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# COVID19 Infection Control Program



**SEATTLE COLLEGES**  
*Central · North · South*

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**JUNE 19, 2020**

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**Seattle Colleges**  
**Version 2.0**

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# Definitions

“Direct-contact” means being within less than 6 feet of physical-distance from another person; also referred to as close-contact

“Frontline workers” are employees who work in direct-contact with individuals known or suspected to be infected with the novel coronavirus.

“Isolation” is the separation of sick-people with a contagious disease from people who are not sick

“Physical-distancing” means to maintain 6 feet of physical-distance from other people; also known as “social distancing”

“Potential-exposure” means to have been in direct contact with an individual diagnosed with COVID19 within the 48-hours before symptoms appeared or during their recovery period

“Quarantine” separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick

“Recovery-period” means 10 days after a sick individual first became ill or 3 days after symptoms resolve, whichever duration is longer

# COVID19 Transmission Summary

The novel coronavirus (SARS-CoV-2) is primarily spread from person-to-person by droplet transmission when an uninfected individual comes into close contact of an infected and contagious person (COVID-19 patient). “Droplet transmission” means that microscopic droplets of saliva and mucous, which are dispersed to the air as a person coughs, sneezes, and (to a much lesser extent) speaks, may be inhaled by an adjacent individual (within 3 – 6 feet). If these droplets are contaminated with a sufficient amount of viable virus, that uninfected individual has potential to become infected. This mode of transmission can be controlled with good respiratory etiquette by:

- Coughing/sneezing in the opposite direction of other people
- Covering the mouth and nose when coughing/sneezing by using disposable tissue or the elbow of the arm
- Promptly discarding the tissue and washing your hands with soap and water
- Avoiding public areas when sick (known to be contagious), staying home, and contacting and following instructions from a licensed healthcare provider
- Wearing a cloth face covering in situations where close contact with the public cannot be avoided (such as in the healthcare facility waiting room, grocery store, or public transportation)

Shortly after a person coughs/sneezes, the expelled droplets fall from the air to nearby horizontal surfaces, such as a table or the floor. If that surface is touched with the hands of an uninfected individual, that individual has an excellent protective barrier that prevents the virus from infecting them, which is the skin. However, if that person carries the virus from the hands to the mouth (or mucous membranes of the eyes or nose), that person has transported the virus to a portal-of-entry and would then have potential to become infected. This mode of transmission is considered hand-to-mouth transfer. It is much less likely to cause infection than by droplet transmission and can be controlled by hand washing and frequent, repeated disinfection of

## A successful **Safe Start** means we all have to do our part.

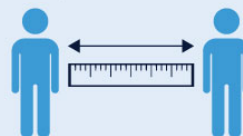
**It's safest to stay home.**

**BUT IF YOU HEAD OUT:**

**Wear a mask.**



**Stay six feet apart.**



**Wash your hands.**



**Prevent the spread by staying local.**

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horizontal and high-touch surfaces in areas where sick people congregate (such as a healthcare setting) and areas of high-public traffic.

Once infected, an individual may not exhibit symptoms for 2 - 14 days after contracting the virus but may still be contagious; therefore, the importance is heightened for college leadership to campaign and promote the use of good respiratory etiquette, frequent hand hygiene, and informing all individuals of the Seattle Colleges' workforce and student body about the symptoms and risk factors associated with COVID-19. In order to prevent the spread of infection from asymptomatic carriers, college leadership should strongly encourage the use of cloth facemasks for all individuals who arrive on campus.

## Introduction

This Infection Control Program serves as a group of policies and procedures identified as guidelines used to deal with infection control issues during the coronavirus infectious disease 2019 (COVID-19) outbreak. It is designed in response to the local COVID-19 crisis and includes an employee and student [Transmission risk Assessment](#) and a [Phased Return-To-School and Work Plan](#) to comply with the Washington State [Stay-Home, Stay Healthy](#) mandate and [Safe Start Plan for Reopening](#), as well as an [Incident Action Plan](#) for responding to the event that a confirmed COVID-19 patient is found to have been on-campus during a likely contagious phase of the illness and a [Contingency Plan](#) for these infection control measures.

Infection control starts with people and each college employee must learn how to protect themselves from possible infection; thus, preventing the inadvertent act of passing the infection on to other coworkers and students. The Infection Control Program is intended to help inform and guide our college community to take preventative actions that fight the spread of infection of COVID-19 and protect our loved ones. Additional resources include safety operating procedures (SOPs) for:

- [SOP for Cleaning of Cloth Face Coverings](#)
- [SOP for Area Disinfection Procedures for Novel Coronavirus](#)
- [SOP for Classroom Disinfection Procedures](#)
- [SOP for Equipment Receiving and/or Distribution](#)
- [Infection Control Strategies](#)
- [Physical-distancing strategies of various campus work and study environments](#)

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# Responsibilities

Seattle Colleges' District Emergency Response Team has worked together to develop and identify transmission risk mitigation strategies for good infection control. They have reviewed and accepted this district wide Infection Control Program.

It is the **responsibility of management** (Vice Presidents, Deans, Directors) to give direction and provide the resources necessary to effectively follow the Infection Control Program and to devise a mechanism to monitor and enforce physical-distancing in face-to-face interactions including hands-on instruction (where permitted), registration, financial aid, cashier, library, and computer labs. Management must work to keep the district health and safety (H&S) team up-to-date on those mechanisms and schedule in order to give opportunity for safety oversight and to support information sharing across parallel departments at other Seattle College campuses.

It is the **responsibility of supervisors** to participate in designated trainings to be well-informed and understand the risk factors associated with COVID-19 and ensure proper implementation of identified infection control strategies and mechanisms. Supervisors must call to the attention of management and/or the health and safety team in any situation where they cannot properly implement the outlined strategies and mechanisms established in this Infection Control Program. **Instructors** are to consider themselves supervisors of their students and meet the appropriate responsibilities for that. All supervisors and instructors are responsible for identifying the employee/student needs for accommodations in COVID19 communication and training to ensure the material is presented in the preferred language of the employee/student and certain social-economic disparities that increase COVID19 risk can be managed. Supervisor and instructor may seek support in making these accommodations through human resources, student services, and the district H&S team.

It is the **responsibility of employees and students** to follow instructions and cooperate in efforts for managing physical-distancing and other infection control strategies and to report unsafe conditions or actions to their immediate supervisor or the H&S team ([healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)).

See also responsibilities laid out in the [Communication and Trainings](#) discussion and [Phased Return-to-School & Work Plan](#) of this program.

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# Communication & Trainings

Each college **Communications Team** will develop an emergency communications plan, including a forum for answering workers' concerns and internet-based communications, if feasible; and prepare poster campaigns that:

- Promote good respiratory and hand hygiene
- Direct people to maintain physical-distance and discourage sharing of phones, desks, offices, or other work tools and equipment, when possible
- Increase awareness on symptoms of COVID-19 and what to do if one feels ill
- Poster Campaign materials are also available through:
  - [Centers for Disease Control and Prevention \(CDC\)](#)
  - [King County Department of Public Health \(KCPH\)](#)

**College Leadership** (Presidents, Vice Presidents, and Human Resources) will work to:

- Actively encourage sick employees to stay home
- Ensure that sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies
- Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies
- Not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way

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- Maintain flexible policies that permit employees to stay home to care for a sick family member. Note: Leadership should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual
  - Be aware of workers' concerns about pay, leave, safety, health, and other issues that may arise during infectious disease outbreaks. Provide adequate support in information sharing as workers who feel safe at work are less likely to be unnecessarily absent
  - Work with insurance companies (e.g., those providing employee health benefits) and state and local health agencies to provide information to employees and students about medical care in the event of a COVID-19 outbreak

## COVID-19 Related Stress and Coping

Fearful employees or students can be reassured in knowing that College leadership and the H&S team will continue to collaborate with the various departments of our college community to ensure good infection control planning and effective implementation of strategies that will control the spread of infection for Seattle Colleges. It is the goal of Seattle Colleges' H&S team to work in reducing fear and impetus surrounding misinformation about COVID-19 by providing evidence-based facts to employees through workplace hazard education. Additional resources for stress management associated with the COVID-19 pandemic, are available through the State [Employee Assistance Program](#) (passcode SC for Seattle Colleges), also through the [CDC](#), [King County](#), [United Way](#), and several [other organizations](#) that promote mental-wellbeing.

The District has setup the following website as a central point for COVID-related health and safety resources including psychological, physical, and other considerations like prevention of stigma and identity theft: <https://www.seattlecolleges.edu/coronavirus/covid-19-health-and-safety-resources>

## COVID-19 Hazard Training

Seattle Colleges' H&S Team will provide usable and appropriate training, education, and informational material about business-essential job functions for worker health and safety, including proper hygiene practices and the use of any workplace controls (including personal protective equipment) to prevent the spread of infection of COVID-19. Participation in basic workplace hazard education about the novel coronavirus is required for all employees returning to work on campus that would involve face-to-face interactions with coworkers, students, or the general public. All employees and students are required to undertake COVID-19 safety



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trainings on-or-before their first day of returning to campus activities and weekly thereafter. These trainings and weekly updates are available online at <https://www.seattlecolleges.edu/coronavirus/covid-19-infection-control-program-and-safety-training> and discusses:

- The signs, symptoms, and risk factors associated with COVID-19 illness
- How to prevent the spread of the coronavirus at work, including steps being taken in the workplace to establish physical-distancing, frequent handwashing, and other precautions
- The importance of hand washing and how to effectively wash hands with soap and water
- Proper respiratory etiquette, including covering coughs and sneezes and not touching eyes, noses, or mouths with unwashed hands or gloves, and
- How to properly don, doff, wear, store, clean, and reuse personal protective equipment (PPE) where implemented for infection control strategies (e.g. masks, gloves, face-shields, gowns, etc.). See also the [Safety Operating Procedure \(SOP\) for cleaning, storage, and reuse of face masks](#) (see Attachments)

This COVID-19 safety training for employees will be presented via live zoom webinars, which includes a 1-hour presentation and ½ hour question and answer session with a member of the district health and safety team. Employees can access the presentation schedule and register for an upcoming live session by visiting <https://seattlecollegecovid19-infosession.eventbrite.com>. A canvas training version of the info-session is available at <https://canvas.seattlecentral.edu/enroll/JHEH38>. Anyone without a Canvas account for the trainings can email [dislrn@seattlecolleges.edu](mailto:dislrn@seattlecolleges.edu) to have one built.

Instructors and supervisors may request a preferred-language translation of the presentation transcript by emailing [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu).

It is the **responsibility of instructors, supervisors, and management** (Vice Presidents, Deans, Directors) to ensure that employees and students are aware, have access, and participate in the trainings and weekly update/reviews posted at <https://www.seattlecolleges.edu/coronavirus/covid-19-infection-control-program-and-safety-training> and to document and record that attendance. In all cases, trainings are to be conducted remotely, where possible, or with assurance of good physical-distancing practice amongst students and coworkers while viewing that in a small group setting. Instructors and supervisor's must

- Participate in designated trainings to be well informed and understand the risk factors associated with COVID-19 and ensure proper implementation of identified mitigation strategies and mechanisms

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- Provide ways for workers and students to express any concerns and ideas to improve safety and call to the attention of management and/or the H&S team any situation that they cannot properly implement the outlined strategies and mechanisms established in the Infection Control Program
  - Post readable signs prominently throughout the worksite with messages about physical-distancing, frequent hand washing, required personal protective equipment (PPE), respiratory etiquette, and illness reporting – as provided by the campus communications and/or H&S teams

Note, workplace hazard education materials must be provided in a language that employees understand: resources for multilingual COVID-19 education materials are available through the Washington DOH and other public health organizations

- Disseminate relevant information from DOSH, OSHA, local and state health departments, the CDC, and other similar COVID-19 authorities – as provided by the campus communications and/or H&S team

## Additional COVID-19 Educational Resources

The University of Washington’s Department of Global Health in the School of Public Health and Medicine has developed a Seminar Series, titled “Exploring and Understanding the COVID-19 Pandemic,” which is open to the general public and available at <https://canvas.uw.edu/courses/1403424>. Seattle College employees and students are encouraged to review this material.

These sessions are facilitated by faculty members at the University of Washington who are coronavirus and pandemic preparedness experts. The seminar series will provide a general overview to the COVID-19 pandemic. The lecture series will consist of 6 sessions with each session comprised of a 30-minute lecture. The 6 sessions will encompass the following topics:

1. Coronavirus emergence and trajectory
2. Pandemic preparedness and response measures
3. Diagnostics and testing
4. Treatment and vaccine development
5. Personal and institutional prevention
6. Social and economic impacts

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## Special Subgroup Considerations

Health differences between racial and ethnic groups are clear and present in the King County area. Many of these disparities are often due to economic and social conditions that are more common among some racial and ethnic minorities than whites; including differences in living conditions, underlying health conditions, and limited or no access to care. Similarly, disparities exist for individuals experiencing pregnancy, homelessness, unemployment, and those living with a physical or mental disability. In public health emergencies, these conditions can also isolate people from the resources they need to prepare for and respond to outbreaks. For this, special considerations need to be made that ensure that the Seattle College community, as a whole, is being appropriately protected and supported during the COVID-19 pandemic.

Addressing the needs of vulnerable populations in emergencies includes improving day-to-day life and harnessing the strengths of these groups. Shared faith, family, and cultural institutions are common sources of social support. These institutions can empower and encourage individuals and communities to take actions to prevent the spread of COVID-19, care for those who become sick, and help community members cope with stress. For example, families, churches and other groups in affected populations can help their communities face an epidemic by consulting CDC guidance documents for their organization type. Seattle Colleges is committed to take on this community organization role and support those in need. The district H&S team, in collaboration with the Departments of Human Resources and Student Services, will:

- Educating and linking people to [free or low-cost services](#) available in the King County Community
- Leverage effective health promotion programs at school and home settings to disseminate recommendations and information about COVID-19
- Work across sectors to connect people with services, such as grocery delivery or temporary housing, that help them practice physical-distancing. Connect people to healthcare providers and resources to help them get medications they may need
- To prevent the spread of COVID-19, promote precautions to protect individuals in the community, including the correct use of cloth face coverings and equip communities with supplies to make them
- Help combat the spread of rumors and misinformation by providing credible information from official sources

Seattle Colleges has identified within their employment community the following list of preferred languages for translation accommodations in disseminating the health and safety trainings and communications. It is the **responsibility of each department** to ensure that their employees are able to understand the materials being

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made available to them and make appropriate accommodations that ensure proper protocols are understood and practiced within their workgroup. See, in Attachment, the Washington State Novel Coronavirus Response – Language Access Plan. For additional support, department leadership may request other, similar language accommodations in trainings by emailing [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu).

- Amharic
- Vietnamese
- Mandarin and/ or Cantonese
- Spanish
- Tagalog
- Korean
- Somali and/ or Swahili
- Russian
- Arabic
- Farsi

## Absenteeism

During the local COVID-19 crisis, employees and students could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

All employees are encouraged to report concerns and use paid sick leave, as needed. No department of Seattle Colleges will take any adverse actions or otherwise retaliate against a worker or student for exercising health safety rights, and employees are encouraged to raise any and all health and safety concerns to the attention of the district H&S team by emailing [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu).

Employees/students who are at [higher-risk to severe illness](#) from contracting COVID-19 should continue to either work remotely or in areas that do not present them with direct public interaction (meaning within 6 feet of distance). Employees and student are not required to seek these accommodations directly through their supervisor or instructor. **Supervisors and instructor** are to advertise the means for individuals to confidentially self-report that they are at higher-risk and seek accommodations process, by contacting:

- **Employees:** [hr.district@seattlecolleges.edu](mailto:hr.district@seattlecolleges.edu)
- **Students:**
  - North: [Josef.Mogharreban@seattlecolleges.edu](mailto:Josef.Mogharreban@seattlecolleges.edu)
  - Central: [Cebrina.Chavez@seattlecolleges.edu](mailto:Cebrina.Chavez@seattlecolleges.edu)
  - South: [Rose.Kolovrat@seattlecolleges.edu](mailto:Rose.Kolovrat@seattlecolleges.edu)

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## Symptomatic Individuals

King County has available free, open-access COVID-19 testing for all individuals (regardless of immigration status) who experience the following symptoms.

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

All individuals who experience the above symptoms should be instructed to stay home, do not come to campus, and get tested. To find a local testing site, go to: <https://www.kingcounty.gov/depts/health/covid-19/care/~media/depts/health/communicable-diseases/documents/C19/community-health-center-testing-locations.ashx>. **Supervisors and instructors** are to inform their employees and students of these [testing resources](#) and [procedures](#) when they are notified of a symptom-related absence.

All sick individuals, regardless of a COVID-19 diagnosis or testing, should stay home and not return to campus until at least 3 days (72 hours) have passed since recovery – defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath) – AND, at least 10 days have passed since symptoms first appeared.

Symptomatic individuals that insist they are not sick (i.e. allergy sufferers) and wish to return to campus activity may opt for the recommended Test-based strategy outlined in the [CDC's Guidance for Disposition of Non-Hospitalized Patients with COVID-19](#). To be permitted to commence on-campus activity. These individuals would be required to wear a cloth face covering – at all times – while on campus and strictly maintain 6 feet of distance from all other individuals. Accommodations should be made for (and strongly encouraged) these individuals to conduct school and work activities by remote modalities.

