through windows, phone-based communication, telework).</p> <p>Communicate the availability of medical screening or other worker health resources (e.g., on-site nurse; telemedicine services).</p> <p>Personal Protective Equipment (PPE) When selecting PPE, consider factors such as function, fit, decontamination ability, disposal,</p>

			and cost. Sometimes, when PPE will have to be used repeatedly for a long period of time, a more expensive and durable type of PPE may be less expensive overall than disposable PPE. Each employer should select the combination of PPE that protects workers specific to their workplace. Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE ensembles for workers in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job.
Lower (Caution)	Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with SARS-CoV-2 nor frequent close contact with (i.e., within 6 feet of) the general public	Central Administration ITM	<p>Engineering Controls Additional engineering controls are not recommended for workers in the lower exposure risk group. Employers should ensure that engineering controls, if any, used to protect workers from other job hazards continue to function as intended.</p> <p>Administrative Controls Monitor public health communications about COVID-19 recommendations and ensure that workers have access to that information. Frequently check the CDC COVID-19 website: www.cdc.gov/coronavirus/2019-ncov. Collaborate with workers to designate effective means of communicating important COVID-19 information.</p> <p>Personal Protective Equipment Additional PPE is not recommended for workers in the lower exposure risk group. Workers should continue to use the PPE, if any, that they would ordinarily use for other job tasks.</p>

Operational Continuity Models

Based on federal, state, and local executive order and ordinances, access to facilities will be limited based on the following business continuity models:

1. Full Lockdown

Limited access to the site will be restricted to essential personnel only. NO visitors on the interior of the building. Limited access to building services providers only.

2. Reduced Operations

Access to the site restricted to a reduced staff with controlled access to visitors. Staffing levels on premises maintained at 30% of the workforce at a time per ACHA guideline Student access is not allowed.



3. Next to Normal Operations

Access to the site restricted to a reduced staff with controlled access to visitors. Staffing levels maximum on premises maintained at 50% of total staff. Student access is allowed by appointment or per class, practicum or laboratory schedule.

The transition into subsequent phases will be revised every fourteen (14) days according to risk and exposure levels. Upon conclusion of every phase of transition, the effectiveness of active protocols will be assessed and adjusted if warranted.

Activity Risk Pyramid

The University will conduct activities under two levels of risk: more and lowest, which are identified by the CDC Operational Continuity Models.

Based on state and local executive order and ordinances, access to facilities will be limited based on the following business continuity models:

Activity Risk	Description	Facility Access
Highest	Full-sized in-person classes, activities, and events. Students are not spaced apart, share classroom materials or supplies, and mix between classes and activities.	Open an unrestricted Not applicable
More	Small in-person classes, activities, and events. Individuals remain spaced at least 6 feet apart and do not share objects (e.g., hybrid virtual and in-person class structures or staggered/rotated scheduling to accommodate smaller class sizes).	Reduced operations Next to Normal operations
Lowest	Faculty and students engage in virtual-only learning options, activities, and events.	Full lockdown

Instructional Models

Under these three models, the formats for instruction that will be adopted, per approval by the Office of the Presidency, are:

1. In-person
2. Fully online
3. Hybrid
4. HyFlex (option in person or online).



Application of SHRM Social Distance Guidelines at Work

Albizu University will apply the Society for Human Resource Management (SHRM) Social Distance Guidelines at Work as follows:

Level	SHRM Guideline	Application
1	Avoid in-person meetings. Use online conferencing email or the phone when possible, even when possible are in the same meeting.	Yes
2	Unavoidable in-person meetings should be short, in a large meeting room where people can sit at least three feet from each other; avoid handshaking.	Yes. The number of persons capped at ten. People will need to sit a list six feet from each other.
3	Eliminate unnecessary travel and cancel or postpone non-essential meetings, gatherings, workshops and training.	Yes
4	Do not congregate in workrooms, pantries, copier rooms or other areas where people socialize. Keep six feet apart when possible.	Yes
5	Bring lunch or eat at your desk or away from others (avoid lunchrooms and crowded restaurants).	Yes
6	Avoid public transportation (walk, cycle, drive a car or go early or late to avoid rush-hour crowding on public transportation).	No
7	Limit recreational or other leisure classes, meetings, activities, etc., where close contact with others is likely.	Yes, for student & employee activities and facility rentals

