



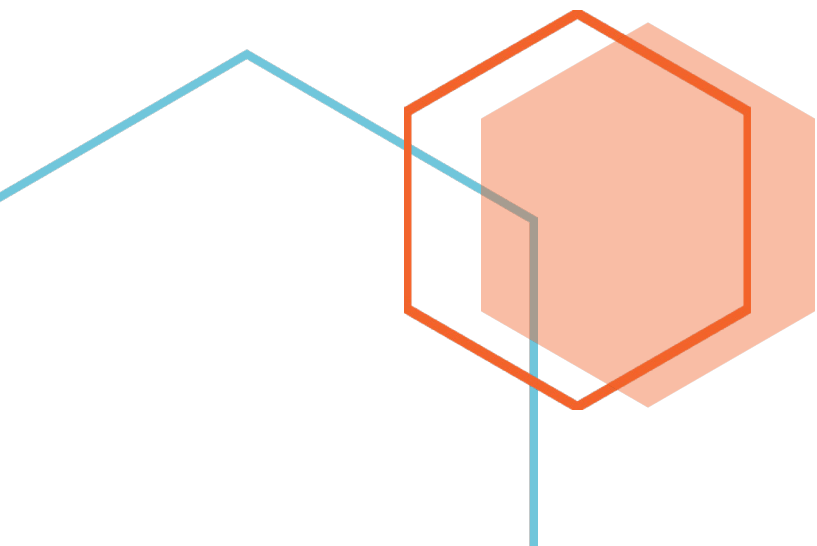
## **Classified Senate Feedback: COC Covid-19 Containment, Response, and Control Plan**

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**Prepared by the Classified Senate  
Executive Board**



**Date of review: 7/25/2020**



# Classified Senate Feedback: COC Covid-19 Containment, Response, and Control Plan

## Forward

The Classified Senate appreciates the opportunity to provide feedback and ask questions about the Covid-19 Containment, Response, and Control Plan (CCRCP). Furthermore, the Classified Senate recognizes the complexity of attempting to manage an unprecedented crisis, with rapidly changing conditions and a multitude of stakeholders. Every employee who has worked tirelessly on the efforts to secure safe working conditions and continued college operations is to be applauded for their efforts.

While we are grateful to be part of the planning process, our preference would have been to help formulate the plans from the onset, rather than providing our feedback through this review document. This would have allowed for greater contextual understanding, and for our concerns to be discussed gradually over time as opposed to presenting the concerns collectively at one time. Nevertheless, we hope that the authors of the CCRCP understand that we believe everyone is acting with good intentions despite having different perspectives. Our goal is to help to preemptively identify potential issues, in the hope that the District will be able to constructively apply our insights to improve the plan.

Finally, our opinions are not intended to supersede the rights of CSEA to negotiate labor agreements on behalf of the Classified Staff.

## Commentary

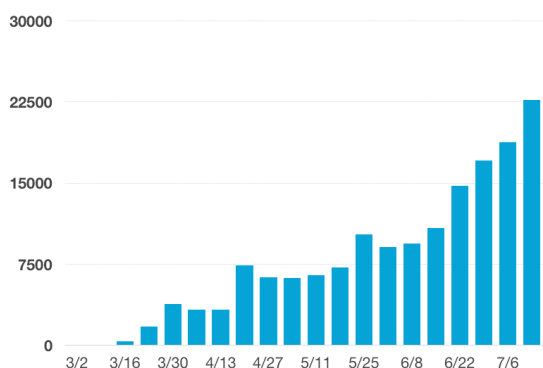
The Classified Senate believes the CCRCP is well-organized and provides useful foundational language. However, in its current draft form, the plan is missing key safeguards and planning elements that are critical to mitigate the risks of illness and death associated with campus visits, class attendance, and in-person work activities during the Covid-19 pandemic. The following section will provide the specific concerns that need to be addressed to instill confidence that the CCRCP is safe. In general, these concerns revolve around the themes: remote work when feasible, potential interactions between college personnel and outside entities on campus, a heavy reliance on unproven self-evaluations tools and protocols, as well as concerns with the general structure of the plan and related missing elements.