## Confirmed positive COVID-19 testing

Any **symptomatic individuals confirmed with a positive test for COVID-19**, who were present on-campus within 48-hours that symptoms began are to notify the college – not by notifying their instructor/supervisor but – by emailing the following information to [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu). This notification will

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commence disinfection response activities and contact-tracing to notify any applicable students or coworkers of any identified potential-exposure. Identifying details about the confirmed patient will be kept confidential. To notify the campus, of a confirmed case report:

- 1) Name, phone number, email address
- 2) If you have been directed by a healthcare professional to self-isolate but have not been tested
- 3) Date when their symptoms first began
- 4) If you appeared on campus (which campus) within 48-hours before or while symptoms began

Persons with **laboratory-confirmed COVID-19 who have not had any symptoms** and were directed to care for themselves at home may discontinue isolation under the following conditions. At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then they are to follow the isolation requirements described above for [symptomatic individuals](#).

It is noted that recommendations for discontinuing isolation in persons known to be infected with COVID-19 could, in some circumstances, appear to conflict with recommendations on when to discontinue quarantine for persons known to have been exposed to COVID-19. CDC recommends 14 days of quarantine after exposure based on the time it takes to develop illness if infected. Thus, it is possible that a person known to be infected could leave isolation earlier than a person who is quarantined because of the possibility they are infected.

This recommendation will prevent most, but cannot prevent all, instances of secondary spread. The risk of transmission after recovery is likely substantially less than that during illness; recovered persons will not be shedding large amounts of virus by this point, if they are shedding at all.

## Potential Exposures

All individuals who experience a potential-exposure event should isolate from work, school, and other people and self-monitor for symptoms (under direction of a healthcare provider) for no less than 14 days from the last time of contact with the confirmed or suspected COVID-19 patient.

A “potential exposure” means being in household contact or having direct contact (being within less than 6 feet) with a confirmed or suspected patient of COVID-19. The timeframe for having contact includes the period of time of 48-hours before the patient became symptomatic and 3 days after symptoms resolve for that patient. A “suspected patient” is an individual awaiting COVID-19 test results and/or has been directed by a healthcare professional to self-isolate. If the test results for the suspected patient is found negative for COVID-19, isolation precautions for the potential exposure to a suspected patient may be released.

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Some students or employees may have “household contact” with a COVID-19 patient. Accommodations should be made for these individuals – and they should be strongly encouraged – to conduct work/school activities from home, isolate, and self-monitor for symptoms.

## Frontline Workers

“Frontline workers” are employees who work in direct-contact with individuals known or suspected to be infected with the novel coronavirus. Although no Seattle College students or employees will be required to work with COVID-patients, many individuals may have other employment positions (outside of Seattle Colleges) that would present them with this kind of exposure risk. For example, a Seattle College nursing student may also be employed in a certified nursing assistant or nurse technician position at a healthcare or assisted living facility.

These frontline workers will be permitted to continue work on campus following potential exposure to COVID-19, provided that they remain asymptomatic and additional precautions are implemented, as described below. Note, similar considerations may be made for asymptomatic individuals with household contact – on a case-by-case basis – with consent from the Human Resources department and the H&S team.

Rather than attempt to inventory the second-jobs for college employees and students, the healthcare education cohorts will be assumed frontline workers and any other student or employee who chooses to self-disclose their extracurricular employment role as a frontline worker.

All frontline workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- Each morning, before coming to campus, the student/employee should measure their temperature and report sick if the temperature is greater than or equal to 100.4 °F
- Twice daily, review the Daily Wellness Screening and follow instructions, accordingly
- Practice physical-distancing and maintain more than 6 feet of distance from other people, as duties permit
- For 14 days after last exposure, wear a face mask at all times while on campus. Instructors/supervisors may issue facemasks (available through the campus Facilities Department) or the H&S team can approve employees’ supplied cloth face coverings in the event of shortages
- Disinfect the individual’s workstation, before and after using the space; discourage sharing of workstations, tools, and equipment. Do not share headsets or other objects that are near the mouth or nose

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If the frontline worker becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be promptly cleaned and disinfected. Information on persons who had contact with the sick individual during the time they had symptoms and 2 days prior to symptoms should be compiled. Others at the campus who had direct contact with the sick person during this time would be considered potentially exposed.

## Absentee Policies

**Instructors, Supervisors, and Managers** are to plan for and make reasonable accommodations for COVID-related absenteeism with particular attention paid to [special subgroup considerations](#) for individuals that may be at increased risk of infection due to situational, cultural, or socio-economic factors. This includes:

- Ensuring that absenteeism policies are flexible and consistent with consideration discussed above and that all individuals are aware of these policies
- Maintaining flexible policies that permit individuals to stay home to care for a sick family member. Be aware that more employees/students may need to stay at home to care for sick children or other sick family members than is usual
- Promoting awareness of [COVID-like symptoms](#) and the emergency signs for COVID-19
- Actively encouraging sick individuals to stay home – and those caring for sick at home
- Directing all individuals who feel or appear sick to go home
- Informing students/employees on [who-when-how should one get tested](#)
- Advertising the means for individuals to confidentially [self-report that they are at higher-risk for severe illness](#) from contracting COVID-19 or to confidentially [self-report a positive test case for COVID-19](#)

## Cleaning & Disinfection

It is the responsibility of the campus Facilities Departments to maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other high-touch points in public areas using the designated disinfection products (listed further on in this section). This includes the use of following infection control strategies:

- Establish a housekeeping schedule to address regular, frequent, and periodic cleaning of occupied areas
- Provide appropriate and adequate cleaning supplies for scheduled and, when necessary, spot cleaning and cleaning after a suspected or confirmed COVID-19 case



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- Ensure floors, counters, and other surfaces are regularly cleaned with water and soap, or other cleaning liquids to prevent build-up of dirt and residues that can harbor contamination – for rough surfaces that may be difficult to clean and degrease, use crate paper, cellophane, or other type disposable surface coverings and frequently remove, discard, and replace that barrier
  - Make sure high-touch surfaces are properly disinfected on a frequent or periodic basis using designated disinfection product approved by the EPA-approved disinfectant
  - Make sure shared work vehicles are regularly cleaned and disinfected
  - Ensure adequate stock and supply of soap, paper towels, and other products necessary for hand hygiene
  - Maintain Safety Data Sheets (SDSs) for all disinfectants and chemicals product the department uses (and stores) on site
  - Ensure designated employees follow effective cleaning procedures and use chemical/procedural designated protective equipment when mixing, spraying, and wiping with liquid cleaning products
  - Ensure proper labelling of all dispensed chemical products based on the Globally Harmonized System (GHS) of classification for labelling of chemicals (2012)
  - Do not mix chemicals — many are incompatible; and be sure to dilute and use chemicals per manufacturer specifications

As for work with all chemical products, workers must follow the manufacturer’s instructions (e.g., concentration, application method and contact time, PPE) and Safety Operating Procedures (SOP) designed for the task. All chemical products must be labeled, appropriately, according to hazard communication standards, by the individual dispensing the product to spray bottle. No employee is permitted to conduct dispensing activities without hazard communication training and designated authority through their employment position (trained, facilities personnel).

The H&S team has collaborated with other college communities, facilities leadership, and reviewed public health guidance and developed an [SOP for area disinfection control](#) (see Attachments) for spaces of high-public traffic and common areas that are open to public access. Each campus has designated their disinfectant product to be used that is [verified by the Environmental Protection Agency \(EPA\) with claims against the novel coronavirus](#) and emerging viral pathogens (listed below).

- **North Seattle College** has designated [Oxivir Five 16 \(1:16 dilution\)](#) and/or [Diversey Alpha-HP Multi Surface Cleaner](#) to be used for infection control, disinfection activity

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- **Seattle Central College, Siegal Center, Wood Technology Center, and Seattle Maritime Academy** has designated [Signet Heavy Duty Non-Acid Washroom Disinfectant RR-1 \(1:64 dilution\)](#) to be used for infection control, disinfection activity
  - **South Seattle College and Georgetown Campus** has designated [Diversey Alpha-HP Multi Surface Cleaner](#) to be used for infection control, disinfection activity

These products, when diluted, do not classify as hazardous according to OSHA 29CFR 1910.1200 (HazCom 2012) and dilution control is maintained by an RTD (ready to dispense) dilution control device. It is considered safe to disseminate spray bottles of these products to instructors and area managers for supplemental disinfection (as needed to control the spread of infection for COVID-19) of high-touch surfaces within their workspaces. Allowing access to these products by students or people of the general public is prohibited.

Any employees, outside of custodial department, who are given access these disinfection products for supplemental disinfection activities must follow the [SOP for classroom disinfection](#) (see Attachments) and complete the [COVID-19 safety training for employees](#) presented by the Seattle Colleges' H&S Team, where proper disinfection procedure is discussed. Dispensing chemicals from a concentrated product in that equipment is considered a hazardous chemical work by OSHA HazCom standards. Facilities department employees must be trained on HazCom before working with hazardous chemicals or operating the RTD system.

All employees who work with or around hazardous chemicals may access the schedule and register for the next HazCom training session by going to: <https://hazcomseattlecolleges.eventbrite.com>. It is the **responsibility of the department managers** to ensure their employees are up-to-date on applicable trainings requirements and provide documentation of such to the district Environmental Health and Safety Manager.

## Transmission Risk Assessment

Seattle Colleges' transmission risk assessment involves a thorough review process as each campus makes plans to return-to-school and work while the Washington State "stay-home, stay healthy" mandate is lifted, and activities are gradually phased back on-campus. Conventionally this review process is called an *Exposure Risk Assessment*, however, no school/work activities on Seattle College campuses will require employees or students to work with known or suspected patients of COVID-19. The infection control strategies are designed to assume that an asymptomatic individual may be infected and our efforts are to reduce the risk of transmission from one individual to another. This assumption does not mean that people are infected; it simply means that as a "universal precaution" we will enact transmission-risk mitigation measures that would be protective for the case that someone may be infected. In other words: For a work-group to be classified as a medium transmission risk category, for example, it does not mean that those individuals are being exposed; it means we are taking extra precautionary measures for that work group based on the chance that they may encounter an asymptomatic carrier.

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The effort to reduce transmission risk for Seattle College employees and students and control the spread of COVID-19 infection throughout the college community starts with a thorough review of hazard mitigation and infection control strategies that various departments can undertake. Seattle Colleges has prepared a compilation of applicable infection control strategies (see [Appendix A](#)) and physical-distancing strategies (see [Appendix B](#)) from numerous health agencies and guidance documents, which include:

- CDC: *Interim Guidance for Administrators of U.S. Institutions of Higher Education*. Centers for Disease Control and Prevention (CDC). CS 316111-A. Mar 23, 2020. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-administrators-college-higher-education.pdf>
- CDC: *Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19*. Centers for Disease Control and Prevention (CDC). Available at: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>
- L&I: *Coronavirus (COVID-19) Prevention: General Requirements and Prevention Ideas for Workplaces*. Washington State Department of Labor and Industries (L&I). Division of Occupational Safety and Health. F414-194-000 [04-2020]. Available at: <https://www.lni.wa.gov/forms-publications/F414-164-000.pdf>
- King County Public Health: *Stay Home – Stay Healthy: Guidance for Essential Business*. Seattle and King County Public Health Department (KCPH). Mar 26, 2020. Available at: [https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/~/\\_media/depts/health/communicable-diseases/documents/C19/guidance-essential-businesses.ashx](https://www.kingcounty.gov/depts/health/communicable-diseases/disease-control/novel-coronavirus/~/_media/depts/health/communicable-diseases/documents/C19/guidance-essential-businesses.ashx)

## Return to School-and-Work Review Process

To safely enact the gradual return-to-school and work process (RTW) for Seattle College employees and students, a RTW committee was formed with executive workforce deans and leaders associated with the [critical infrastructure educational programs](#) of Phase 1. The RTW committee has developed a process for instructors/supervisors of certain programs who wish to have their activities returned to on-campus face-to-face format; in which they are to submit request for review by the RTW committee.

This review process includes:

- (i) Thorough review of this Infection Control Program (ICP) with particular attention paid to establishing which (as many as possible) infection control strategies (see [Appendices A](#) and [B](#)) are practical for the particular area and/or work group

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- (ii) Completion of required trainings (see <https://www.seattlecolleges.edu/coronavirus/covid-19-infection-control-program-and-safety-training>)
  - (iii) Submission, for review and advisement, a program specific [RTW safety plan form](#), which demonstrates how the required infection controls (described in the following section) will be implemented and declares what additional (as many as possible) infection control strategies and physical-distancing strategies (listed in [Appendices A](#) and [B](#)) will be enacted to reduce student and employee transmission risk
  - (iv) Be granted permission to return to campus operations by the program Dean, COVID-19 Site Supervisor, and the district H&S team
    - **Program Deans** will review the RTW safety plan form to ensure that the course qualifies for on-campus face-to-face format according to the current [Phase of Safe-start Status](#) (e.g. for Phase 1, ensure it is a [listed program](#)) and that RTW is feasible for this program, including assurance of adequate supply of industry standard PPE according to the course work activities and that instructors are well prepared and understand how to implement appropriate infection control measures
    - **COVID-19 Site Supervisors** will review the RTW safety plan form to ensure that campus feasibility of the proposed RTW plan does not exceed capacity (e.g. follow-up disinfection activities are manageable, needed staffing for door and physical-distance monitors are adequate, 50% room capacity is not exceeded, appropriate signage is placed in corresponding work areas, and potential choke-points have been assessed and managed)
    - **District H&S team** – comprised of both Environmental and Occupational Health and Safety professionals – will review the RTW safety plan to ensure that appropriate [infection control measures are being implemented](#), evaluate how the employee/student [transmission risk is being mitigated](#), and declare the [minimum PPE requirements for infection control](#) as appropriate for the situational [transmission risk](#)

## Classification of Transmission risk

Seattle Colleges is conducting an ongoing employee and student hazard assessment, which categorizes various work groups based on opportunity to come into close contact with a confirmed or suspected COVID-19 patient or the opportunity to be exposed to large volumes of people in areas with ongoing community transmission. For this assessment, various work groups are categorized and organized into risk levels for COVID-19 exposure potential, following rubric designed by the [OSHA 3990 - Guidance on Preparing Workplaces for COVID-19](#). The OSHA 3990 guidance lists strategies to mitigate transmission risk for each category type. Similarly, the Washington State Department of Labor and Industries – Division of Occupational Safety and Health (L&I) gives guidance on [evaluating the transmission risk](#) based on various scenarios that may require close proximity work

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while the local community is experiencing ongoing community transmission of COVID-19 and provides guidance on [which face covering, masks, or respirator is appropriate](#) for the various scenarios. The evaluation of employee/student work-groups have been organized into four occupational transmission risk levels: (1) very-high, (2) high, (3) medium, and (4) lower-transmission risk to the novel coronavirus.

Employees or students in the **very-high transmission risk category** would include those with high-potential for exposure to known or suspected sources of COVID-19 infection – during specific procedures. These procedures include specific medical, postmortem, or laboratory personnel who conduct aerosols-generating procedures, such as intubation, cough induction, bronchoscopies, and some dental procedures. Under normal operations, no employee or student of Seattle Colleges is expected to handle specimens (manipulate cultures) from known or suspected COVID-19 patients.

Employees or students in the **high transmission risk category** would include those with high-potential for exposure to known or suspected sources of COVID-19 infection. These include healthcare workers and support staff who are expected be in direct contact with known or suspected COVID-19 patients. “Direct contact” means to work within less than 6 feet of the individual.

Employees or students in the **medium transmission risk category** would include those required to conduct frequent and/or direct contact with members of the general public in areas of ongoing community transmission. Workers of this category include in-school employees, high-population-density work environments, and some high-volume retail settings. Examples of medium transmission risk activities in the school/work environment may include:

- Non-healthcare work involving personal services (such as haircuts) where there are 3-6 workers inside a room where at least 6-foot distance is not maintained and job tasks require sustained close-together (less than 3 feet apart) work. All clients assumed to be wearing cloth face coverings or higher level of protection
- Vehicle with more than one occupant but **mostly maintain** 6-foot distance with job tasks that require several minutes of 6-foot distance broken several times a day

Employees and students in the **lower-transmission risk category** would have minimal occupational contact with students, coworkers, or persons of the general public. Examples of lower transmission risk school/work environment may include:

- Individuals working alone, or employees/students working all outside with a worksite that is controlled and low public interaction, where at least 6-feet physical-distance between people is **always maintained** or only broken in passing once or twice a day
- Work inside a structure/office where number present allows for at least 6-feet physical-distance between people is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day

- Groups of 1-9 total persons inside building/structure with outside or HVAC air, where at least 6-feet physical-distance between people is **always maintained**. Tools are not shared or are sanitized between different users
- Crews outside on large worksite where at least 6-feet physical-distance between people is **easily maintained fulltime** and only broken intermittently, in passing, up to several times a day. Tools are not shared or are sanitized between different users
- Vehicle operation: individuals ride alone and vehicles are sanitized between different drivers
- Vehicle with more than one occupant but can maintain 6-foot distance that is only broken intermittently up to several times a day
- Non-healthcare work involving personal services (such as haircuts) where there are 1 or 2 workers inside room. All clients assumed to be wearing cloth face coverings or higher level of protection

## Seattle Colleges – Employee & Student Transmission Risk

The following Seattle Colleges employee work-groups and/or instructional programs have been evaluated. Considering that their planned activities are those that do not require interaction with people known to be, or suspected of being infected with the novel coronavirus nor frequent close contact with the general public; These student/employee work-groups’ exposure-risk has been significantly reduced to categorize them in the lower exposure-risk category. This exposure-risk category [does not require additional PPE](#). Exceptions include the student/employee work-groups’ indicated in **“bold”** below, which remain in medium exposure-risk category and require additional PPE or exposure controls for [medium transmission risk](#) (as described further in this section). If the planned activities for these work-groups or instructional programs change, they are required to revisit this [RTW review process](#).