Exposure Control Guidelines

1. Locations
 - a. This plan applies to the institutional units: San Juan Campus, Mayagüez University Center, Miami Campus, ITM, and PAF.
2. Prevention
 - a. Information and education will be provided on CDC prevention guidelines.
3. Facility Access
 - a. Access to the facilities will be restricted solely to students, staff, professors, and patients with prior appointments.
 - b. The general public will not be allowed inside the premises until the pandemic subsides or a determination is made otherwise.
 - c. All visits must be by appointment only (such as for admissions, clinical services, administrative and support services, and/or routine maintenance).
 - d. Emergency maintenance procedures are exempt from the guideline.

- e. Clinic appointments will proceed as a staggered fifteen (15) minute interval schedule to prevent multiple individuals at the same time in waiting spaces and/or hallways. (9am; 9:15am; 9:30am; etc.)
 - f. Visitors and Accompanied Minors
 - i. In the case of visiting adults, no companion will be allowed except for individuals who require another person's assistance.
 - ii. In the case of a minor, only one (1) adult will be allowed to accompany them.
4. Entry/Exit Checkpoints
- a. The public shall be directed to enter/depart the facilities only through the designated entry and exit checkpoints. All access control checkpoints shall have a sign containing the following mandatory language:
For everyone's health and safety, each person who enters the facilities accepts the obligation to comply with all exposure control rules established by the Institution. Individuals refusing or failing to comply must immediately abandon the premises.
5. Security Personnel
- a. The number of security personnel will be determined as needed to ensure control of all access points. Security personnel staffing shall be adjusted to ensure the enforcement of safety and security measures.
6. Surveillance
- a. The Surveillance Tool in Smartsheet will be used by designated staff to report the number of suspicious and confirmed COVID-19 cases. It is the reporters' responsibility to monitor the cases daily and update the tool as appropriate.
7. Symptom Monitoring
- a. Employees required to return to work must monitor symptoms every day before reporting to work and be free of any symptoms related to COVID-19 or have a return to work health clearance.
 - b. Current symptoms listed by the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>) are:
 - i. Fever or chills
 - ii. Cough
 - iii. Shortness of breath or difficulty breathing
 - iv. Fatigue
 - v. Muscle or body aches
 - vi. Headache
 - vii. New loss of taste or smell
 - viii. Sore throat
 - ix. Congestion or runny nose
 - x. Nausea or vomiting
 - xi. Diarrhea
 - c. This list does not include all possible symptoms.
8. Temperature checks and screening
- a. Every person entering the facilities must comply with the screening procedures and will be subject to a temperature check. Each unit will develop a site-specific process for the Temperature Check and Screening.