While we all desire a return to some form of normalcy, given that Los Angeles County represents a national and global “hot spot” for Covid-19 with over 183,000 cases reported to date, effectively implementing and enforcing the various safety protocols within the CCRCP will be especially difficult in the near future. During the Coronavirus Taskforce meetings, the CCRCP was described as being a draft for the Fall term specifically, however, there are no clear indications of either the terms or the limits of the plan within the CCRCP itself. Nevertheless, the Classified Senate supports continuing to develop a containment and response plan, while recognizing the current draft will likely be updated as LADPH, CDC, and the CCCCCO (among others) release more formal guidance for institutes of higher education.

Beyond the CCRCP, the Classified Senate believes it would be in the District’s best interest to assess and plan for enhanced virtualization of campus operations, services, and activities through Spring 2021. This may include establishing new online practices for departments that were ill-equipped for the initial change to the remote delivery of services, and a possible further reduction of on-ground operations (cost-saving building closures, etc.).

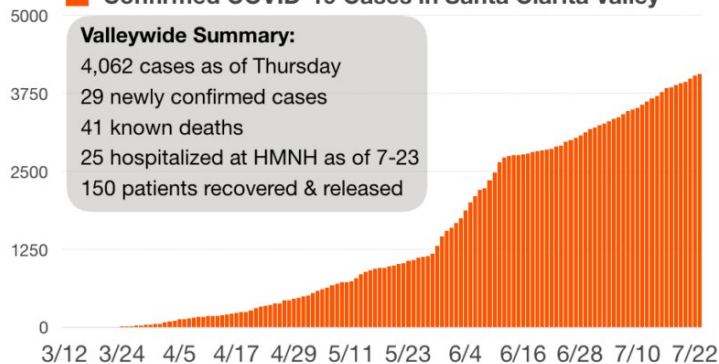
Planning for contingencies in both directions is logical, given the current regional status as shown below (current as of 7/24/2020), and also because conditions are likely to fluctuate with waves of variability in the months to come.

■ LA County New Confirmed COVID-19 Cases by Week



Graphic: The Signal, [signalscv.com](http://signalscv.com); Source: L.A. County Public Health

■ Confirmed COVID-19 Cases in Santa Clarita Valley



**Valleywide Summary:**

4,062 cases as of Thursday  
29 newly confirmed cases  
41 known deaths  
25 hospitalized at HMNH as of 7-23  
150 patients recovered & released

Graphic: The Signal, [signalscv.com](http://signalscv.com); Source: L.A. County Public Health

## Specific Concerns With The CCRCP

A.) The CCRCP states that it meets or exceeds the guidance of LADPH and the CDC within the introductory cover page. However, according to the referenced CDC document [Considerations for Institutes of Higher Education](#), colleges shall “encourage telework for as many faculty and staff as possible.” This guidance is noticeably absent from the CCRCP plan, even though it was reiterated within the guidance document “Protocols for Institutes of Higher Education – Discussion Draft” distributed to the District by LADPH specifically stating: “Employees who can carry out their work duties from home have been directed to do so,” and, “work processes are reconfigured to the extent possible to increase opportunities for employees to work from home.”

Similarly, COC’s Emergency Operations Plan (see [Pandemic Supplemental](#)) states that “telecommuting options should be considered if feasible,” and to be enacted starting at “Phase 3” or higher (one or more District cases).

Reducing the in-person volume of students/visitors/employees as much as possible will lessen the chance of Covid-19 transmission more effectively than any other safety practice in the CCRCP. Therefore, this language should be clearly stated as a keystone principle of the containment plan.

B.) The CCRCP does not clearly describe the services or operations that are expected to function in the “hybrid” or “in-person” modes as mentioned at the beginning of the document.