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|---|--|
| <ul style="list-style-type: none"> <li>• <b>Social-distancing monitors ←</b></li> <li>• <b>Door monitors ←</b></li> <li>• <b>Safety &amp; Security ←</b></li> <li>• Facilities personnel, including:             <ul style="list-style-type: none"> <li>- Custodial Crew</li> <li>- Copy Center &amp; Mailroom</li> <li>- Maintenance Crew</li> <li>- Grounds Crew</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Information Technology Services (on-campus intermittently, only – as needed)</li> <li>• Library, IT, and Auxiliary staff for intermittent equipment receiving</li> <li>• Office personnel (on-campus intermittently, only, as needed), including:             <ul style="list-style-type: none"> <li>- HR Operations</li> <li>- Accounting &amp; Finance</li> <li>- Communications/Webteam</li> <li>- Academic &amp; Student Success</li> </ul> </li> </ul> |
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And select critical infrastructure educational programs:

North Seattle College

- **Emergency Medical Technician (AHE190) ←**
- **Certified Medical Assisting (CMA103, CMA106, CMA105, CMA107) ←**
- Electronics (EET107, EET108, EET138, EET162)
- Phlebotomy (AHE119, AHE242)
- Nursing Skills lab II (NURS113)

Seattle Central College

- Broadway Campus
  - Culinary (CUL215, BAK125, CUL101, HOS110)
- Seattle Maritime Academy
  - Vessel Maintenance (MGO120)
  - Basic Vessel Handling (MGO124)
  - Advanced Piloting and Navigation (MGO223)
  - Navigation Practicum (MGO166)
  - Advanced Diesel Engines (MTS257)
  - Applied Marine Electricity (MTS221)
  - Auxiliary Machinery and Ship Design (MTS212)
  - Advanced Engineering Practicum (MGO177)
- Health Education Center
  - Nursing Skills lab II (NURS113)
  - Respiratory Care (RCP330, RCP339, RCP460, RCP470)
  - Surgical Tech
  - Certified Medical Assisting
- Wood Technology Center – none

South Seattle College

- Nursing Skills lab II (NURS113)
- JBLM A&P Seminar (AMT296)
- Welding Lab
- Maritime Welding
- Georgetown Campus
  - Cement Masons & Plasterers
  - Masonry Trades
  - Sprinkler Fitters
  - Boilermakers Basic Welding
  - Boilermakers Blueprint Basic/Intermediate/Advanced I & II
- Tulalip TERO Tribal Center
  - TERO OSHA-10
  - TERO professional leadership for trades

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## Required Safety Controls

Without implementation of infection control strategies, the following Seattle Colleges personnel may classify as **very-high transmission risk category**: Instructors or students conducting aerosols-generating procedures on human patients rather than a manikin or simulations; which does not occur on campus property but in clinical practicum settings, only. Note that healthcare program employees or students are not classified as very-high transmission risk, except during specific aerosols-generating procedures on human patients rather than a manikin or simulations. These employee/student work groups would be in **high transmission risk category**, again, only in the healthcare clinical setting, where requirements of the healthcare facility's health and safety or infection control plan must be strictly followed.

No activities that would classify as very-high or high transmission risk are to be conducted on any of Seattle College Campuses with exception to Seattle Central College's Dental Hygiene Program – NeighborCare location. The Dental Hygiene Program activities will be held to strict occupation health and safety requirements, specifically directed by Washington Department of Health and Department of Labor and Industries for COVID-19 (as verified through the [RTW review process](#)); otherwise, these instructional activities will not commence with clinical activities until appropriate precautionary measures can be carried out.

Without implementation of infection control measures, all on-campus Seattle Colleges employees and students would be classified in the **medium transmission risk category**. Until the King County community can be recognized as an area of minimal ongoing community transmission of the novel coronavirus, Seattle Colleges leadership and management have the responsibility to implement infection control strategies that mitigate transmission risk to the extent that employee and student transmission risk can be classified in the lower transmission risk category. This is done by reducing the opportunity for individuals to be exposed to large volumes of people, by continuing online, distance teaching modalities and telecommuting, where possible; to prevent the spread of infection throughout the college community.

The following are infection control strategies that must be implemented for all student and employee school/work environments while the King County area experiences ongoing community transmission. This is regardless of the Safe-Start Status set by Washington State and in addition to the conditions laid out in the [Phased Return-to-School and Work Plan](#).

**Supervisors and instructors** of certain departments or programs who wish to have their program activities return to on-campus, face-to-face format must review the infection control options outlined in [Appendix A](#) and implement as many as possible to mitigate student/employee transmission risk. They are to review [Appendix B](#) – which lists various physical-distancing strategies for several campus school/work environments and aid in ensuring that 6 feet of physical-distancing is maintained as much as possible. And they must implement all of the following infection control measures. Each workgroup should have additional exposure controls based on their transmission risk category - with infection control & physical-distancing measures. The district H&S team will remain available as a resource for this development and to provide alternative guidance for situations where implementation may be difficult (contact [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)).



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In all cases, it is the responsibility of **supervisors** and **managers** to follow existing OSHA Standards, including considerations for where existing standards may apply to protect workers from exposure to and infection with COVID-19; among the most relevant are:

- OSHA’s General Duty Clause, Section 5(a)(1) of 29 USC 654(a)(1), requires department managers to furnish to each worker a place of employment, which is free from recognized hazards that are causing or are likely to cause death or serious physical harm
- OSHA’s Bloodborne Pathogens standard (29 CFR 1910.1030) applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit the novel coronavirus; however, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) not covered by the standard
- Employers must also protect their workers from exposure to hazardous chemicals used for cleaning and disinfection. Common sanitizers and disinfectant could contain hazardous chemicals. Where workers are exposed to hazardous chemicals, management must comply with OSHA's Hazard Communication standard (in general industry, 29 CFR 1910.1200), Personal Protective Equipment standards (in general industry, 29 CFR 1910 Subpart I) and other applicable OSHA chemical standards. All chemicals used, stored, or purchased by Seattle Colleges should be reviewed by the H&S team for these considerations. No employee is to be permitted to have access to hazardous chemicals or work in a space that hazardous chemicals are used or stored without having been trained in Hazard Communication by an authorized representative of Seattle Colleges (register for training at <https://hazcomseattlecolleges.eventbrite.com>). It is the responsibility of **supervisors** and **management** to ensure that their employees are properly trained and updated, accordingly
- When respirators (including N95 facemasks) are necessary to protect workers or where respirator use is required, management must implement a comprehensive respiratory protection program in accordance with the Respiratory Protection standard (29 CFR 1910.134)
- In all Seattle College SOPs, policies, and procedures, personal protective equipment (PPE) is described as “optional” to employees. It is the responsibility of **supervisors** and **management** to ensure that the PPE is immediately available to their workers and that workers know how to access and properly inspect, use, store, and dispose of that PPE. This material must be presented in the language or manner that each individual employee is able to understand, learn, and protect themselves
- **Managers/Supervisors** and **Deans/Instructors** are responsible for monitoring public health communications and stay up to date about COVID-19 recommendations and ensure that employees/students have access to that information. They are to check the district’s Infection Control Program and Safety Trainings Webpage on a weekly basis and disseminate all corresponding weekly

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trainings and updates to their employees and students:

<https://www.seattlecolleges.edu/coronavirus/covid-19-infection-control-program-and-safety-training>

- Collaborate with workers to designate effective means of communicating important COVID-19 information
- Install physical barriers between the employee and the public, such as clear plastic sneeze guards, in areas where lines may form and where feasible
- Where appropriate, limit students' and the public's access to campus, or restrict access to only certain areas
- Employees should be strongly encouraged not to carpool to and from work unless wearing facial covering or mask for source-control. This is suspected as a source of several national outbreaks
- Each campus facilities department will keep on-hand extra supply of face coverings (or a reusable face-shield that can be decontaminated between use) for instructors and supervisors to access:
  - If an individual arrives to campus without a face covering or
  - In the event that an individual becomes sick during the day. That individual should be sent home immediately, a cloth face covering and face-shield must be worn and the individual should be quarantined to maintain a strict 6-feet of physical-distance from all other people until they are able to return home – contact the COVID-19 Site Supervisors for support
- Post signs about symptoms of COVID-19 that remind people what to do if they feel sick and to minimize contact with other individuals until healthy again. These signs should be posted at the entrance of buildings and in common public or breakroom areas and in the classroom setting. Printable signs (in multiple languages) are available through the [CDC](#) and [King County Public Health](#)
- The following is a list of require PPE for Seattle College student/employee work-groups that are considered of greater transmission risk than the lower transmission risk category. All employees that utilize PPE must be trained on the proper application, inspection, use, storage, and disposal
  - **Safety & Security Department Officers** must be given multiple pairs of nitrile gloves to be carried and worn, as needed. Gloves are only to be worn temporarily, for short term activities. Hands must be washed or sanitized immediately after removing the gloves. Given the mobile nature of the position, a portable supply of hand sanitizer should be provided. Security officers must be supplied with non-cloth disposables masks (dust mask, KN95 or other non-approved foreign-system NIOSH-style filtering facepiece respirators, or non-FDA approved procedure masks) or a reusable face-shield (in that may be disinfected between uses) in combination with cloth face covering.

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- **Disinfection Response Team (DRT)** members must be provided PPE as outlined in the disinfection SOP, based on the chemical and/or infection hazards controls necessary for the disinfection activity
  - **Door Monitors** or individuals interfacing lines or multitudes of people must be given abundant supply of nitrile or latex gloves, a portable supply of hand sanitizer, and a reusable face-shield to be worn in combination with a cloth face covering or a physical-barriers between the employee and the public, such as clear plastic sneeze guards
  - No high-risk or very-high risk activities will be conducted on campus. The only environment that employees or students might conduct activities that would place them in very-high or high risk exposure category would be in the clinical setting. **Deans** and **Directors**, with programs that bring students into the clinical setting, have the responsibility of ensuring proper exposure controls are implemented by collaborating with the program clinical sites.

Those who work either in contact with or within 6 feet of patients known or suspected to be infected with the novel coronavirus should wear respirators. Face-shields may also be worn on top of a respirator to prevent bulk contamination of the respirator during aerosol generating activities. Certain respirator designs with forward protrusions (duckbill style) may be difficult to properly wear under a face-shield. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to cover the areas requiring protection.

Students and employees in this transmission risk category will require additional education on decontamination procedures to conduct before leaving the site, which are outside the typical scope of health education. Workers who dispose of PPE and other infectious waste from high transmission risk activities, or conduct cleaning and disinfection activities in spaces where known or suspected COVID-19 patients reside, should also be provided respirators – contact the district H&S team ([healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)) for support.

## Personal Protective Equipment

The following is a general rubric that the H&S team will be using to establish the minimum required personal protective equipment (PPE) for infection control purposes, based on possible operating scenarios for college students and employees. This stems from requirements of Washington State Department of Labor and Industries who have determined [which mask is appropriate for the task](#), and [guidance on estimating employee/student transmission risk](#).

Note: for situations where the required mask for the task is not available, consider alternatives given in the Contingency Chapter of this Infection Control Program.

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- In non-clinical setting (e.g. campus lab) practicing on manikins or equipment only: use cloth face-covering
  - In non-clinical setting, permitted to breaking the 6-foot physical-distancing barrier in groups less than 5: use KN95 masks
  - In non-clinical setting, permitted to breaking the 6-foot physical-distancing barrier in groups larger than 5 or multiple different groups per week: use N95 masks
  - In clinical setting – no aerosol generating procedures: use KN95 masks with face-shield
  - In clinical setting, while conducting aerosol generating procedures (e.g. dental work with an ultrasonic scaler, air/water syringe, or hand piece, administering medicines with a nebulizer, spirometry, deep or forced breathing exercises): use N95 masks with face-shields

### Inappropriate Use of Certain Infection Controls and PPE

**Supervisors** and **Managers** must ensure their employees know and understand the proper use of designated infection control strategies and PPE, including what not to do when utilizing these controls, as discussed in the corresponding H&S trainings. This includes:

- Do not use hand sanitizer when soap and water is accessible – soap and water is more effective and the overuse of sanitizers/disinfectant promote the evolution for microbial resistance to the product
- Discourage the misuse of sanitizer by placing dispensers ONLY at the entrance to buildings/classroom and areas where hand washing with soap and water is not feasible – instead utilize poster campaigns that remind people to wash their hands in areas that soap and water is reasonably accessible
- Do not use hand sanitizer on gloves – this degrades the material, which may generate microscopic fissures that void the protective barrier effect; gloves should be removed promptly upon contamination followed by hand washing or sanitizer
- The use of gloves requires special attention to cross contamination. They should be removed promptly after conducting the activity of concern. For most people, gloves increase the potential to touch other items and promote cross contamination; therefore, the H&S team discourages the use of gloves for handling money, documents, or simply for face-to-face interaction with public – instead, schedule and remind employees to take frequent hand-washing breaks (every 30 minutes or more frequently, as needed) – set a timer for reminder, if necessary
- Do not wear gloves for long periods of time (more than 30 minutes) as it promotes moisture and microbial growth, which will damage the natural protective barrier of the skin

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- There is a nationwide shortage of n95/medical face masks, which are reserved for people who are sick and cannot avoid public interaction or frontline healthcare workers. With respect to infection control, masks are not personal protective equipment; they block the germs of the person wearing the mask from infecting healthy people around them. According to the World Health Organization (WHO), CDC, and DOH, there is no evidence that wearing a face mask will protect a healthy person from getting sick – Seattle Colleges employees and students are encouraged to use cloth face coverings in environments where physical-distance practices may be difficult to manage
  - When considering the use of face masks, employees and students should be informed that:
    - Reducing the availability of n95/medical mask for healthcare purposes is inappropriate
    - Wearing a mask can increase the burden on the body to breathe and potentially increase touching of the face
    - Neither the homemade nor n95/medical masks are a fail-safe protection to prevent the person wearing the mask from getting sick
  - KN95 masks are not the same as N95 masks
  - Discard cloth face coverings that: no longer cover the nose and mouth, have stretched out or have damaged ties or straps, cannot stay on your face, have holes or tears in the fabric, have been worn for aerosol generating activities, or have been exposed to human blood or body fluid

## Cloth Face Coverings

For COVID-19, symptoms may appear 2-14 days after exposure to the virus and recent information suggests that a significant portion of persons with COVID-19 may not have any symptoms (asymptomatic), or even those who do have symptoms can transmit the infection before showing signs of illness. Seattle & King County has issued a local Health Office Directive that says King County residents must wear a cloth face covering while at any indoor or outdoor public space where it may be difficult to maintain a minimum of 6 feet of physical-distance from someone outside of the home. Everyone is strongly urged to wear face coverings in places such as, retail stores, grocery stores, restaurant takeout and food businesses, buses, light rail, and other forms of public transportation. A face covering is not needed when you are outside walking, exercising, sitting at the park, or other areas that you are able to regularly stay 2 arms' length away from other people.

This mandate is for a cloth face covering; not an n95 or medical mask. Such coverings may include a cloth face mask, scarves, or bandanas but must fit over your nose and mouth. It is important to reserve medical-grade surgical masks and N95 respirators for healthcare workers and people who have special health needs.

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Some people do not need to follow this directive, including:

- Anyone with a disability that makes it hard for them to wear or remove a face covering
- Anyone who is deaf and moves their face and mouth to communicate – instead, consider the use of a clear plastic face-shield
- Anyone who has been advised by a medical professional to not wear a face covering because of personal health issues
- Anyone who has trouble breathing, is unconscious, or unable to remove the face covering without help
- Children under the age of 2 years should never wear cloth face coverings
- Children under the age of 12 should only wear a face covering while in direct supervision of a parent or caregiver to ensure it is worn safely

The use of a face covering or mask is not a substitute for physical-distancing and other infection control strategies but a supplemental measure to decrease the spread of infection from the individual wearing the mask, who might not know they have been infected, from spreading their germs to people around them.

Seattle Colleges promotes the recommendation that students and employees conducting face-to-face interactions wear face coverings while on campus.

- **Door Monitors** will be stationed at campus access points and will provide a face-covering for any student or employee who does not have one – if door monitor stations are closed, contact the COVID-19 Site Supervisor.

If an individual chooses to wear their own cloth face covering to help control the spread, they should follow the guidance developed by DOH and the CDC. Resources for this guidance are included in internet links listed below.