- b. A temperature control checkpoint shall be placed where the designated entrances are established.
9. Reduced Staff Presence on Premises
- a. To prevent the spread of the disease between the staff and ensure that services are not interrupted as a result of an internal outbreak, several measures for the reduction of staff presence on premises will be implemented.
 - b. Occupant load factors will be strictly enforced.
10. Staffing Models
- a. A staffing model will be implemented by the Institution based on federal, state or local lockdown orders, and business needs (when an order is not in place or is lifted). The adoption of a model will also take into account available cleaning and maintenance crews, available PPEs, and internal infection rates.
 - b. Types of staffing models
 - i. Remote Work
 - ii. Alternating Days
 - 1. The staff will be divided into workgroups with alternating daily work rotations (such as Mondays and Wednesdays or Tuesdays and Thursdays) to maintain the continuity of services and protect against a widespread infection. Employees should verify with the unit supervisor for assigned shifts.
 - iii. Rotating Week or Weeks
 - 1. The staff will be divided into workgroups with alternating weekly rotations to maintain the continuity of services and provide protection against a widespread infection. Employees should verify with the unit supervisor for assigned shifts.
 - c. The cleaning and disinfection team will proceed to thoroughly clean and disinfect the facilities following the designated model.
 - d. In the event of a COVID-19 positive result or exposure, the appropriate Exposure Protocol shall be activated, and Staff Rotation adjusted accordingly.
11. Work Schedule Assignment
- a. The work schedule assignment must consider the intense cleaning and disinfection efforts that must occur before and after each workday.
 - b. The work schedule assignment must also consider the delays that will occur as a result of access control checkpoints.
 - c. Work schedule assignments must clearly identify periods at the beginning and end of the workday to provide for:
 - i. Cleaning and disinfection
 - ii. Temperature check and screening
12. Reduced Hours of Operation
- a. The hours of operation will be modified based on unit location. For example:
 - i. Monday through Thursday work week with a 9 am to 3 pm.
 - ii. Fridays, Saturdays, and Sundays will provide for disinfection, cleaning, and any other particular procedure unless otherwise determined.
 - b. Hours of operation and number of workdays will be adjusted according to the threat level and/or lockdown phase or unit considerations.



13. Personal Protection Equipment (PPE)

- a. Understanding the importance of protecting the availability of PPEs for healthcare workers, therefore, PPEs will be required as per recommendations of the CDC, OSHA, PROSHA, and Puerto Rico and Florida Health Departments according to the occupational risk.
- b. The Institution will provide its staff with Personal Protective Equipment (PPE) according to occupational risk levels for COVID-19 exposure and contagion.
- c. To enter the facilities, masks and/or facial coverings will be required at all times unless otherwise determined. If a visitor does not have a mask and/or facial covering, one will be provided to them to use at all times within the facilities.

14. Communications Campaign

- a. A communication campaign through different channels will be implemented to promote the value of proper hand hygiene and other prevention measures.
- b. Staff will be kept informed of general safety and security measures via different communication channels.

15. Physical Distancing and Occupancy Levels

- a. OSHA and the CDC recommend maintaining a physical distance of at least 6'-0" (roughly two arm lengths) between building occupants. This physical distance requirement is one of the key factors to define the occupant load of the building interiors.

16. Hand Hygiene Stations

- a. Proper hand hygiene is crucial in the prevention strategy against infection with COVID-19. OSHA and the CDC recommend a solution with a minimum concentration of 60% alcohol. The Institution recognizes that as a result of the increased demand for sanitizing liquids supply may be scarce. Every effort will be made to maintain an adequate and continuous product supply for replenishing.
- b. The Institution will provide auxiliary hand washing stations if possible and/or appropriate. These stations increase the capacity and accessibility to hand hygiene locations other than restrooms and will offer an alternate option for sanitizing stations.

17. Cleaning and Disinfection

- a. On-Site Cleaning Team
 - i. At all times during hours of operation, there will be a cleaning team present on site.
- b. Cleaning and Disinfection Protocols
 - i. Disinfection protocols will follow OSHA and CDC guidelines.
 - ii. Disinfection protocols will be operationalized for routine cleaning, in the event of a suspicious case or the circumstance of a confirmed case.
 - iii. Facilities that have been shut down due to a Closure (Partial or Total) or Quarantine shall be reopened ONLY after proper disinfection of the premises.
 - iv. Contracted cleaning services must present to the Institution their written Exposure Control Plans detailing the measures adopted for their employees' safety and health. Also, the cleaning contractor must submit for approval of the Cleaning and Disinfection protocols for the premises.