Therefore, the safety of the plan is difficult to vet without knowing the areas and timings of any transitions to hybrid or in-person operations (note: the list of open on-the-ground services and facilities were not found, however the link on pg.10 directed users to the Educational Opportunity Program’s Covid-19 page). To be clear, the Classified Senate generally does not support an increase of on-the-ground personnel to our campuses at this time due to the exponential increase in Covid-19 cases in our region. We would like the transitions to on-the-ground work settings to be directly tied to regional infection rates. While not directed for higher education, these sentiments generally align with the [July 17<sup>th</sup> Governor’s order](#) for K-12 operations to continue remotely until the County is off of the CADPH Watch List.

C.) It is unclear how the CCRCP and COC’s previously established [Emergency Operations Plan on Infectious Disease/Pandemic](#) (EOP) are aligned. The EOP outlines pre-defined “Phases of Operation” that are informed by the on-the-ground and regional conditions (action-triggers, based on the prevalence of cases). The CCRCP provides greater Covid-19-specific operational details, but lists its protocols largely disregarding any pandemic “phases” or regional conditions. The CCRCP would be more adaptive to rapidly changing conditions if it planned for tiered levels of operation directly informed by the Covid-19 prevalence data. If both the EOP and CCRCP are intended to be implemented concurrently, we suggest that they refer to one-another more readily, and describe the impact various EOP phases will have on the CCRCP.

D.) The CCRCP omits risk-mitigation strategies regarding individuals coming to the Valencia Campus for the purpose of using the Covid-19 Testing Site. PIO, along with Executive Cabinet members on the Covid-19 Taskforce, have reported misguided visitors wandering on campus seeking Covid-19 testing. Any containment plan that will be operational while the Covid-19 Testing Site is open should acknowledge these containment threats, and provide strategies to prevent contact.

E.) The CCRCP does not offer specialized guidance for children enrolled in the Child Development Centers or specific guidance for their parents. Children will clearly not be able to follow many of the mandated plan requirements that other students/visitors will, despite the

plan calling for no exemptions. If a separate plan exists, or is under development, these should be linked together, noting how these populations will be isolated from one-another if different practices are being followed.

F.) With many K-12 schools and daycares moving to virtual operations (or closed), it is likely that some visitors, students, and/or employees will attempt to bring their children to campus, especially if the children cannot be left alone at home. While the CCRCP clearly states any visitor must be at the college for school business purposes, this practice will be challenging to enforce. For example, while a student obviously cannot bring a friend with them to campus for any recreational purposes, it is less clear how a student seeking in-person services with an unmasked nursing-aged infant or toddler should be assisted. Clearly, the children in this scenario are not expected to follow the mandates of the CCRCP regarding face coverings, screenings etc. The plan (and/or noted training) should offer guidance for how members of the college community should navigate these types of situations safely.

G.) While the Classified Senate supports the section on “Reasonable Accommodations,” we would like the CCRCP to include more detailed information for other forms of accommodations needed (as a new subsection) for those who are greatly impacted by the conditions of COVID-19, but who will not be claiming ADA disability protected status under the clauses for “Reasonable Accommodations.” For example, those who are:

- 1.) Caring for a child whose school or place of care is closed, or child-care provider is unavailable, due to Covid-19.
- 2.) Caring for, or live with, individuals who are at high risk for Covid-19 complications or who are immunocompromised.

The CCRCP does mention how to seek and access leave in these potential types of situations, especially as provided for by the FFCRA. However, for Classified staff (and likely other employee groups), it is commonplace for an individual to go on leave, and inadvertently increase the workload for those remaining. Since there is generally no substitutes for Classified staff, if Classified staff have child or family care needs, and are forced to go on leave as a result of being asked to work in a hybrid or in-person capacity, it may overwhelm our ability to operate effectively. This issue is compounded by stressors already placed on our

system, apart from the heightened risk of individuals becoming sick in the coming months. Specifically, due to budget cuts and the related loss of College Assistant and other short-term positions, and, in conjunction with the pending retirements associated with the SERP, our plans should offer greater flexibility to conserve the remaining workforce when possible.