- <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf>
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html>
- How to make your own cloth face covering: <https://youtu.be/tPx1yqvJgf4>
- World Health Organization: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
- When reusing face coverings, follow appropriate [cleaning procedures](#) (see Attachments)

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## Physical-distancing Strategies

Supervisors must ensure that their employees (Instructors must ensure that students) keep at least 6 feet away (2 arms'-length apart) from other individuals, when feasible. Other prevention measures are required such as use of barriers to block sneezes and coughs, and ventilation improvements when physical-distancing isn't feasible. In situations where physical-distancing is difficult, all employees and students should be asked to wear cloth face coverings to prevent spreading their germs to other individuals.

[Appendix B](#) provides physical-distancing strategies that are to be implemented in certain areas of the college campus and should be referred to by the corresponding managers responsible for those areas. Thus far, strategies have been developed for the following (see [Appendix B](#)). Additional requirements may be implemented based on the level of community spread within the King County area. For details on the additional strategies required based on the phase of operation, see the chapter section titled, [Phased Return-to-School & Work Plan](#) of this Infection Control Program.

- Strategies for Building Access
- Strategies for Classrooms & Office Areas
- Strategies for Computer Labs & Libraries
- Strategies for Registration, Financial Aid, and Cashiering offices
- Strategies for Break Areas and Conference Rooms

# Phased Return-to-School & Work Plan

Seattle Colleges plan to phase the return-to-school and work (RTW) following local public health guidance and Washington State's Safe Start Plan where the process is gradual to dial-in campus activities. The process utilizes guidance from the World Health Organization (WHO), the Centers for Disease Control and Prevention's (CDC), Occupation Safety and Health Administration (OSHA), Washington State Department of Labor and Industries (L&I), Washington State Department of Health, as well as support from King County Public Health, the City of Seattle Emergency Operations Management Team, and Washington State Board of Community Technical Colleges' Safety, Security, and Emergency Management Council (SSEMC).

In all phases of the RTW plan, Seattle Colleges leadership will continue to coordinate with local public health officials to review and implement guidance on the best course of action for institutions of higher education. This is the first step in making decisions about responses to the presence of COVID-19 in the community and King County health officials are available to assist college communities to determine which set of strategies might be most appropriate for their specific community's situation. King County has designated a higher education institution liaison for COVID-19 Response and hosts regularly scheduled education and information sharing opportunities amongst community and technical colleges within the State. The H&S team will continue

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to participate, review, update, and implement mitigation strategies that are expected to extend across organizations (e.g., K-12 schools, business, community and faith-based organizations) within the community, as they are not necessarily tied to cases within institutions of higher education.

To safely enact the gradual return-to-school and work process (RTW) for Seattle College employees and students, a RTW committee was formed with executive workforce deans and leaders associated with the [critical infrastructure educational programs](#) of Phase 1. The RTW committee has designated a COVID-19 Site Supervisor for each campus or satellite instructional site, who is responsible for monitoring the health and safety of employees/students and enforce this COVID-19 Infection Control Program. The COVID-19 Site Supervisor will be available at all times during work and class activities. The designated COVID-19 Site Supervisors are:

- **North Seattle College**
  - John Lederer
  - Aaron Korngiebel
  - Peter Lortz
  - Melody McMillan
  - Timothy Albertson
  - William Brown
  
- **Seattle Central College**
  - Broadway Edison Campus – Dave Ernevad
  - Seattle Maritime Academy – Danny Blanchard
  - Health Education Center – Barry Robinson
  - Siegal Center – Adam Maurer
  
- **South Seattle College**
  - Main Campus – James Curnutt
  - Georgetown – Matt Dimeo
  - Boeing Field – Anton Amaratunge
  - Tulalip TERO Tribal Center – Bob Embrey
  - Vigor – Kenneth Johnson

The first Phase of RTW operations on campus began with the June 1<sup>st</sup> lifting of the Washington State Governor’s Proclamation: Stay Home - Stay Healthy Mandate. This stage of campus operations was designed to meet the requirements laid out in the Governor’s [Phase 1 Higher Education & Critical Infrastructure Workforce Training Restart COVID-19 Requirements](#). In that, the Governor has listed specific low-risk, critical infrastructure workforce programs of higher education that take priority in returning to campus activities, with several contingencies laid out – including that all lecture based educational programs are to continue to operate in remote modalities and only those [listed critical infrastructure workforce education programs](#) with



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hands-on training requirements may return to on-campus face-to-face instructional activities. For this, limited support staff (custodial and maintenance departments) have also returned to campus work.

**For Phase 1 operations** (see [Phase 1 Requirements for On-Campus Activities](#)), the only employees and students allowed access to campuses should be either:

- “Essential employees” that maintain the building and operational safety (e.g. payroll and security) who are not able to operate by remote modalities – all activities that can be conducted remotely should continue to be done so – These workers are to establish alternating days or extra shifts that reduce the total number of people in a workspace at a given time, allowing them to maintain physical-distance of 6 feet from one another, at all times.
- Critical infrastructure workforce programs who have been granted permission to return to campus operations by the RTW reviewing committee – all activities that can be conducted remotely should continue to be done so
- Support staff responsible for ensuring a clean and safe work environment for the returning critical infrastructure workforce programs (e.g. custodial, door monitors, physical-distance monitors, and COVID-19 Site Supervisors)

**For Phase 2 operations** (once King County is designated by Washington State to be in Phase 2 – see <https://coronavirus.wa.gov/what-you-need-know/county-status-and-safe-start-application-process>), lecture based education programs and all operations that can work by remote modalities are to continue to do so. Per State requirement, the only new programs that will be allowed to submit (through the above described process) for RTW face-to-face instruction will be expanded to programs that are prerequisite to the [listed critical infrastructure workforce education programs](#).

## Phase 1 Requirements for On-Campus Activities

- Building access will not be open to public and will be limited to one or a few doors – individuals are to exit by the same entrance doors (except for emergencies)
- Certain on-campus student services activities (financial aid, cashiering, registration, equipment exchange, and/or computer lab and library access) will be very limited for special cases where online engagement is not possible and by appointment, only
- At all times while on campus, all individuals must maintain 6 feet of physical-distance from other people (no exceptions) and wear a face covering that fully encompasses the nose and mouth
  - Guideline for face coverings are available by the Washington State Department of Health

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- To review the proper use, donning, and doffing of face coverings see the World Health Organizations videos: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>
  - Non-medical grade, disposable masks and cloth coverings can be reused as an infection control device – follow [procedures for cleaning, storage, and reuse of face masks](#) (SOP in attachments) after every use
  - Always wash your hands after putting-on, taking-off, or adjusting the covering
  - Individuals who are exhibiting COVID-like symptoms will not be permitted campus entry. Therefore, on a daily basis – before traveling to campus – all students, employees, and any visitors should measure their temperature and review the [Wellness Screening Checklist](#) (see Attachments for multilingual resources to the checklist) – any individual who answers yes to the questions should stay home and notify their instructor/supervisor to expect their absence. The same checklist is available online at:
    - **Students:** [bit.ly/covid-student-form](http://bit.ly/covid-student-form)
    - **Employees:** [bit.ly/covid-employee-form](http://bit.ly/covid-employee-form)
  - **Door Monitors** will be present during major site activities and screen entrants using the [Wellness Screening Checklist](#) or verify that the electronic version of the checklist has been completed. They will provide a face covering for any person that arrives without one. Note: Campus Facilities departments have their own designated supervisor who has been trained in door monitor screening methods and may check-in/check-out, only, their direct reports
  - **Social-Distance Monitors** will support door monitors and review public areas (particularly where lines may form) for compliance with the physical-distancing measures and remind people about good hand-hygiene and respiratory etiquette
  - Campus designated **COVID-19 Supervisors** will be available, at all times during major site activities – to monitor and enforce requirements of the Infection Control Program. They have the authority to stop work for immediate health and safety considerations or noncompliance to the Safety Plan
  - Before leaving campus, all students, employees, and any visitors must checkout using the electronic form at [bit.ly/covid-student-form](http://bit.ly/covid-student-form) or [bit.ly/covid-employee-form](http://bit.ly/covid-employee-form) for Students and Employees, respectively.
    - The purpose of the check-out log is to notify individuals if they have been potentially exposed to COVID-19. The information will only be shared with Seattle Colleges’ H&S team and public health officials if someone is potentially exposed. Public health officials will contact you to explain the risk, answer your questions and provide resources. This information will not be

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- used for any other purpose, including sales or marketing. If this list is not used within 6 weeks, it will be destroyed in compliance with retention schedules.
- If the electronic version is not available (for some reason), campus occupants are to check-out at the door-monitor station where a paper log will be kept. Any individual who experiences issues in the process may contact their COVID-19 Site Supervisor or email [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)
  - COVID-19 safety trainings will be prepared by the H&S team and available at: <https://www.seattlecolleges.edu/coronavirus/covid-19-infection-control-program-and-safety-training>
    - All employees must view the [COVID-19 Hazard Training](#) on-or-before their first day of return to campus
    - All employees and students are to participate in a weekly COVID-19 H&S trainings – or be denied campus access
    - **Instructors** and **Supervisors** are responsible for verifying their student/employee participation and log attendance, which will be communicated verbally and the instructor/supervisor will sign in each attendee
    - **All departments** are required to ensure H&S communications are presented by the means or language that their employees or students can understand – they are to provide opportunity to have questions answered and utilize the H&S team via [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu) for support
  - Individual programs and departments are responsible for ensuring availability of appropriate PPE, as applicable to the normal industry hazards associated with the workplace or task (e.g. n95 masks for dust generating activities, as outlined in the Department’s task-specific Job Hazard Analysis)
  - PPE that corresponds to infection control will be designated for each RTW program, based on the [Transmission risk Assessment](#) evaluated by H&S while reviewing the [RTW safety plan form](#) (available in Attachments). A district-wide collaboration effort and inventory is being maintained to ensure that all campuses share available supply of required PPE for infection control – If availability runs out and procurement of additional materials is not feasible, refer to the [Contingency Plan](#) chapter of the Infection Control Program
  - **Instructors, Supervisors, and COVID-19 Site Supervisors** all have a responsibility to oversee and ensure:

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- Physical-distancing strategies (as many as possible) must be implemented in all areas, by everyone, at all times. See physical-distance strategies categorized by various campus area types, available in [Appendix B](#)
  - Where lines may form, floors will be demarcated to indicate a minimum 6-foot separation between each queued individual and a translucent barrier type construct will be setup between where employees will interface queues
  - Observe and identify choke-points where access or traffic flow patterns may need support by a social-distance monitor or be controlled to reduce student/employee congregation
- Failure of employees/students to comply with requirements for on-campus activities during any of the emergency COVID-19 Phases will result in employees/students being sent home – for example if an employee/student refuses to wear the appropriate facial covering except where medically excused

## Phase 2 Requirements for On-Campus Activities

During Phase 2, the above listed requirements for Phase 1 remain. A few differences include:

- All lecture-based educational programs and all operations that can work by remote modalities are to continue to do so. Per State requirement, the only programs that will be allowed to conduct on-campus face-to-face instruction are those listed as [critical infrastructure workforce education programs](#) and the [prerequisites for those programs](#) – which must be granted permission to return to campus operations by the RTW reviewing committee (see the process described in the beginning of this chapter)
- Any student or employee from any state that is not contiguous to Washington must self-quarantine for 14 days after travel, before being allowed on-campus for school/work
- At all times while on campus, all individuals must **wear a face covering** that fully encompasses the nose and mouth
  - The only exceptions are if an individual is working alone (with no chance of human interaction); they must have a face covering on-hand and don that at any time that another person may enter their space
  - Exceptions DO NOT include
    - Situations that would result in repeated putting-on and taking-off the face covering several times a day

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- Wide-open, indoor, shared area (such as, a cubicle office-space, front-desk, or commons area) even if physical-distancing is maintained
  - Outdoor activities where the individual may be exposed to persons of the general public
  - Any situation that the individual’s instructor, management, the COVID-19 Site Supervisor, or H&S personnel directs that a covering must be worn
- At all times while on campus, all individuals must maintain **6 feet of physical-distance** from other people – the only exceptions to the 6-foot rule are when strict physical-distancing is not feasible for a specific activity. To qualify for exception to the 6-foot rule, the corresponding instructor or supervisor must specify the activity in advance and request exception to the rule by emailing [healthandsafety@seattlecollegs.edu](mailto:healthandsafety@seattlecollegs.edu) and specifically list out:
    - The specific tasks that would require direct-contact
    - Why physical-distancing is not possible
    - The total number of different direct-contacts an individual (student or employee) would consequently be interfacing within a single week – if the exception were to be permitted

The H&S team will evaluate and declare what other prevention measures would be required, such as use of barriers, and minimization of employees/students in narrow or enclosed areas, staggering breaks, and delivering programs in shifts or cohorts.

- Exceptions DO NOT include any activity that has not been reviewed and accepted by the RTW committee

## Incident Action Plan

Seattle Colleges’ has developed an Incident Action Plan for the situation that a confirmed COVID-19 patient is known to have occupied a building and/or interacted directly (within less than 6 feet) with college employees or students, within 2 days of the onset of symptoms.

In the event that an individual is confirmed to be infected with COVID-19 and attended on-campus activities during the potentially contagious period of time, the campus should be informed of the potential exposure event by emailing [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu). Campus leadership will utilize the contact tracing records to establish potential direct contact interactions. Identifying details about the confirmed patient must be kept confidential, while the individuals identified as potentially exposed will be:

- Informed that they may have come into contact with a confirmed patient

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- Advised to quarantine for 14 days for the last point of contact with the patient
  - Provided a copy of the Daily Symptoms Checklist and advised to self-monitor for symptoms, while quarantined

In order to account for potential cross contamination, a campus specific Disinfection Response Team (DRT) will clean and disinfect all potentially contaminated spaces within the reported occupied building(s). The campus designated members of the DRT will be trained and ready to activate, when given notice.

In the event that the latest time of campus appearance by the confirmed patient was:

- less than 72 hours prior to DRT activation, the building should be shut-down, and occupancy by any public, employee, or students must be prohibited. In such a case, the DRT should wait for 24 hours before entering the building for disinfection activity, which allows time for aerosolized particles to settle out of the air and significant reduction of virulence (strength or potency to cause disease)
- more than 72 hours prior to DRT activation, the building should be shut-down, for the duration of disinfection response activity (shutdown response time will vary with building size and DRT practice but should be predictable based on observations during routine disinfection activities within that building)

This disinfection response plan will not be activated without a confirmed, positive diagnosis. That is not to say that no action will be taken for suspected cases or to account for the possibility of an asymptomatic carrier, as routine disinfection activities, physical-distancing measures, and other infection control strategies are anticipated to effectively offer good infection control for other building occupants and activities.

Any additional considerations for extended or multi-building closure for disinfection response should be evaluated, on a case-by-case basis, by the Campus' Emergency Response Team using the CDC's Decision Tree ([Appendix C](#)) for guidance in evaluating an on-campus confirmed COVID-19 case.

## Contingency Plan

As King County continues to experience ongoing community spread of the novel coronavirus, Seattle Colleges has taken several steps to reduce transmission risk and potential exposure within our College Community. In preparation for an extended coronavirus outbreak many contingency measures need to continue to be set in place to ensure campus safety and critical services can be maintained.

At this time (June 15<sup>th</sup>), the colleges are gradually phasing in limited on-campus activity, although campuses remain closed to the public and lecture based education programs and all operations that can work by remote modalities are to continue to work remotely. As long as Seattle College campuses have in-person face-to-face school/work activities being undertaken, those administrators have a responsibility to enforce infection

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control measures are enacted and adequate supply for sanitation and PPE remain available – otherwise the school/work activity must be shut-down.

In times like these, contingency planning includes considerations for:

- The need for physical-distancing, staggered work shifts, downsizing operations, delivering services remotely, and other exposure-reducing measures
- Interrupted supply chains or delayed deliveries
- Increased rates of worker absenteeism – including Essential Workers, Custodians, Security Officers, etc.
- Options for conducting essential operations with a reduced workforce, including cross-training workers across different jobs in order to continue operations or deliver surge services. Examples of this include the utilization of:
  - Retraining of auxiliary staff as social-distance monitors
  - Utilizing Emergency Medical Technician training staff to conduct wellness screening checks
  - Designation of location specific COVID-19 Site Supervisors – which formerly did not exist
  - Formation of a campus Disinfection Response Team to activate in the event of a campus confirmed COVID-19 case

Seattle Colleges applaud these individuals, all who have stepped-up to the plate and work together to ensure that infection control measures are being followed and work hard to manage the day-to-day hurdles that this COVID-19 pandemic complicates as limited activities return to campus.

Seattle Colleges, as a district, is teaming together to ensure that all campuses have adequate supplies to support cleaning hand-soap/sanitizer and disinfection practices including the continued provisions of non-hazardous disinfectant and paper towels to staff and faculty so that commonly used surfaces (e.g., keyboards, desks, remote controls) can be effectively cleaned and disinfected.

All college employees need to work together to increase the frequency of cleaning and disinfection of high - touch surfaces at locations and in offices, such as shared tools, machines, vehicles and other equipment, handrails, doorknobs, and restrooms. If these areas cannot be cleaned and disinfected frequently, the locations must be shut-down until such measures can be achieved and maintained.