- v. In the event of a COVID-19 positive case within the facilities, the services of a deep cleaning company to perform deeper disinfection with specialized equipment may be retained.
- vi. All units should immediately identify at least two (2) (preferably three (3)) companies that provide specialized disinfection services and should immediately request 60-day guaranteed estimates for services based on square footage.
- vii. Cleaning frequency.
 - 1. Bathrooms will be cleaned and disinfected at every (4) four hours during business hours and at the end of the workday.
 - 2. High-contact surfaces (workstations, knobs, keyboards, desks) will be cleaned with a higher frequency.
 - 3. Designated trash containers for depositing used PPEs will be installed.
 - 4. Cleaning product dispensers to ensure adequate dosage of disinfectants will be used, which will allow for bulk, concentrate purchasing, resulting in cost efficiencies.

18. Cleaning and Disinfection Products

- a. Only EPA-recommended disinfectants appearing in List N should be used. The products should be applied according to the manufacturer's recommendations paying particular attention to the recommended contact time.

19. Personal Protective Equipment (PPE)

- a. Without exception, cleaning and maintenance personnel must always use the appropriate PPE to execute their tasks.
- b. Costs and Budget Impact
 - i. All units must adjust their respective operational budgets to include the costs required for implementing the required protocols.
 - ii. All foreseeable COVID-19 crisis-related critical products or services must be identified.
- c. Procurement
 - i. In anticipation of the predicted need, a minimum of two (2) preferably three (3) vendors must be identified.
 - ii. A preliminary vendor qualification must be expedited for suppliers outside of the Institution's vendor pool.
 - iii. A preliminary RFP must be issued for the critical services requesting unit prices for the same and a 60-day guaranteed price.

20. Training

- a. Before a unit opening, there must be a one-week allowance period to hold training and behavior drills in the proper use of spaces, PPE, social distancing measures, and any other safety and security measures.
- b. Training shall consist of instructions to the staff regarding all aspects identified in the Training Plan.

21. Engineering Controls

- a. HVAC Systems
 - i. Proper maintenance of HVAC systems is critical to the prevention of infection by COVID-19. These measures correspond to recommendations made by the

CDC and the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE)

- ii. Every Air Handling Units (AHU) and Roof Top Units (RTU) will be evaluated, and maintenance activities updated. This will include but not be limited to:
 1. Apparatus Test (verification of airflow on supply, return and fresh air intakes)
 2. Confirmation of equipment operation in compliance with a minimum of 10 to 12 air changes per hour. Confirmation of equipment operation in accordance with code required fresh air supply minimum one change per hour
 3. New air filters will be installed. Where feasible, high efficiency 2" pleated air filters shall be installed in accordance with the following criteria sealing the edges to limit bypass:
 - a. MERV rating of 13 for areas with low infection risk.
 - b. MERV rating of 15 for areas with moderate infection risk
 - c. MERV rating of 19 for areas with high infection risk
 - d. MERV air filters will be replaced monthly.
 - e. Throwaway air filters will be replaced every two weeks.
 4. Proper disinfection of air filters with EPA approved disinfectants before installation and removal is mandatory.
 5. Mini-split unit filters located in habitable spaces will be disinfected every two weeks.
 6. Locations, where high-efficiency filters cannot be installed, will be equipped with portable room air cleaners with HEPA filters with adequate capacity for the area served.
 7. Outdoor air circulation shall be increased to maximum possible levels. This increases the number of air changes in the interior and diffuses the concentration of the virus in the air. Beware of the potential increase of condensation in the facility's interior.
 8. Until the pandemic subsides, the HVAC system will be operated 24/7 to maintain maximum filtration and humidity control.
 9. Setback thermostat temperature shall be set at 78° F (25.5° C) for the periods the facilities are unoccupied.
 10. The Facilities team will continuously monitor and evaluate proven technology to increase air quality. Viable options will be presented to the Emergency Management Team.
- b. Stand-by power generation
 - i. With the increased demand in IT service and consideration of the hurricane season, ensuring the proper operation of stand by generators is considered a critical activity.
 - ii. Confirm that equipment maintenance service contracts are active and valid.
 - iii. Confirm that the equipment preventive maintenance schedule is up to date.
 - iv. Confirm that the hurricane emergency preparedness action plan is operational and up to date. Advance implementation considering possible problems with equipment supplies.
- c. Elevators
 - i. Confirm that equipment maintenance service contracts are active and valid.
 - ii. Confirm that the equipment preventive maintenance schedule is up to date.