H.) It is unclear if agencies/organizations inside the University Center as well as the Academy of the Canyons will have to abide by the same screenings and overall containment strategies of the CCRCP. These outside entities are not typically subject to the same policies, disciplinary actions, and/or employee training despite sharing a campus with us. It would help to clarify (perhaps in its own subsection) the District's ability to provide oversight to these groups during the pandemic, noting how they will adhere (or not adhere) to the CCRCP.

I.) The CCRCP states "if there are gaps between these activities (referring to classes), students should wait in their personal vehicle when possible."

Since many students use alternative transportation methods (rideshare, carpools, buses, etc.), and do not have vehicles to shelter in, there should be predesignated passing-period areas. This addition will also help support students with disabilities who may find repeated journeys to their vehicles between classes impractical. Moreover, without knowing each student's schedule in real-time, this practice seems largely unenforceable, and likely even more so during high heat or rainy periods.

J.) The CCRCP has two separate bulleted areas (pg.4) on the topic "Elevator Use," and it is unclear why these two sections were separated. Nevertheless, we recommend that elevators be primarily reserved for non-ambulatory individuals, or if needed, limited to a single rider at all times to exceed the safety standard.

K.) The CCRCP notes the procedures for symptomatic individuals, and how to access free testing sites offered by the County. However, with an influx of cases, testing has not been easily accessible for all, and in some cases, results are unknown for weeks. We should anticipate the hardship of getting tested, and offer clearer guidance for what to do when test results are not easily obtained.

Despite the problems with local testing sites, relying on our own online symptom-screening process may not be effective enough to create safe conditions on campus. Emerging evidence suggests that those who contract Covid-19 may be most contagious before symptoms develop, and the CDC planning website estimates that +/-50% may spread the virus prior to experiencing symptoms ([CDC MIT Medical](#)). Therefore, despite our best efforts to enforce a self-screening tool, even under ideal conditions, potentially half or more cases may slip through this process. Recently, researchers at the Yale School of Public Health, Massachusetts General Hospital, and Harvard Medical School, released a study that examined how campuses could safely reopen. Though not specifically designed for community college settings, the authors determined that safe operations of colleges would require Covid-19 testing for each student every two days. Moreover, their models showed that “symptom-based screening alone was not sufficient to contain an outbreak” (See: [Journal AD, Zheng A, Walensky RP. Assessment of SARS-CoV-2 Screening Strategies to Permit the Safe Reopening of College Campuses in the United States](#)).

College of the Canyons is unlikely to be in a position to offer each individual multiple tests per week. Therefore, an improved screening practice might look to utilize semi-regular non-traditional testing methods. Recently, the [FDA changed regulations](#) to allow for at-home rapid Covid-19 testing kits. While not currently available, it is recommended that the District consider utilizing these tools if/when they become actionable options. In the meantime, Universities like [Syracuse](#) have planned for pooling their tests, whereby large samples of saliva are regularly collected from groups of individuals and then analyzed all together. This method doesn't identify who is infected, but it would periodically tell us the general rate of infection on campus at a potentially lower cost than individual testing. Depending on the number of people in the pooled sample/s, it may also help the Covid-19 Compliance Officer to direct as-needed follow-ups, or to recommend department quarantines, etc.

L.) The list of Covid-19 symptoms in the CCRCP slightly deviates from the LADPH reference used in the document (“[wide range of symptoms](#)”). Whereas, the LADPH lists, for example, sore throat as a symptom, the CCRCP will list “unexplained sore throat” as a symptom, etc. While these are minor modifications, the changes may have serious inadvertent



consequences. Namely, this may lead individuals to falsely believe they are negative for Covid-19 because they can explain-away a symptom to another condition. The safer practice would be to assume each symptom is suspected Covid-19, and for individuals to stay home until these ailments are determined to be from another source (in consult with a medical professional). The Classified Senate therefore recommends the verbatim list of symptoms from the LADPH be used, as it also does not group symptoms into categories to the same degree the CCRCP does (see “fatigue” and “muscle aches”). If LADPH was not the source of the symptom list used in the CCRCP, please update the reference in the document.