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## Supply Chain Deficiencies

For procurement of COVID-19 related resources that may be difficult to obtain through the usual vendor supply chain, utilize the following procurement platforms:

- <https://www.reboundandrecovery.org/ppe-connect/>
- [http://www.seattle.gov/mayor/covid-19/seattle-protects?utm\\_medium=email&utm\\_source=govdelivery](http://www.seattle.gov/mayor/covid-19/seattle-protects?utm_medium=email&utm_source=govdelivery)

### Face masks and respirators

Face masks are a particular commodity for which procurement has continuously been involved with supply chain interruptions during the COVID-19 pandemic. N95 masks have been on backorder since before February 2020 with current expected delivery dates on orders placed in March for no earlier than August of this year. Contingency measures for this interrupted supply chain are listed below:

Note: masks are not reusable in the healthcare setting. A PPE burn rate calculator is available through CDC at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>.

- N95 mask are reserved for use by groups of high and very-risk transmission risk which are those conducting **aerosol generating procedures** on humans, such as dental work with an ultrasonic scaler, air/water syringe, or hand piece, administering medicines with a nebulizer, spirometry, deep or forced breathing exercises.
- Many departments that typically utilize these products for dust masks have already made accommodations to avoid the dust generating activities that they would have otherwise needed supply of N95 masks in that occupational activity – alternately, dust-inhalation protection for employees may utilize non-approved foreign-system NIOSH style filtering face piece respirators, such as a KN95 mask
- Through the [RTW review process](#), considerations that reduce groups sizes and numbers of possible interactions and avoidance of direct-contact activities to characterize the returning student/employee work groups into the lower transmission risk category – takes first priority



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- Products of equivalent or greater protection that have been procured but in short supply must be rationed for use, only, where appropriate engineering/administrative controls and physical-distancing measures have already been implemented and the transmission risk still calls for the specific use of N95 respiratory protection. If **N95 supply cannot be procured**, consider the use of:
    - Elastomeric half- or full-face respirator with particulate filters
    - Powered-air purifying respirator (PAPR) with particulate filter (tight-fitting respirators must be fit-tested and the wearer must be clean shaven. No fit-testing is required for loose fitting systems)
    - Industrial use N95, R95, or P95
    - Industrial use N99, R99, or P99
    - Industrial use N100, R100, or P100
    - KN95 masks are not considered adequate replacement for N95 in high or very-high exposure/transmission risk work environments
    - Foreign-certified respirators may be used:
      - Australia: AS/NZS 1716:2012
      - Brazil: ABNT/NBR 13694:1996; ABNT/NBR 13697:1996; and ABNT/NBR 13698:2011
      - People's Republic of China: GB 2626-2006; and GB 2626-2019
      - European Union: EN 140-1999; EN 143-2000; and EN 149-2001
      - Japan: JMHLW-2000
      - Republic of Korea: KMOEL-2014-46; and KMOEL-2017-64
      - Mexico: NOM-116-2009

## Hand-Sanitizer

Hand-sanitizer must be alcohol-based (ethanol  $\geq$  60% or isopropanol  $\geq$  70%), which is considered appropriate alternative to hand-washing when actual grime and debris is not present. This is an alternative and should be used, only, when soap and running water is not readily available. In all cases, washing with soap and water should be preferred over hand-sanitizer. In the event that supply chain interruptions interfere with the assurance of hand hygiene, consider the alternatives:

- FDA has approved a [Temporary Policy for Preparation of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency \(COVID-19\)](#) and gives guidance for industry: Wineries,

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Breweries, Distilleries, and alternative industries have stepped-up to fulfill the supply chain gap for hand-sanitizer. Each campus has agreed to collaborate as a district to ensure that supply and contact-supports will be shared between campuses as individual needs arise.

- Seattle Colleges has made contacts with the following companies for external supply sourcing. These contact-supports include:
  - Woodinville and Heritage Distilleries – contact through Odessa Woodlee, Director of Facilities and Plant Operations, North Seattle College
  - Blackfish Distillery – contact through Christel Olsen, Environmental Health and Safety Manager, Seattle Colleges District
  - CAF Outdoor Cleaning – contact through Craig Bush, Director of Purchasing Services, Seattle Colleges District
- Campuses are not to attempt to manufacture their own hand-sanitizer without purposeful direction and oversight from the Environmental Health and Safety Manager

## Sneeze Guard-barriers & Face-shields

In areas where lines may form or employees would be interfacing with multitudes of people, a clear plastic barrier should be installed between that interface. This barrier must be sufficient in size (extend 2-3 feet above and around the interaction point) and manageable to be disinfected. Originally, campuses have been constructing a wooden window-frame with Plexiglas but Plexiglas has additionally become hard to come by and escalated in price. Alternatives to the rigid Plexiglas include [vinyl fabric sheets](#) or even a [shower curtain liner](#) that can be hung between the interface. Alternatively, the individual interfacing the line must wear a [face-shield](#) in combination with a KN95 mask.

The following are examples of appropriate face-shields:

- <https://project-manus.mit.edu/fs-health>
- [https://www.uline.com/BL\\_8955/3M-Headgear-Face-Shields?keywords=face+shield](https://www.uline.com/BL_8955/3M-Headgear-Face-Shields?keywords=face+shield)
- The above listed design types are preferred over this design type: <https://www.amazon.com/face-shields/s?k=face+shields>

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# Travel

COVID-19 cases and deaths have been reported in all 50 states, and the situation is constantly changing. Because travel increases your chances of getting infected and spreading COVID-19, staying home is the best way to protect yourself and others from getting sick. The following is a general description of travel guidelines to expect as the [United States phases back into reopening](#).

- **Phase 1** – minimize non-essential travel and adhere to [CDC guidelines](#) regarding self-quarantine<sup>1</sup> following travel
- **Phase 2** – non-essential travel can resume; but it is recommended that travelers stay home voluntarily for 14 days after traveling to the United States from other countries with widespread ongoing transmission or on cruise ships or river cruises
- **Phase 3** – low-risk populations should continue to minimize time spent in crowded environments

If you are thinking about traveling away from your local community, ask yourself:

- **Is COVID-19 spreading where you're going?** You can get infected while traveling – Avoid travel to Level 3 regions with widespread ongoing community transmission: refer to the CDC's Travel Notice Webpage at <https://wwwnc.cdc.gov/travel/notices/warning/coronavirus-global>
- **Is COVID-19 spreading in your community?** Even if you don't have symptoms, you can spread COVID-19 to others while traveling.
- **Are you or those you are traveling with more likely to get very ill from COVID-19 (also consider those you live with)?** Older adults and people of any age who have a serious underlying medical condition are at higher risk for severe illness from COVID-19. And, if you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.

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<sup>1</sup> Isolation and quarantine help protect the public by preventing exposure to people who have or may have a contagious disease.

- "Isolation" separates sick-people with a contagious disease from people who are not sick
- "Quarantine" separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick.

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- **Does your local government or the local government at your planned destination require people to stay home for 14 days after traveling?**
    - If you are a Washington resident returning from a trip outside the state, Washington State recommends you stay home as much as possible and limit interactions with others for 14 days. This is not required, but please monitor yourself and your household daily for any symptoms.
    - For up-to-date information and travel guidance, check the state or local health department where you are, along your route, and at your planned destination. While you are traveling, it is possible a state or local government may put into place travel restrictions, such as stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures. Plan to keep checking for updates as you travel. See: <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

Consider the following risks for getting or spreading COVID-19, depending on how you travel:

- **Air travel** requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, 6 feet of physical-distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19
- Traveling on **buses and trains** for any length of time can involve sitting or standing within less than 6 feet from others
- **Traveling by car** and making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and surfaces
- **RV travel:** You may have to stop less often for food or bathroom breaks, but RV travel typically means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

Learn more about how to protect yourself from COVID-19 on different types of transportation on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/using-transportation.html>.

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# Appendices

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## Appendix A – Infection Controls

Occupational safety and health professionals use a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. The most effective protective measures are (from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and personal protective equipment (PPE).

There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect workers from exposure. According to the “hierarchy of controls”, the use of PPE (and introduction of additional hazards associated with that equipment) is considered only after the more effective controls measures have been implemented but are not sufficient to effectively mitigate the risk. The use of PPE supplements these primary control measures and should never be implemented as a replacement to engineering and administrative control strategies.

### Engineering Controls

Engineering controls involve isolating employees from work-related hazards. They serve as a barrier between the worker and the hazard. This barrier can be physical or spatial to reduce or eliminate one’s opportunity to come into contact with the hazard (high-population-density work environments).

Examples of Engineering Controls for the novel coronavirus include:

- Maintaining 6 feet of physical-distance from other people, at all times. See [Appendix B](#) for recommended strategies
- Installing physical barriers, such as clear plastic sneeze guards – where lines may form or employees are anticipated to interface with significant numbers of the general public
- Installing a drive-through window to service students or (if possible) move operations to outdoor environments – [equipment receiving and distribution procedures](#) have been developed (see Attachments)
- Installing high-efficiency air filters – Seattle Colleges is currently in discussion on how to best to achieve this
- Increasing ventilation rates in the work environment – Seattle Colleges’ HVAC Engineers have been maintaining maximum outdoor air exchange and flow rates of occupied areas
- Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in

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mortuary settings) – Seattle Colleges does not have any on-campus work environments where employees or students would be conducting aerosol generating procedures

## Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for the novel coronavirus include:

- Sending home sick workers and students
- Minimizing contact among workers, students, and the general public by replacing face-to-face meetings with virtual communications and implementing telework, where possible – and continuing online, distance teaching modalities
- Establishing alternating days or extra shifts that reduce the total number of people in a workspace at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at: [www.cdc.gov/coronavirus/2019-ncov/travelers](http://www.cdc.gov/coronavirus/2019-ncov/travelers)
- Ensuring that absenteeism policies are flexible and consistent with consideration discussed in the [Absenteeism Chapter](#) of the Infection Control Programs and that all individuals are aware of these policies
- Maintaining flexible policies that permit individuals to stay home to care for a sick family member. Be aware that more employees/students may need to stay at home to care for sick children or other sick family members than is usual
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviors (e.g., cough etiquette and care of PPE)
- Training workers who need to use PPE on how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material must be easy to understand and available in the appropriate language and literacy level for all workers

## Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for the novel coronavirus include:

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- Providing resources and a work environment that promotes personal hygiene. For example, ensure adequate supply of tissues, no-touch trash cans, and hand soap
  - Requiring regular hand hygiene. Workers should always wash hands when they are visibly soiled and after removing any PPE
  - In areas, or for activities, where hand washing is not practicable, provide alcohol-based hand sanitizers (with at least 60 percent alcohol content)
  - Providing disposable towels and non-hazardous chemical disinfection product verified to effectively target emerging pathogens or other [EPA-approved disinfectants](#) for workers to clean their work surfaces (contact your campus Facilities Department for disinfectants)
  - Post handwashing signs in restrooms, employee breakroom sinks, and other hand washing stations

### Personal Protective Equipment (PPE) for Infection Control

Examples of PPE for infection control include: gloves, goggles, face-shields, when appropriate. When it comes to infection control, face masks are not PPE because they do not protect the user from being exposed but they are an infection control device as they serve as source-control for respiratory pathogens. While [engineering controls](#) and [administrative controls](#) are considered more effective in reducing employee transmission risk, PPE may also be needed for certain work activities. While correctly using PPE can help prevent some exposures, it should never take the place of other prevention strategies.

During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. The types of PPE required during a COVID-19 while King County experiences ongoing community transmission of COVID-19 will be based on the activity-specific transmission risk of participants, while working and performing the infectious-hazardous task. Through the [RTW review process](#), the District H&S team will designate which PPE is appropriate for the corresponding student/employee work groups. Seattle Colleges H&S team will continue to monitor the OSHA, L&I, CDC, and DOH guidance and updates about recommended PPE.

**Managers and supervisors** are responsible for ensuring workers are provided with the designated PPE intended to keep workers safe while performing their jobs. In the event that materials cannot be provided (e.g. due to backorder and procurement deficiencies), supervisors/managers must work with the H&S team to re-evaluate the transmission risk and redesign their infection control plan. Supervisors and Managers must not direct their employees to continue work activities when designated risk mitigation strategies are not being implemented or available; they must stop work and call the situation to the attention of the H&S team ([healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)). It is also the responsibility of the **COVID-19 Site Supervisor** to oversee and ensure that all designated infection control measures are properly being implemented.



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## Appendix B – Physical-distancing Strategies

### Contents

Strategies for Building Access

Strategies for Classrooms & Office Areas

Strategies for Computer Labs & Libraries

Strategies for Registration, Financial Aid, and Cashiering offices

Strategies for Break Areas and Conference Rooms

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## Strategies for Building Access

- Control the number of people arriving to campus by strongly discouraging unnecessary on-campus activity (activities that could otherwise be conducted online)
- Limit building access to a single or few doors and assign a door monitor to, before allowing entrance:
  - Provide a face covering to any person that arrives without one
  - On a daily basis, review with employees, students, and visitor the [Wellness Screening Checklist](#) (or electronic link Students: [bit.ly/covid-student-form](https://bit.ly/covid-student-form) | Employees: [bit.ly/covid-employee-form](https://bit.ly/covid-employee-form)) and remind people not to come to campus if they are exhibiting any symptoms – Direct all symptomatic individuals according to procedures described in the [Absenteeism Chapter](#) of this Infection Control Program
- Place alcohol-based hand sanitizer stations at the entrance to the building and remind people to wash their hands with soap and water, as they exit
- In areas where lines may form,
  - Place dividers or floors markings to distinguish appropriate spacing for people in queue and in front of service counters
  - Use barriers that block sneezes and coughs to place in front of the employee interfacing with the queue
- Designate one or more employee(s) as a “social-distance monitor” — similar to a safety monitor – to ensure social distancing practices are consistently followed (it is not recommended that Security be used for this activity, rather resource staff whose positions have not been allowed to return to campus but have no ability to work remotely; for example, food service staff who will not be active in [Phase 1](#) of the Return-to-School and Work Plan but could use the work hours)
- Prioritize measures that remove the necessity for direct public interaction by employees at higher-risk for severe illness from COVID-19 – seek counsel with the H&S team in individual cases where creative distancing measures are difficult to establish

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## Strategies for Classrooms & Office Areas

- Stagger class and work schedules so workers don't crowd when they arrive and leave work
- Move workstations farther apart by removing every other chair so that people aren't encouraged to sit too close
- Remind people to wash their hands with soap and water before they arrive and as they exit
- On a daily basis, review with students the [Wellness Screening Checklist](#) (or electronic link [Students: bit.ly/covid-student-form](#)) and remind people not to come to campus if they are exhibiting any symptoms – Direct all symptomatic individuals according to procedures described in the [Absenteeism Chapter](#) of this Infection Control Program
- Ask any visibly sick person to go home
- Encourage and remind people to wear cloth face coverings to prevent spreading of their germs and to remain two-arms' lengths away from each other at all times – (Phase 1 requires both)
- Consider strategies to prevent students from placing backpacks and personal items on the floor
- A non-hazardous chemical disinfectant will be made available to disinfect the horizontal surfaces and high-touch points before and after each class session. Follow the Classroom Disinfection Procedures and training provided in the *COVID-19 Employee Information Session*. Note, this is not routine cleaning and disinfection activities that custodial staff will be conducting but additional supplement for frequent disinfection of high-touch surfaces in public areas, as needed to control the spread of infection for COVID-19
- Periodically disinfect workstations throughout the day

---

## Strategies for Computer Labs & Libraries

- Designate one or more employee(s) as a “social-distance monitor” for the space
- Control the number of people entering the space to no more than 10 people at a time
- Reduce the number of workstations in use at a given time. In the computer lab, turn off every other computer station and remove the corresponding chairs
- Disinfect computer work stations between each use – following disinfection of electronics description in the [Area Disinfection Procedures](#) (in Attachment)
- Place alcohol-based hand sanitizer stations at the public entrance to the space and remind people to wash their hands with soap and water, as they exit
- Encourage and remind people to wear cloth face coverings to prevent spreading of their germs and to remain two-arms’ lengths away from each other at all times
- Make provisions to prevent close contact between people when transferring items, tools, or materials. For example, require one-at-a-time access at designated (preferably outdoor) drop-off/pick-up points. Follow [equipment receiving and distribution protocols](#) (in Attachment) to prevent cross-contamination and the spread of germs
- Discourage students from sitting too close by removing every other chair and turn off the corresponding computers for every other work station

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## Strategies for Registration, Financial Aid, and Cashiering offices