- iii. Install signs that encourage the use of stairs instead of elevators. In the elevator, it is impossible to maintain the required distance or provide for proper ventilation. If used, equipment should be used by a single passenger.
- d. Signage
 - i. The Institution will display signage related to the procedures adopted to control exposure to the virus. Local ordinances dictating signage will be followed.
 - ii. These may include but not be limited to:
 1. Facilities access control procedures
 2. Temperature check instructions
 3. Proper handwashing techniques
 4. Stay at Home protocol
 5. Room Occupancy levels
 6. Services and Business hours
 7. Alternate service options
 8. Circulation patterns and one direction traffic policy
 9. Elevator use
 10. Group gathering limits
 11. Wayfinding signs
 12. Visual cues for physical distancing (separation marks on the floor)
 13. In narrow hallways where physical distancing may be difficult – Implement one direction traffic policy.
 14. Designation of high-risk spaces such as restrooms, lounges, waiting areas, and similar spaces. Post reminders on the correct procedures for hand washing/sanitizing, cough etiquette, etc.
- e. Physical barriers
 - i. Sneeze Guards will be installed in areas with higher exposure risk (such as reception and cashiers).
- f. Package Quarantine Space
 - i. A Package Quarantine Space for any delivery into the premises will be established. A holding area will be created.
 - ii. Cleaning Procedures

22. Operational Controls

- a. Operational control will be established for transportation, parking, office and meeting space, academic, student and support service, library restroom use consistent with social distancing.
- b. A teleconference is the first option for all meetings. If a face to face meeting is necessary, social distancing must be practice.
- c. Restroom Use
 - i. Communication will be sent to the university community regarding proper use of the bathrooms which will be labeled with instructions for their correct use. Access to and numbers of people in bathrooms shall be monitored.
- d. Elevator use is limited to one person unless a companion is required.
- e. Meeting Spaces
 - i. Each site must identify a room(s) to be considered as the designated meeting space as close as possible to the main entrance.
 - ii. All authorized meetings must take place within this designated meeting space.

- iii. The designated meeting space will be furnished solely with one (1) table and a maximum of three (3) armless chairs.
- iv. The designated meeting space must be cleaned and disinfected upon the conclusion of every meeting.
- v. Given the risk of contagion by an asymptomatic person, meetings with colleagues or visitors in private offices are strongly discouraged. Instead, it is recommended that all meetings take place in the designated meeting space. The use of electronic means to hold remote meetings is encouraged as a first option. If an in-person meeting must take place, the designated meeting area is to be used for that purpose.

23. Concessionaries

- a. Food concessionaires will develop a virtual mechanism where they display their products with prices to order and pay. The dealer will notify to pick up the order. In this way, the crowding of people in the area is avoided.

24. Classrooms

- a. All classrooms shall have a sign outside the door indicating maximum occupancy, which shall be calculated using the following formula: floor area divided by a factor of fifty (50).
- b. Example: For a four hundred (400) square foot classroom, only eight (8) people can be inside. This includes students, professors, teaching assistants, and any other people.

25. Rest Areas and Kitchenettes

- a. Rest and kitchenette areas are an alternate resource for utilization if a classroom is unable to be used due to cleaning, disinfection, or any other reason for unavailability.
- b. These spaces provide an alternate resource given that social gatherings will not be occurring in them due to social distancing measures.
- c. The capacity of these spaces will be limited using the same formula detailed for determining maximum occupancy levels within classrooms: floor area divided by a factor of fifty (50).