## LADPH

**Symptoms may appear 2-14 days after exposure to the virus and may include:**

- **Fever**
- **Cough**
- **Shortness of breath/difficulty breathing**
- Fatigue
- Chills
- Congestion or Runny Nose
- Muscle or body aches
- Headache
- Sore throat
- Nausea or Vomiting
- Diarrhea
- New loss of taste or smell

*This list does not include all possible symptoms of COVID-19.  
Some people with COVID-19 never get symptoms*

## CCRCP



## Health Screenings

### SYMPTOMS OF COVID-19

Persons with COVID-19 may experience a wide range of symptoms, ranging from mild symptoms to severe illness.

Symptoms may appear 2-14 days after exposure to the virus and may include:



- |  |  |
|--|--|
| • Difficulty breathing or shortness of breath* | • New loss of taste or smell           |
| • Bluish lips or face*                         | ➡ • Unexplained headache               |
| • New confusion or hard to wake*               | ➡ • Unexplained muscle pain or fatigue |
| • Persistent pain or pressure in the chest*    | ➡ • Unexplained sore throat            |
| • Persistent or occasional cough               | • Nausea, vomiting, or diarrhea        |
| • Fever, shaking, or chills                    | • Congestion or runny nose             |



M.) Currently, the concept of when people will/will not be allowed on campus, and how this relates to having symptoms is still vague. It would also be helpful to operationally define “Suspected Positive” and “Presumed Positive” cases used in the CCRCP.

These are some of the messages from various parts of the CCRCP that may get confusing for readers: 1.) “Persons exhibiting symptoms of COVID-19 will be denied entry to campus” 2.) A combination of “fever with cough or shortness of breath” equates to being “presumed positive” and “shall not report to campus” 3.) “The District encourages anyone who suspects they may have COVID-19 to contact their healthcare provider and requires that they not report to campus.” 4.) “Your ability to return to campus will depend on what symptoms you are experiencing.” 5.) “If I checked “Yes” to experiencing a symptom of COVID-19 in the Online Health Self-Assessment, am I automatically barred from campus?” “Not necessarily.”

Consider creating a new subsection specifically addressing when to leave campus and how to return to campus, rather than multiple FAQs. This way, readers can quickly find this guidance within a single area of the CCRCP.

N.) It is unclear how restrooms will operate safely under the CCRCP with stalls, urinals, sinks etc. often less than 6ft apart, and there is a prevalence of low ventilation, single point of entry (blind corners), and aerosol generation. It would be helpful if there was further guidance specifically discussing the topics of breakrooms and restrooms. In searching the document, the only time restrooms are mentioned is within the passage “campus restrooms will be open and adequate soap will be provided.” During the 7/22/2020 CCCCCO webinar, samples were shown of side-by-side water fountains being partially closed (bagged off) when within 6ft of one-another. We should consider more robust planning to reduce traffic inside restrooms, and to help maintain social distancing (e.g. close every other stall, etc.). This should include planning for locker and shower room areas (e.g. if showers are open, how would face covering etc. work in these spaces?). It is unclear why there are fewer directives on restrooms and breakrooms than there are on evaluators within the CCRCP.

O.) While face coverings are required to enter the campus, the plan also calls for those without face coverings to be able to find them at various points on campus, including the Canyon’s Hall Welcome Desk. We do not want people without face coverings roaming campus looking for the face covering stations. Therefore, outdoor face-covering distributions sites at points of campus entry would be preferable over internal distribution sites. If the face covering distribution sites are going to be staffed, it will also be important that these employees have

the proper PPE to protect against those without face coverings seeking to obtain them (e.g. N95 and Face shields).