- Designate one or more employee(s) as a “physical distance monitor” — similar to a safety monitor – to ensure social distancing practices are consistently followed
- Place alcohol-based hand sanitizer stations at the public entrance to the space and remind people to wash their hands with soap and water, as they exit
- Control the number of people entering the space to no more than 10 people at a time – don’t mix groups. Wait until all 10 people have exited the space before allowing entry by a new group – this may require the need to schedule access by appointment, only
- Reduce in-person visits with students and public
  - Promote and prioritize the use of email, electronic, and online services
  - Limit on-campus, face-to-face interactions to prescheduled appointments, only
  - When the appointment is made, provide a copy of the [Wellness Screening Checklist](#) (or electronic link Students: [bit.ly/covid-student-form](https://bit.ly/covid-student-form) | Employees: [bit.ly/covid-employee-form](https://bit.ly/covid-employee-form)) and instruct them not to come to campus if they are exhibiting any symptoms – Direct all symptomatic individuals according to procedures described in the [Absenteeism Chapter](#) of this Infection Control Program
- Encourage students and employees to wear cloth face coverings in public settings where social distancing measures may be difficult to maintain
- In areas where lines may form:
  - take measures to ready individuals in the queue that reduce the time for face-to-face interaction with the employee interfacing with the queue
  - Schedule (every 30 minutes) frequent breaks for and remind employees to wash their hands with soap and water – while on break, disinfect the horizontal surfaces and high-touch points of their work station
- Make provisions to prevent close contact between people when transferring items, tools, or materials. For example, require one-at-a-time access at designated (preferably outdoor) drop-off/pick-up points. Follow [equipment receiving and distribution protocols](#) (in Attachment) to prevent cross-contamination and the spread of germs

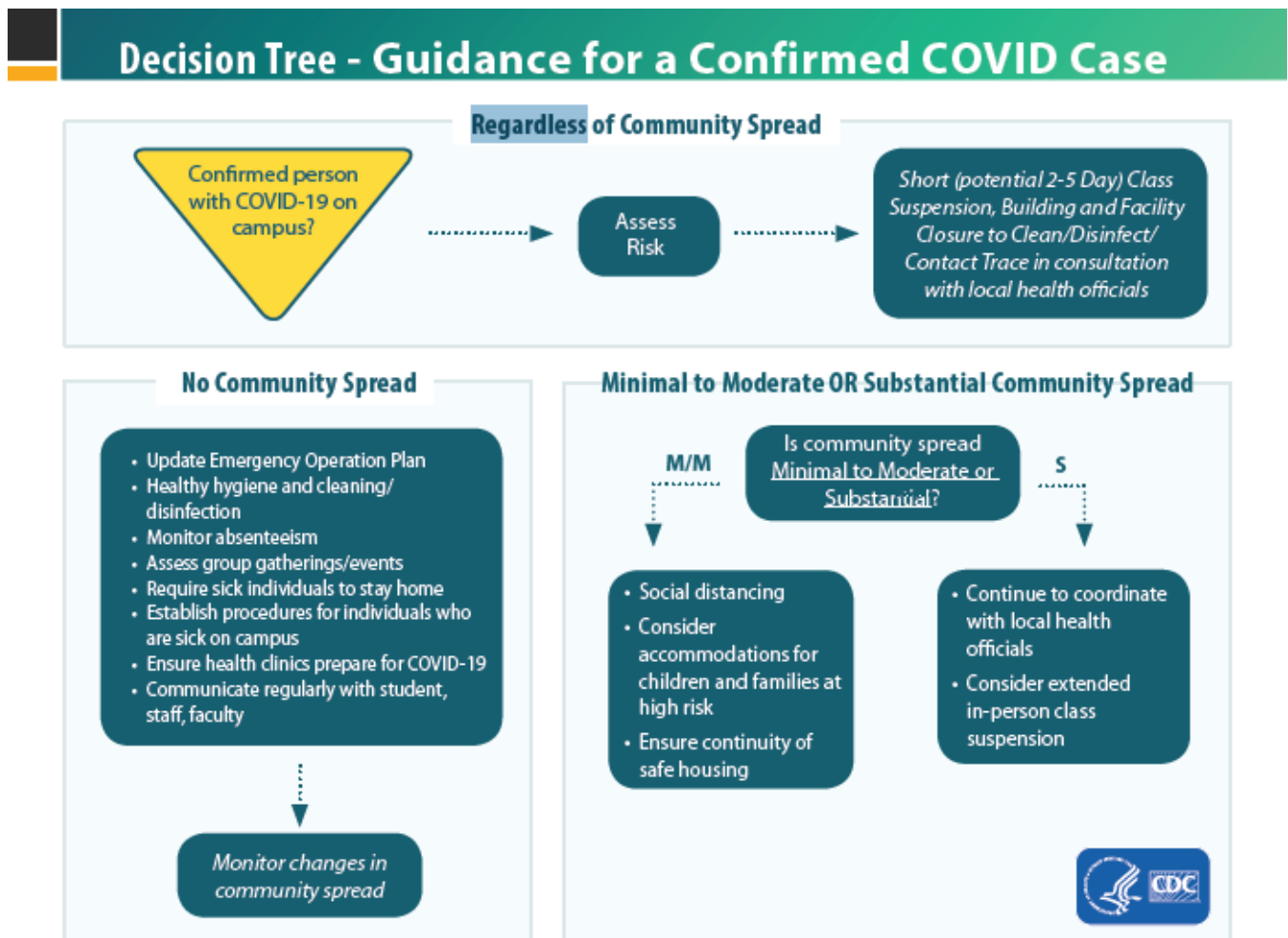
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## Strategies for Break Areas and Conference Rooms

- Set up outdoor conference and break areas to accommodate social distancing; for example, ensure shaded break areas are large enough to allow a minimum distance of 6 feet between people
- Hold gatherings in larger spaces, where workers can readily spread out
- Utilize virtual online meetings and instant messaging instead of in-person meetings, particularly for groups larger than 10 people
- Limit occupancy based on the size and layout of the room and facilitate appropriate distancing by providing a limited number of chairs and spread them out – post signs at the entrance of the space that state the occupancy limit
- Do not stage hand sanitizer in areas where people can have reasonable access to a sink/soap – ensure adequate supply of soap and paper towels
- Post signs above the location of sinks that remind people to wash their hands for 20 seconds
- Facilities teams are expected to disinfect these areas, several times during a shift

## Appendix C – Response to an on-campus confirmed case

Seattle Colleges has planned for COVID-19 outbreaks in their local communities and prepared for individual exposure events that may occur on campus at any local level of community transmission. For example, a case associated with travel at times of limited-to-no community spread. The following decision tree can be used to help campus leadership to determine which set of mitigation strategies may be most appropriate for their current situation.



### When a confirmed case has been on campus, regardless of community transmission

Any institution of higher education in any community might need to implement short-term building closure procedures regardless of community spread **if an infected person has been on campus**. If this happens, CDC recommends the following procedures, regardless of level of community spread. Refer to the [COVID-19 Incident Action Plan](#) Chapter of this Infection Control Program.

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# **Attachment 1**

**Washington State Novel Coronavirus Response  
Apr 29th Memorandum & Language Access Plan**



STATE OF WASHINGTON  
Office of the Governor

MEMORANDUM

**TO:** Executive and Small Agency Cabinet

**FROM:** Governor Jay Inslee

A handwritten signature in black ink, appearing to read "Jay Inslee".

**DATE:** April 29, 2020

**SUBJECT:** Language Access Plan During COVID-19

The COVID-19 pandemic has disrupted nearly every aspect of our lives and has reached into nearly every community in our state. Our ability to keep one another safe and healthy depends on every Washingtonian having access to credible, trusted information about how to prevent the spread of COVID-19, the types of supports and services available, and how to comply with federal, state, and local orders. This requires us to pay particular attention to how we communicate with limited English proficiency communities and Washingtonians with disabilities. This pandemic does not discriminate, and neither can our methods of communications.

We know certain communities are disproportionately at-risk or impacted by this pandemic and one way we can shift that injustice is by communicating in ways that are accessible and culturally- and linguistically-relevant. My office has worked hard to make this process easier for our agencies. We have consulted with the Joint Information Center and the Department of Enterprise Services (DES) to develop a Language Access Plan and secure resources to help state agencies meet the language needs of Washingtonians experiencing significant barriers to accessing state services related to COVID-19 due to a lack of translated materials and information.

All organizations receiving any federal support are legally required to ensure their customers with disabilities and those with limited English proficiency have access to vital information. Specifically, under Title VI of the Civil Rights Act, agencies must ensure meaningful access to information and provide language assistance services.

This Language Access Plan is designed to make sure that our agencies are able to comply with Department of Justice recommendations that, at a minimum, entities translate vital information for each language group with limited English proficiency that constitutes 5 percent of a jurisdiction's population or 1,000 people (whichever is less).

This plan includes the following components:

**Translations:** Working with experts at our Joint Information Center (JIC), all agencies must identify vital agency-specific information related to COVID-19. This includes new programs and services created in response to COVID-19, changes to hours of operations and accessibility to



the public, and other information that is pertinent to immigrant and limited English proficient (LEP) Washingtonians. Once this information is identified, we have established a process that allows agencies to send those documents and information to DES. The DES will coordinate translating the materials into 37 languages with a Master Contract vendor who will expedite the translations. I have authorized funding for the state to cover the costs of these translations. Once the materials are translated and approved by each agency, the information will be available on the agency's website as well as at [coronavirus.wa.gov](http://coronavirus.wa.gov).

**Telephonic Interpretation:** All agencies must have a contract in place with a telephonic interpretation service, which is available under DES Master Contract 02819. Agencies may already have this in place, but if not, contact DES for assistance. Once an agency signs a telephonic interpretation service contract, the agency must list information about the availability of telephonic interpretation service on the agency website.

**Dual- and Multi-lingual Employee Pool:** To better utilize the expertise and skills within our state agencies, all agencies must coordinate with OFM State HR to compile a list of employees who are dual- or multi-lingual. Agencies must send a list of employees that are certified translators, certified interpreters, or others who receive dual language pay as part of their job. These employees may be called on to provide emergency translation, interpretation, or other duties related to language access.

### Next Steps

The JIC and DES will provide support to agencies as they begin to implement the Language Access Plan. I expect each agency to comply with this directive.

### Implementation Checklist:

Cabinet Agency Responsibilities	Timeline
<b>Identify Single Agency Representative</b> Identify a single point of contact to coordinate with the COVID-19 Response Language Access Lead and submit their name to <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a> .	By May 1, 2020
<b>Attend Language Access Plan Implementation Webinar (optional)</b> The Joint Information Center's Community Engagement Task Force will host a webinar for all interested agencies to learn about how to implement this Language Access Plan. Send list of participant names to COVID-19 Response Language Access Lead at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a> . Agencies can send up to 10 staff members.	Live options: May 4, 2020 2:30-3:30 PM May 5, 2020 2:30-3:30 PM May 6, 2020 12:00-1:00 PM  *Slide deck will be available for those unable to attend.

<p><b>Identify Staff for Dual- and Multi-lingual Employee Pool</b> See Section 5 of the Language Access Plan for more information. State HR will reach out to directly to agencies, supervisors, and staff to share the process for building this pool. Contact: <a href="mailto:shrcovid@ofm.wa.gov">shrcovid@ofm.wa.gov</a>.</p>	<p>By May 8, 2020</p>
<p><b>Implement telephonic interpretation services</b> and ensure this service is set-up for all COVID-19 related hotlines and main phone lines. Send list of any hotlines to COVID-19 Response Language Access Lead at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a>.</p>	<p>By May 8, 2020</p>
<p><b>Identify all agency vital information</b> related to COVID-19. Submit a list of topics and documents that will be translated to COVID-19 Response Language Access Lead at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a>.</p>	<p>By May 15, 2020</p>
<p><b>Prep vital information for translation and upload to the Translation Web Portal</b> The Department of Enterprise Services will coordinate the services of a Master Contract vendor to provide translations for all cabinet agencies seeking assistance.</p>	<p>By May 22, 2020</p>
<p><b>Share, post, and distribute translated materials</b> Upload translated materials to your agency website and distribute to partners. Share links to translated materials with the Joint Information Center at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a> so that links are added to the <a href="http://coronavirus.wa.gov">coronavirus.wa.gov</a> web portal.</p>	<p>As materials are returned from translation vendors</p>

Attached is the full Language Access Plan with more detailed information and best practices related to language access. My hope is that by developing a streamlined process for translation and providing the financial resources for enhanced language access, we have made it as easy as possible for your agency to communicate with all Washingtonians.

I expect all agencies to fully comply with the Language Access Plan. Our goal is to make sure that every Washingtonian has access to vital information related to COVID-19. Your compliance is critical and necessary if we are to reach our goal.

Thank you for your commitment.

**Washington State Novel Coronavirus  
(COVID-19) Response**

# Language Access Plan

**Joint Information Center**

Updated April 28, 2020

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# 1 | Implementation checklist

Cabinet Agency Responsibilities	Timeline
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<input type="checkbox"/> <b>Attend Language Access Plan Implementation Webinar (optional).</b> The Joint Information Center’s Community Engagement Task Force will host a webinar for all interested agencies to learn about how to implement this Language Access Plan. Send list of participant names to COVID-19 Response Language Access Lead at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a> . Agencies can send up to 10 staff members.	Live options:  May 4, 2020 2:30-3:30 PM May 5, 2020 2:30-3:30 PM May 6, 2020 12:00-1:00 PM  *Slide deck will be available for those unable to attend.
<input type="checkbox"/> <b>Identify staff for Dual- and Multi-lingual Employee Pool.</b> See Section 5 of the Language Access Plan for more information. State HR will reach out to directly to agencies, supervisors, and staff to share the process for building this pool. Contact: <a href="mailto:shrcovid@ofm.wa.gov">shrcovid@ofm.wa.gov</a> .	By May 8, 2020
<input type="checkbox"/> <b>Implement telephonic interpretation services</b> and ensure this service is set-up for all COVID-19 related hotlines and main phone lines. Send list of any hotlines to COVID-19 Response Language Access Lead at <a href="mailto:JIC3@mil.wa.gov">JIC3@mil.wa.gov</a> .	By May 8, 2020
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## 2 | Background

The COVID-19 pandemic has disrupted nearly every aspect of our lives and has reached into nearly every community in our state. Our ability to keep one another safe and healthy depends on every Washingtonian having access to credible, trusted information about how to prevent the spread of COVID-19, the types of supports and services available, and how to comply with federal, state and local orders. We know certain communities are disproportionately impacted by this pandemic and one way we can shift that injustice is by meeting our obligation to communicate in ways that are accessible and culturally- and linguistically relevant.

This plan will help state agencies meet the language needs of Washingtonians experiencing significant barriers to accessing state services related to COVID-19 due to the lack of materials and information translated.

All organizations and agencies who receive any federal support are **required** to ensure their customers with disabilities and those with limited English proficiency have access to vital information per Title II of the Americans with Disabilities Act, Title VI of the Civil Rights Act of 1964, Federal Executive Order 13166, Section 1557 of the Affordable Care Act and its implementing regulations (42 C.F.R. §92), RCW 49.60., and RCW 38.52.

Compliance obligations under Title VI of the Civil Rights Act, directs agencies to ensure meaningful access to information and provide language assistance services. During the COVID-19 pandemic, all of us have a responsibility to ensure that the information and services provided by the state to the public are accessible to all communities, regardless of language, disability status, or other factors. Accordingly, my office, in consultation with the Joint Information Center, has developed a plan to help state agencies meet the language needs of Washingtonians experiencing significant barriers to accessing state services due to the lack of materials and information translated.

The minimum requirements outlined in the plan are based off of the [Department of Justice's safe harbor provision](#), which recommends that at a minimum, entities translate vital information for each language group with limited English proficiency that constitutes 5% of the population or 1,000 people (whichever is less).

Individual state agencies and local governmental organizations must have their own systems in place to ensure language access. In general, this may include:

- Interpretation services
  - In-person interpretation: spoken and sign language (as appropriate and needed)
  - Remote interpretation: phone and video (preferred for COVID-19 if possible)
- Dual-language staff
- Written translation services
- Notices about the availability of language services
- Partnership with community organizations proficient in the language of LEP persons
- Accessible and alternative formats



## 3 | Language access standards (minimum)

According to Title VI of the Civil Rights Act, agencies are responsible for ensuring meaningful language assistance services. During a pandemic such as this, it is all of our responsibilities to ensure that the information and services we are providing to the public are accessible to all communities, regardless of language, disability status, or other factors. The minimum requirements in the plan are based off of the Department of Justice’s safe harbor provision, which requires that at a minimum, entities translate vital information into any language spoken by at least 5% of the population or 1,000 people (whichever is less). Please note that in addition to these minimum standards, agencies are expected to provide language assistance services, including translated materials, in any language at the request of an individual.

### 3.1 TRANSLATION

#### *Vital public documents, materials, and essential website information related to COVID-19*

Vital documents are important documents that would cause harm to the individual if the information or service was not provided accurately or in a timely manner (e.g., information on how to protect yourself from COVID-19 or forms to access unemployment, food, or other benefits).