26. Space Interlocking

- a. In the case of multiple spaces used in an identical manner (classrooms, clinic spaces, etc.), a space interlocking program must be implemented to allow for cleaning upon the conclusion of space use.
- b. A fifty percent (50%) maximum occupancy level must be maintained to allow for proper cleaning protocols.
 - i. For example, if there are eight (8) classrooms, a maximum of four (4) classrooms may be in use simultaneously.
 - ii. A thorough communication campaign will be developed to instruct staff and customers in the alternative methods of providing and receiving services. The campaign will be deployed in written format as well as on the organization's webpage and social media.
 - iii. The number of people in the waiting rooms will be controlled as per the occupant loads previously established. Customers and visitors above the allowable interior capacity will be instructed to wait outside the facilities until access is authorized. Provide alternate locations outside the building.
 - iv. If appropriate and required awnings or shading devices for protection against sunlight and/or rain will be installed.



- v. Occupant loads in lounge areas will be restricted to the quantities established for each site. Where available, the use of outdoor terraces for food consumption will be encouraged.

27. Administrative Controls

- a. NORMATIVE LETTER NO: 2020-06: COVID-19
- b. 2020-07: INSTITUTIONAL EMPLOYMENT PROTOCOL DUE TO THE COVID-19 PANDEMIC EMERGENCY SITUATION.
- c. Employee Wellness Program addressing issues related to the pandemic will be put in place by Human Resources.
- d. Confidentiality and compliance with FERPA will be required to manage suspicious or confirmed cases.
- e. Single Contagion
 - i. In the event a single positive case is identified, the cleaning and disinfection protocol is activated, and occupancy levels shall remain as-is.
- f. Multiple Contagion:
 - i. In the event of multiple contagions, the cleaning and disinfection protocol is activated, and occupancy levels shall be reduced to the previous phase.
 - ii. Once cleaning and disinfection occur following a multiple contagion scenario, a fourteen (14) day period must transpire before transitioning to an increased occupancy phase. The next occupancy level phase following a multiple contagion scenario will consist of a midway point between the current phase and the following.
 - iii. For example, if a multiple contagion scenario occurs during Phase Two (35% occupancy level), cleaning and disinfection will occur, and Phase One (25% occupancy level) will be reactivated. Following a fourteen (14) day period, a midway occupancy level will be in effect. That is, a 30% occupancy level will be implemented before transitioning to Phase Two.

28. Positive case monitoring

- a. Our Institution is required by law to comply with the contact tracing directives established by the health authorities.
- b. To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.
- c. Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- d. Contacts will be requested to stay home and social distancing from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. To the extent possible, public health staff should check in with contacts to make sure they are self-monitoring and have not developed symptoms. Contacts who develop symptoms should promptly isolate themselves and notify public health staff. They should be promptly evaluated for infection and for the need for medical care.

29. OSHA Form 300 Registry



- a. OSHA recordkeeping requirements mandate covered employers to record certain work-related injuries and illnesses on their OSHA 300 log. COVID-19 can be a recordable illness if a worker is infected because of performing their work-related duties.
- b. However, Albizu University will only be responsible for recording cases of COVID-19 if ALL the following conditions are true:
- c. The case is a confirmed case of COVID-19, as established by the CDC Guidelines on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19.
- d. The case is work-related (as defined by 29 CFR 1904.5). After analyzing the case, AU finds there is objective evidence that a COVID-19 case may be work-related. For example, this could include a number of cases developing among workers who work closely together without an alternative explanation.
- e. The case involves one or more of the general recording criteria set forth in 29 CFR 1904.7 (e.g., medical treatment beyond first aid, days away from work). The evidence was reasonably available to the employer. Examples of reasonably available evidence include information given to the employer by employees, as well as information that an employer learns regarding its employees' health and safety in the ordinary course of managing its business and employees.