P.) The CCRCP states the following about the self-evaluation process: "...approval certification email, which must be shown to designated District personnel upon request." The plan should clarify who the designated screening personnel are, and who has the right to ask for this sensitive information from another employee or student (HIPPA?). For example, would faculty or staff members be able to request this email verification from students they are teaching or working with? Furthermore, the plan should clarify or attach the procedure for how individuals will be selected for this extra level of wellness verification. For example, are these random requests, or completed only when someone is suspected of not following the protocol? Regardless of the practice used, it would be helpful to know generally how many (or what percent of individuals) the District is expecting to verify through this process. Additionally, since the District will presumably be maintaining a log of screening data and visitor logs for contact tracing purposes, the CCRCP (or an addendum) should specify who has access to the health information and logs, and for what length of time and purposes can they be accessed?

## Logistical Questions

1. From Pg. 2: *"Should symptoms present while on campus, such persons should leave campus immediately, or if immediate departure is not possible, employees and students should wait in designated containment areas"*

Where are the containment areas located, and who is responsible for monitoring the Covid-19-symptomatic individuals directed into these areas? Will those in containment also have access to water and restrooms on-site to avoid breaking containment?

2. From Pg. 2: *"Persons completing the Online Health Self-Assessment must take their own temperature off campus and must report any readings at or above 100.4°F on the online form"*

If an individual arrives on campus without a temperature check, will there be an option to be screened on campus? If so, where, when, and who will run these screenings?

Will thermometers be provided by the District for the mandated off-site screenings in the event that a student/employee does not have one?

- 3.) From Pg. 5: *“Individuals should cough into a tissue and then immediately dispose of the tissue in a nearby trash receptacle. If no tissues are available, individuals should cough into their elbow. Individuals should wash their hands or use hand sanitizer after coughing.”*

This hygiene practice implies that people should remove face coverings to cough or sneeze - is this the true intent? This practice may be concerning in shared office spaces where face coverings are normally required at all times.

- 4.) If employees are in quarantine, will they be provided alternative options to work from home if asymptomatic or minor symptoms appear, or must they use leave?
- 5.) The face-covering mandate does not specify when or where removal is permitted for the purposes of eating or drinking when working in shared space. It should be made clear that removal is not allowed for these purposes while in a shared spaces (e.g. individuals should use frequent breaks allotted to go to designated eating and drinking areas? Where are the eating areas?).
- 6.) The CCRCP discusses when removal of face coverings are allowable *“employees and students alone in closed offices and walled cubicles are not required to wear face coverings.”*

Since cubicles are usually not fully enclosed, and many are open on one or more sides (non-floor-to-ceiling), it is unclear what counts for a safe level of cubicle isolation for purposes of removing a face covering. Additionally, this may lead to clear inequities if employees have access to closed offices and others do not. It would be helpful if the District could provide isolated office spaces or rooms for those working in shared spaces to take their face-covering off at some point in their work shifts.

- 7.) With over a dozen parking lots and campus entry points, how do the authors plan to control for visitor screenings and assure that the protocols are being reasonably enforced? For example, will parking areas be limited to create fewer points of entry for easier screening of guests and contact tracing?

## Technical Issues

1. The word “receptacle” is spelled incorrectly on the bottom of page three.
2. There are two slightly different guidelines for elevator use on page four.
3. Throughout the document, the authors reference the health screening for students and visitors, however, the screening link navigates users to the employee-only site at present. Please update the screening process for students and visitors so these can be reviewed in comparison to one another.
4. On page 2: “...and must follow the protocols set forth in *Testing and Tracing*, p. 6-8.” Pages 6-8 are titled “Covid-19 Exposure Protocol,” and we did not find a separate section labeled “Testing and Tracing.”
5. On page 10: “*appointment only are listed on the District’s COVID-19 website.*” The link here goes to the EOPS department’s Covid-19 page, not the District’s main Covid-19 page. It is confusing to have two Covid-19 response pages, as both are likely to show up in web searches.

See: <https://www.canyons.edu/administration/pio/notices/index.php>

Vs: <https://www.canyons.edu/student-services/eops/Covid19resources.php>

Thank you for reading our concerns and inquiries, we look forward to your response and consideration.

Sincerely,

The Classified Senate Executive Board