The Washington state Governor’s Office secured funding to translate every cabinet agency’s vital information related to COVID-19 into the top 37 languages spoken by individuals with limited English proficiency in Washington state—these are languages spoken by at least 5% of the state population or 1,000 people. According to 2016 data from OFM, these languages are:

- |               |                           |              |                       |
|---------------|---------------------------|--------------|-----------------------|
| 1. Spanish    | 11. Chinese (simplified)  | 21. Romanian | 31. German            |
| 2. Vietnamese | 12. Chinese (traditional) | 22. Tigrinya | 32. Pilipino/Filipino |
| 3. Russian    | 13. Marshallese           | 23. Farsi    | 33. Burmese           |
| 4. Ukrainian  | 14. Samoan                | 24. Tamil    | 34. Thai              |
| 5. Tagalog    | 15. Hindi                 | 25. French   | 35. Oromo             |
| 6. Somali     | 16. Amharic               | 26. Nepali   | 36. Karen             |
| 7. Korean     | 17. Japanese              | 27. Hmong    | 37. Portuguese        |
| 8. Arabic     | 18. Telugu                | 28. Chuukese |                       |
| 9. Punjabi    | 19. Urdu                  | 29. Mixteco  |                       |
| 10. Cambodian | 20. Lao                   | 30. Swahili  |                       |

Agencies should designate a person at their agency who can work with the Joint Information Center’s Community Engagement Task Force to identify their agency’s vital information related to COVID-19. The Department of Enterprise Services will facilitate the translation process with a Master Contract vendor. We need agency participation and collaboration in deciding what English content should be translated.

## 3.2 INTERPRETATION & TRANSCRIPTION

### *Telephonic interpretation*

Telephonic interpretation is a service that allows for real-time, oral communication (over the phone) between two people. It is used throughout governmental organizations to increase access to services for people with limited English proficiency.

- **Finding a vendor:** Your agency may already have a vendor, but if you need to set up a new contract, utilize the DES contract for [over-the-phone interpretation resources](#).
- **Training staff:** Train staff who answer external phone lines on how to use the service. Example instruction sheets are available on the [Department of Health's Communication Access Tool's page](#). There is also a 15-minute training in the Learning Management System: **Telephonic Interpretation Services Training: Using Telephone Based Interpretation Services**.
- **Advertise the availability of telephonic interpretation services:** At all points of contact where you advertise your call line, include in-language translated information about the availability of interpretation services. Pre-translated taglines are available for use from the [U.S. Department of Health and Human Services](#).

### *In-person Interpretation (sign language)*

ASL interpretation is a critical service for ensuring access to meetings and events for individuals who are deaf or hard-of-hearing. There is a [DES Master Contract](#) for Sign Language by independent contractor Interpreters. Programs may utilize the following resources to locate a vendor:

- [DSHS - List of Interpretation Vendors](#)
- [Washington State Coalition for Language Access - Interpreter and Translator Directory](#)

Our customers with disabilities have a right to ASL interpretation services if requested.

### *Communication Access Real-time Transcription (CART)*

CART is the instant translation of the spoken word into English text using a stenotype machine, notebook computer, and real-time software. Please see the [DES Master Contract](#) for more information and authorized vendors. CART services can be used for virtual meetings with some virtual meeting platforms. Ask community partners and customers for their preferences. Our customers with disabilities have a right to CART services if requested.

### 3.3 Alternative communication methods

Agencies are required to ensure access to information for individuals with disabilities and individuals with disabilities have the right to request documents in alternative formats. Agencies should ensure all vital documents meet accessibility guidelines, and should provide an option for requesting information in alternative formats. This includes providing access for individuals with hearing, vision, sensory, developmental, and/or cognitive disabilities. Alternative formats include, but are not limited to, plain text documents, audio recordings, video, Braille, large print, and illustrations of written materials.

An example ADA statement agencies can include on documents and publications: To request this document in another format, call 1-800-XXX-XXXX. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [XXXXX@XXX.wa.gov](mailto:XXXXX@XXX.wa.gov).

Pre-translated ADA statements are available from Response Language Access Lead [JIC3@mil.wa.gov](mailto:JIC3@mil.wa.gov).

## 4 | Additional recommendations (optional)

Once we have met minimum requirements of translating vital information into safe harbor languages, attention should be given to the following recommendations that further the provision of meaningful access. The following recommendations are based on current and best practices. These are optional, additional language access recommendations that agencies are encouraged to adopt as feasible.

Depending on the success of building the dual- and multi-lingual employee pool, agencies may be able to receive support from this pool of state employees to assist with urgent translations, cultural appropriateness review, and development of audio and video materials related to COVID-19.

### 4.1 TRANSLATION

#### *Press conferences*

All press conferences should include American Sign Language Interpretation. Agencies are encouraged to use [FEMA's Accessibility Best Practices for livestreaming Emergency Briefings](#).

#### *Media news releases*

All written news releases should be provided in both English and Spanish. Agencies should translate into additional languages at request or interest of in-language media outlets.

#### *Social media*

All urgent updates and vital information that is communicated via social media should be shared in at least Spanish. Agencies are encouraged to consider how to ensure social media content that relates to programs or services used frequently by various language groups is also available in those languages.

## 4.2 CULTURALLY APPROPRIATE FORMATS

### *Audio messages and video recordings*

Some communities and language groups across Washington have indicated a preference for receiving information in **audio or video** format. This is not an exhaustive list and agencies should consult with community partners, leaders, and members for identifying preferred methods of communication. To start, agencies are recommended to consider audio and video communication strategies to reach the following linguistic groups:

- Khmer
- Amharic
- Marshallese
- Tigrinya
- Somali
- Samoan
- Fijian
- Chuukese
- Tongan
- Palauan
- Chamorro
- Mixteco Bajo
- Triqui
- Mam
- Aguateco
- Chinateco
- P'urhpecha
- Kiswahili (Swahili)
- American Sign Language

### *Cultural appropriateness*

In order for communication to be effective, it must be both culturally and linguistically appropriate. Agencies are encouraged to continuously evaluate and improve the cultural appropriateness of their materials and information.

Common issues with translations related to cultural appropriateness include:

- Translation is completed without cultural adaptation.
- Translator lacks knowledge of the intended readers' culture and language patterns.
- Some terms and concepts are very hard to translate in a meaningful way.
- The translated text is too difficult for the intended audience to read.
- The translation is too formal or casual.

Three ways that agencies can improve the cultural appropriateness of their information are:

1. Partner closely with communities, community leaders, or community-based organizations to co-create messages and materials.
2. Do your own research to better understand the community or intended audience—their cultural beliefs, values, and practices related to the topic.
3. Proactively remove culturally nuanced information in your communications (e.g. idioms) that may cause for inaccurate, culturally insensitive, or confusing translations.

More information about culturally appropriate translation is available from the U.S. Department of Health and Human Services, Centers for Medicaid and Medicare Services, [Toolkit for Making Written Material Clear and Effective](#). The Joint Information Center's Community Engagement Task Force is also available to provide consultation on cultural appropriateness at [CETTeamLead@mil.wa.gov](mailto:CETTeamLead@mil.wa.gov).

## 4.3 AVOID USE OF AUTOMATED TRANSLATION

Federal guidance **requires** agencies to use competent translation services. While automated and machine translation technology (e.g., Google translate) is improving for more common languages, it does not guarantee quality and accurate translations. Mistranslation of critical information puts agencies at serious risk and can potentially lead to negative consequences for the health and safety of Washington families.

It is a common misperception that the only acceptable way to provide translation is to translate the entire website. If you have questions about how to provide translated material on your website, the Joint Information Center’s Community Engagement Task Force is available to provide consultation via [CETTeamLead@mil.wa.gov](mailto:CETTeamLead@mil.wa.gov). The CETF can assist your agency in developing a simple three-step plan for identifying the vital information to be translated, plain talking the content, and establishing a landing page where all the content in that language can be placed.

There are four situations in which automated translation technology can be used as a tool for language access efforts. These include:

- 1) Use by a certified translator to expedite the translation process for common languages. This is appropriate only when the translator reviews and edits the final product to ensure quality and accuracy.
- 2) Use by a graphic designer or communications consultant to verify large translation jobs are not missing any key sections or messages. This is an informal “back translation.”
- 3) Use by agency staff who receive written correspondence in another language and need to quickly identify the language and topic to get it to the right office or agency for response. Example scenarios include: receiving a comment in on a social media post or a public records disclosure form in another language.
- 4) Use by agency staff to relay a simple message urging the customer to call for more information, if there truly is no other option.
  - Example: We are working with a translator to understand your message. We will respond as soon as possible. For urgent issues, please call us at 1-800-XXX-XXXX. We have telephonic interpretation services available. When we answer the phone, tell us your language. We will get an interpreter on the phone. Thank you.

Aside from those four situations, automated translation technology is NOT recommended. For more information, read [Digital.gov – article on use of automated translation](#).

## 5 | Dual- and Multi-lingual Employee Pool

The Joint Information Center (JIC) Community Engagement Task Force and State HR are creating a Dual- and Multi-lingual Employee Pool to leverage language access resources and capacity across state government for the COVID-19 response.

This is an assignment-based role. Workload will vary and will depend on how many employees are in the pool. Assignments may range between 1-10 hours, depending on the need. Once an employee opts into the pool, they may receive assignments from the JIC Community Engagement Task Force.

State HR within the Office of Financial Management will be creating a roster of eligible staff and will reach out directly to state governmental employees in dual-language roles and their supervisors to verify staff members capacity, interest, and skills. State HR, in collaboration with the JIC, will be sending out a survey to previously identified state employees currently performing dual language work or who are credentialed or recognized as having proficiency in a language other than English, to gather the following information:

- Name
- Agency
- Contact information
- Languages with advanced+ proficiency
- Eligibility
- Skills and abilities

### *Eligibility definitions*

**Certified translator:** Someone who has completed a recognized translation certification program and/or passed a recognized and credible translation examination.

**Certified interpreter:** Someone who has completed a recognized interpretation certification program and/or passed a recognized and credible interpretation examination.

**Current dual-language employee:** An employee serving in a designated bilingual position who is responsible for providing direct services in a language other than English, or for translating documents or providing interpretation services in a language other than English, which may be indicated in their position description.

**Foreign high school or college graduate:** Someone who has completed high school or higher education in a language other than English. For example, a person who graduated from a high school in Mexico which taught in Spanish would be eligible to participate in the pool for Spanish. However, a person who majored in Spanish at a university with English as the primary language of instruction would not be eligible.

## Dual- and Multi-lingual Employee Responsibilities

Example Responsibilities	Eligibility
<p><b>Translation:</b> Most likely for small translation requests including FAQ updates, small web content updates, social media messages, and urgent communications/news.</p>	<ul style="list-style-type: none"> <li>• Certified translator</li> <li>• Certified interpreter</li> <li>• Current dual-language employee providing translation services</li> </ul>
<p><b>Translation and cultural review:</b> Review translations that come back from the vendor for accuracy and cultural appropriateness. This is internal and informal “audience testing.”</p>	<ul style="list-style-type: none"> <li>• Certified translator</li> <li>• Certified interpreter</li> <li>• Current dual-language employee</li> <li>• Foreign high school or college graduate</li> </ul>
<p><b>Radio interviews:</b> Conduct in-language interviews about COVID-19 topics, with preparation and support from the Joint Information Center.</p>	<ul style="list-style-type: none"> <li>• Certified translator</li> <li>• Certified interpreter</li> <li>• Current dual-language employee providing oral communication services</li> <li>• Foreign high school or college graduate</li> </ul>
<p><b>Audio messages:</b> Record COVID-19 related information in audio format.</p>	<ul style="list-style-type: none"> <li>• Certified translator</li> <li>• Certified interpreter</li> <li>• Current dual-language employee providing oral communication services</li> <li>• Foreign high school or college graduate</li> </ul>
<p><b>Video messages:</b> Record COVID-19 related information in video format.</p>	<ul style="list-style-type: none"> <li>• Certified translator</li> <li>• Certified interpreter</li> <li>• Current dual-language employee providing oral communication services</li> <li>• Foreign high school or college graduate</li> </ul>
<p><b>Virtual outreach - interpretation:</b> Partner with the Joint Information Center to conduct virtual community Q&amp;A sessions or Facebook Live events and offer interpretation between attendees and subject matter experts.</p>	<ul style="list-style-type: none"> <li>• Certified interpreter</li> <li>• Current dual-language employee providing interpretation services</li> </ul>
<p><b>Virtual outreach – in-language facilitation:</b> Partner with the Joint Information Center to conduct virtual community Q&amp;A sessions or Facebook Live events. Community Educator will be formally prepped as an in-language facilitator or trainer for the session.</p>	<ul style="list-style-type: none"> <li>• Certified interpreter</li> <li>• Current dual-language employee providing oral communication services</li> <li>• Foreign high school or college graduate</li> </ul>

## 6 | Resources

All state agencies have access to translation and interpretation services vendors via the Department of Enterprise Services (DES) Master Contracts. In addition, other organizations and agencies within Washington state can utilize the Master Contract by completing a [Master Contract Usage Agreement](#).

### *Services available under the DES Master Contract*

Service	DES Master Contract Links
Translation – Written Word	<a href="#">Translation Services Contract #04218</a>
CART – Communication Access Real-time Transcription	<a href="#">CART Services Contract #03116</a>
Interpretation - Spoken	<a href="#">Interpreter Services Contract #03514</a>
Remote Interpretation – Phone and video	<a href="#">Interpreter Phone/Remote Contract #02819</a>
Sign Language Interpreters (resource provided, not official contract)	<a href="#">Independent Contractor Interpreters Contract #03919</a>

### *Services not available under the DES Master Contract\**

Service	Independent Contractor Suggestions
Sign Language Interpretation	<ol style="list-style-type: none"> <li>1. Ask your customers and partners for their recommendation</li> <li>2. <a href="#">DSHS Office of Deaf and Hard of Hearing</a></li> <li>3. <a href="#">WASCLA Interpreter and Translator Directory</a></li> </ol>
Emergency Translation Services*	<ol style="list-style-type: none"> <li>1. Ask your customers and partners for community-trusted recommendations</li> <li>2. <a href="#">WASCLA Interpreter and Translator Directory</a></li> <li>3. <a href="#">American Translators Association Directory</a></li> </ol>
Braille Transcription	<a href="#">Washington State School for the Blind, Ogden Resource Center</a> provides transcription services. As the WSSB is another state agency, contracts are not needed to procure transcription services.

\*State agencies must use the master contract unless current vendors are unable to meet the justifiable needs of the agency (e.g. turn-around time, rare languages, etc.).



### *Additional resources*

- **I-speak cards and posters.** These are a resource for individuals to print out and carry with them that identifies the language they speak. They can present the card at point of service, which allows the service provider to assist the individual with telephonic interpreter services or other language assistance methods. I-speak cards can be accessed at the [Washington State Coalition for Language Access \(WASCLA\) website](#) and from [LEP.gov](#).
- **Communication Access Tools.** [Communication Access Tools](#) (scroll down to Communication Access Tools subheading) can aid in communication between a staff member and a person with limited English proficiency or a deaf/hard-of-hearing person. There is also a fact sheet on creating accessible videos.
- Department of Justice, [Tips and Tools for Reaching Limited English Proficient Communities in Emergency Preparedness, Response, and Recovery](#).
- U.S. Department of Health and Human Services, [Understanding and using the “Toolkit Guidelines for Culturally Appropriate Translation”](#).
- GSA Technology Transformation Services, Office of Solutions, [Digital.gov – article on use of automated translation](#).
- U.S. Department of Health and Human Services, [Written Translation guidance on vital documents and safe harbor provisions](#).
- Digital.gov – [Top 10 Best Practices for Multilingual Websites](#).
- U.S. Department of Health and Human Services [pre-translated notices of non-discrimination and language access taglines](#).
- [Washington State OCIO Policy 188 – Accessibility](#).
- [OFM 50.50 Americans with Disabilities Act](#).

### *Key contacts*

COVID-19 Response Language Access Lead, [JIC3@mil.wa.gov](mailto:JIC3@mil.wa.gov)

Joint Information Center Community Engagement Task Force, [CETTeamLead@mil.wa.gov](mailto:CETTeamLead@mil.wa.gov)

## 7 | Definitions

**Alternative communication methods:** Methods to communicate a message that either supplement or replace traditional methods of oral and written communication. The purpose of these methods is to better reach those with limited oral language, limited written language or various impairments.

Example alternatives include: Graphics/illustrations, videos, audio recordings, and sign language. The appropriate alternative communication method will depend on the needs of the audience.

**Culture:** Cultural factors include many types of differences: age, country of origin, education level, employment status, family type, household type, gender, generation, geographic location, immigration status, income, language, literacy level, military experience, parental status, physical abilities, cognitive abilities, political beliefs, race, ethnicity, religion and sexual orientation.

**Customer's preferred language:** The language that a customer wishes to communicate verbally and/or in writing. A customer may have different preferred languages for verbal and written communications.

**Dual-language employee:** An employee serving in a designated bilingual position who is responsible for providing direct services in a language other than English, or for translating documents or providing interpretation services in a language other than English, which may be indicated in their position description.

**Effective communication:** Communication sufficient to provide the LEP individual with substantially the same level of access to services received by individuals who are not LEP.

**Federal Financial Assistance:** The term federal financial assistance includes, but is not limited to, grants and loans of federal funds; grants or donations of federal property; training; details of federal personnel; or any agreement, arrangement, or other contract which has as one of its purposes the provision of assistance.

**General public:** Any member of the public regardless of geographical location within Washington state or citizenship status. General public implies the entire population of Washington state.

**Interpretation:** Immediate verbal (or signed) communication of meaning from one language (the source language) into another (the target language). Messages are conveyed orally. Interpretation services that occur over-the-phone are referred to as telephonic interpretation services.

**Limited English proficiency (LEP):** This term refers to customers who do not speak English as their primary language, speak English less than "very well," and who have a limited ability to read, speak, write or understand English.

**Meaningful access:** Language assistance that results in accurate, timely, and effective communication at no cost to the individual with LEP. For LEP individuals, meaningful access denotes access that is not significantly restricted, delayed, or inferior as compared to programs or activities provided to English proficient individuals.

**Preferred language:** The language in which an individual prefers to communicate orally or in writing. An individual may have different preferred languages for oral and written communications.

**Primary language:** An individual's primary language is the language in which an individual most effectively communicates.

**Priority audience:** The audience for which a service, material or communication is intended for. For example, the target audience for breast cancer screenings are women over age 40.

**Safe harbor rule:** A "safe harbor," in this context means that the organization or agency has undertaken the efforts needed to comply with translation requirements of vital written materials. General guidance for determining language thresholds for translation indicate that an organization or agency should translate a vital material if a language group within the intended audience makes up at least 5% of the population, or 1000 people, whichever is less.

**Taglines:** Short statements written in non-English languages that indicate the availability of language assistance services free of charge.

**Translation:** The conversion of written communication from one language (source language) to another (target language) in a written form. An accurate translation is one that conveys the intent and essential meaning of the original text.

**Vital documents:** Paper or electronic written material that contain information that is critical for accessing a program or information, or is required by law to be publicly disseminated by DOH. This could include documents, forms, announcements, and other materials. Whether or not a document (or the information it solicits) is "vital" depends upon the importance of the program, information, encounter, or service involved, and the consequence to the LEP person if the information in question is not provided accurately or in a timely manner.

# Appendix 1 – Prep for Translation Checklist

\*\*\*Must have an original, editable file. Preferably Word\*\*\*

1. **Identify the intended audience for the material** and audience’s linguistic needs:
  - Audience & languages:
2. Plain talk to ensure content meets **readability standards**<sup>1</sup>:
  - Reading level:
  - Reading ease:
  - Passive sentences:  
\*\*\*Goal = less than 6<sup>th</sup> grade reading level, more than 45 reading ease, less than 10% passive sentences\*\*\*
3. Run accessibility check to ensure content meets **accessibility standards**<sup>2</sup>.
  - Yes/No:
  - Ensure ADA statement is provided
  - Ensure information about Washington Relay Services 711 is provided alongside all phone numbers
4. Review content for **cultural appropriateness and relevancy**:
  - Recommended changes:
5. **Identify dissemination plan** and connect with key staff ahead of time:
  - Communication and dissemination channels:
6. **Collaborate with graphic designers** – content expands often with translation.
  - Design impacts yes/no:
7. **Update resources** to ensure all external hyperlinks connect reader to content in the same language.
  - Resource impacts yes/no:

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<sup>1</sup> To check readability, click on File—Options—Proofing—Select Show Readability Statistics

<sup>2</sup> To check accessibility, click on File—Check For Issues—Check Accessibility

## Appendix 2 – LEP Population Estimates, OFM 2016

	Primary Language	# of Students	% Students	R/E of Applied Household Size	Household size (est)	Total (est)
1	Spanish	126,326	12.73%	Hispanic	3.59	453,510
2	Vietnamese	9,917	1.00%	Vietnamese	3.39	33,619
3	Russian	10,252	1.03%	White (not Hispanic)	2.37	24,297
4	Ukrainian	4,709	0.47%	White (not Hispanic)	2.37	11,160
5	Tagalog	3,411	0.34%	Filipino	3.08	10,506
6	Somali	4,067	0.41%	Black/AA	2.57	10,452
7	Korean	3,951	0.40%	Korean	2.59	10,233
8	Arabic	3,255	0.33%	Black/AA	2.57	8,365
9	Punjabi	2,610	0.26%	Asian Indian	2.92	7,621
10	Cambodian	1,975	0.20%	Cambodian	3.76	7,426
11	Chinese-Mandarin	2,505	0.25%	Chinese	2.62	6,563
12	Chinese-Cantonese	2,447	0.25%	Chinese	2.62	6,411
13	Chinese-Unspecified	2,444	0.25%	Chinese	2.62	6,403
14	Marshallese	1,543	0.16%	NHOPI	3.76	5,802
15	Samoan	1,198	0.12%	NHOPI	3.76	4,504
16	Hindi	1,491	0.15%	Asian Indian	2.92	4,354
17	Amharic	1,562	0.16%	Black/AA	2.57	4,014
18	Japanese	1,618	0.16%	Japanese	2.08	3,365
19	Telugu	987	0.10%	Asian Indian	2.92	2,882
20	Urdu	792	0.08%	Pakistani	3.50	2,772
21	Lao	741	0.07%	Laotian	3.53	2,616
22	Rumanian	952	0.10%	White (not Hispanic)	2.37	2,256
23	Tigrinya	800	0.08%	Black/AA	2.57	2,056
24	Farsi	585	0.06%	Pakistani	3.50	2,048
25	Tamil	687	0.07%	Asian Indian	2.92	2,006
26	French	762	0.08%	White (not Hispanic)	2.37	1,806
27	Nepali	560	0.06%	Nepalese	3.15	1,764
28	Hmong	377	0.04%	Hmong	4.58	1,727
29	Chuuk	430	0.04%	NHOPI	3.76	1,617
30	Mixteco	396	0.04%	Mexican American tribal grp	4.02	1,592
31	Swahili	607	0.06%	Black/AA	2.57	1,560
32	German	608	0.06%	White (not Hispanic)	2.37	1,441
33	Pilipino/Filipin	413	0.04%	Filipino	3.08	1,272
34	Burmese	328	0.03%	Burmese	3.83	1,256
35	Thai	491	0.05%	Thai	2.55	1,252
36	Oromo	479	0.05%	Black/AA	2.57	1,231
37	Karen	314	0.03%	Burmese	3.83	1,203
38	Portuguese	507	0.05%	White (not Hispanic)	2.37	1,202
39	Bosnian	380	0.04%	White (not Hispanic)	2.37	901
40	Ilokano	290	0.03%	Filipino	3.08	893
41	Turkish	364	0.04%	White (not Hispanic)	2.37	863
42	Marathi	270	0.03%	Asian Indian	2.92	788
43	Sinhalese	298	0.03%	Sri Lankan	2.62	781
44	Hebrew, Modern	323	0.03%	White (not Hispanic)	2.37	766
45	Toishanese	259	0.03%	Chinese	2.62	679

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# **Attachment 2**

## **Wellness Screening Checklists**



1. Have you experienced any of the following **symptoms in the last 3 days**?  yes  no

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

if no

if yes

Please stay home for **10 days after your symptoms started** or 3 days after your symptoms are gone, whichever is longer. Contact your healthcare provider or call 206-477-3977 and tell them about the symptoms you have been experiencing (ask them for translation services, if needed). Please, inform your supervisor or instructor to expect your absence.

2. Have you traveled outside of Washington, Oregon, or Idaho within the last 14 days?  yes  no

if no

if yes

Please, stay home for 14 days after your trip. If you experience the above symptoms, contact your healthcare provider or call 206-477-3977 and tell them about the symptoms you have been experiencing (ask them for translation services, if needed). Please, inform your supervisor or instructor to expect your absence.

3. In the past 14 days, have you been closer than 6-feet from someone with COVID-19?  yes  no

if no

if yes

Is this because you work in healthcare services or are a first-responder?  yes  no

if no

if yes

You are permitted to access campus – only – if you are asymptomatic and repeat this wellness screening **twice daily**. You must measure your own temperature. If symptoms arise, immediately inform your instructor or supervisor and go home. Contact your healthcare provider or call 206-477-3977 and tell them about the symptoms you have been experiencing (ask them for translation services, if needed).

Please, stay home for 14 days after your last contact with the COVID19 patient.



# Daily Wellness Screening

Based on guidance from the *Centers for Disease Control and Prevention (CDC)*.

This is not a diagnostic tool – it is a wellness screening checklist to increase awareness of COVID-19 symptoms and infection control.

You have completed your Wellness Screening for today.

- Facial coverings must be worn by every employee, instructor, and student not working alone (with no chance of human interaction) while on campus - this must cover the nose and mouth
- Maintain 6 feet of physical-distance from others at all times, even during instruction - situations where physical distancing may be difficult requires review and permission by the health and safety team (to request permission, email [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu))
- Wash hands upon entry to campus and frequently thereafter
- Always, follow the safety protocols as outlined by your program instructor or department supervisor
- Stay out of closed-off areas of the campus

Please remember:

- If symptoms appear, while on campus, immediately notify your supervisor or instructor and go home
- All persons experiencing COVID-19 like symptoms should be tested: contact your healthcare provider or call the King County COVID-19 call center at 206-477-3977
- If you are confirmed or suspected (by a healthcare professional) to be infected with COVID-19 and appeared on campus within 48-hours prior to the onset of symptoms, notify [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu) for confidential contact tracing and campus disinfection





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# **Attachment 3**

## **SOP for Cleaning of Cloth Face Coverings**

Presently, [King County requires that people wear cloth face coverings](#) when entering public spaces where social distancing may be difficult to maintain. Washington State requires that a cloth coverings be worn over the nose and mouth at-all-times while on campus by all employees, students, and visitors. People should know that a cloth face covering is not considered personal protective equipment (PPE) but it is an infection control device; It is source-control, utilized for the consideration that asymptomatic carriers may spread the virus without knowing they have been infected. Face coverings reduce the opportunity for infectious germs to spread from the individual wearing the covering to people within close proximity to that individual. The use of cloth face coverings are not a replacement for social distancing strategies and should be incorporated in combination with physical-distancing (of 6-feet or more), frequent hand-washing, and staying home when symptomatic.

Individuals considering to wear a face mask of any type should be aware:

- Wearing a mask can increase the burden on the body to breath and potentially increase frequency of touching the face or (for those who are aware) it can serve as a reminder not to touch the face – always wash your hands before and after touching the face covering
- Neither the homemade or n95/medical masks are a fail-safe protection to prevent the person wearing the mask from getting sick and they should be reserved for healthcare staff working directly with confirmed or suspected patients with COVID-19

## Caring for Your Cloth Face Covering

1. Wash your cloth face coverings regularly, preferably after each use, or at least daily.
2. Launder cloth face coverings in a washing machine with detergent and hot water, to avoid bacteria build-up. Alternatively:
  - Boiling: Place the face covering in a pan of boiling water with detergent, swirl the cloth in the water with a clean spoon or tongs for several minutes
  - Hand washing: lather the face covering with detergent and scrub it for at least 20 seconds with hot water, like when washing your hands
  - DO NOT microwave your face mask nor spray it with alcohol or chemical disinfect

This is an adaptation of the *Quick Guide-Cloth Face Coverings* developed by Seattle University (Draft 2020-Revision 2)

3. Dry your cloth face coverings in a clothes dryer on the high heat cycle. Alternatively:
  - Dry the face covering with a hot iron and a heat setting suitable to the fabric (cotton, silk, chiffon, flannel)
  - Dry the face mask with a hair dryer, use the hottest heat setting
4. Wash your hands before and after handling your cloth face coverings.
5. **To store your face covering**, fold the mask in half (lengthwise or widthwise), so the outside surfaces are touching each other. Place it carefully into your clean storage area in a paper bag. Seal the bag, if you are using a paper bag; if using a plastic bag, leave it open for air circulation.
6. To reapply the face covering, wash your hands, then open the mask storage bag.
7. Use the ear loops/ties to put the face covering on and tuck it under your chin. Secure it to your face at the bridge of your nose until comfortable and well covered. Wash your hands.

## Notes

- If you must re-wear your cloth face coverings before washing, wash your hands immediately after putting your cloth face coverings back on and avoid touching your face
- To create a no-sew cloth face covering, follow the [Surgeon General's guidance](#) or follow the directions for both a no-sew and sewn option provided by the [CDC](#). See also, the [World Health Organization's \(WHO\) guidance on face coverings](#)
- In the public setting, face coverings are optional when indoors and others are not present, or physical-distancing can be maintained
- In some cases face coverings should not be worn: See King County's directive: <https://www.kingcounty.gov/depts/health/covid-19/care/masks.aspx>
- Discard cloth face coverings that: no longer cover the nose and mouth, have stretched out or have damaged ties or straps, cannot stay on your face, have holes or tears in the fabric, have been worn for aerosol generating activities, or have been exposed to human blood or body fluid

This is an adaptation of the *Quick Guide-Cloth Face Coverings* developed by Seattle University (Draft 2020-Revision 2)

- Take a few minutes to view the following video on [how to proper put-on and take-off gloves and face masks](#) so to prevent the opportunity of self-contamination during that procedure: <https://youtu.be/eVJbenwzR1s> (email [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu) to request a translated transcript)

Thank you for taking these community health efforts, so we all can remain healthy and safe.

## Resources

- Surgeon General, Dr. Jerome Adams - How to make your own cloth face covering from items you can find around the house: <https://www.youtube.com/watch?v=tPx1yqvJgf4>
- Washington State Department of Health: <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf>
- CDC - DIY Cloth Face Covers: <http://tiny.cc/cdc-diy-face-cover>
- Article-Aerosol Filtration Efficiency of Common Fabrics Used in Cloth Masks: <https://pubs.acs.org/action/showCitFormats?doi=10.1021/acsnano.0c03252&ref=pdf>

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# **Attachment 4**

## **SOP for Area Disinfection Procedures**

## *Area Disinfection Procedures for Novel coronavirus (COVID-19)*

Prepared March 8, 2020 by Christel Olsen EHS

The Novel coronavirus (SARS-CoV-2) is a pathogen that causes the “coronavirus disease 2019” (COVID-19). This disease manifests in varying ways and may range from mild respiratory or flu like symptoms to severe acute respiratory syndrome, and possible organ failure with subsequent death.

This virus is spread from one person to another by close contact due to respiratory droplets produced when an infected person speaks, coughs, or sneezes<sup>1</sup>. For more information view this video developed by the World Health Organization: <https://youtu.be/1APwq1df6Mw>.

The best way to break the chain of infection for this virus is for all persons (healthy or sick) to follow infection control procedures to prevent the virus from entering the body of healthy individuals. This includes

- Follow **good respiratory etiquette** (cough or sneeze into a tissue or the elbow and in the opposite direction of other individuals then immediately discard the tissue and wash hands).
- Frequently practice **hand hygiene** procedures – such as, washing hands with soap and warm water for no less than 20 seconds each time; avoid touching the face; avoid directly handling food (one should wash hands before eating/drinking/smoking -even before applying makeup or chapstick- and always use clean utensils or wrappers as a barrier between hands and food).
- If ill, individuals should **self-quarantine** for up to 72 hours after symptoms subside or 7 days from onset, whichever is longer.
- Maintaining **social distance** – this is for areas experiencing “community spread” of the virus, to take measures to decrease frequency of close interactions (within 6 ft) with persons of the general public reduce the chance of inadvertent spread from persons unknown to be contagious. Other examples include avoiding crowded gatherings or high-trafficked areas.

Respiratory droplet transmission does not mean that the virus is airborne; it means that the virus mode of transmission is through liquid droplets spattered from a person’s mouth, which either comes into contact with a person or horizontal surface within 3 – 6 ft of the infected individual. It is not yet certain how long the coronavirus can survive on inanimate objects. Studies suggest that coronaviruses may persist on surfaces between a few hours or up to several days, depending on different conditions (e.g. type of surface and temperature or humidity of the environment)<sup>2</sup>.

In the event that a surface is unknown to be contaminated and an unsuspecting individual comes into contact with that surface, the mode of transmission would be from hands-to-mouth as the person’s hands pick up the pathogen from a contaminated surface and carry the virus to the mouth or mucous membranes of the eyes/nose. For this reason, Seattle Colleges is being proactive to increase the frequency of disinfecting what is known as “high-touch objects” and conduct area disinfection of all community spaces that may potentially be exposed due to high public traffic.

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<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>

<sup>2</sup> <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

## *Area Disinfection Procedures for Novel coronavirus (COVID-19)*

Prepared March 8, 2020 by Christel Olsen EHS

Seattle Colleges is actively working to clean and disinfect ALL horizontal surfaces, examples are listed below.

**High-touch Objects** – disinfected by first washing grime and debris from the surface then liberally spraying chemical disinfectant onto the surface. Do not wipe off the disinfectant instead allow the object to air dry. Examples of high touch surfaces in schools include

- Drinking fountains
- Doorknobs
- Stairway handrails
- Tabletops
- Chair arms
- Chair backs where persons would grab to pull out the chair
- Front desk platforms
- Handles (refrigerator, microwave) in breakroom areas

Some high-touch objects are **electronic** in nature and should not be saturated with liquid chemicals. For disinfection of the following type equipment, liberally apply chemical disinfectant to a rag and thoroughly wet the surface with the wetted rag. Allow the object to air dry.

- Elevator buttons
- Light switches
- Computer mouse
- Keyboards
- Remote controls
- Point of sale areas (i.e. credit card machines)
- DO NOT disinfect computer monitors – these are not considered high-touch and may be damaged by chemical disinfectants

The following procedure outlines the disinfection activities for a disinfection team to clean an area based on a presumed contamination event of unknown location. All high touch objects are to be frequently and repeatedly (multiple times a day) disinfected particularly for community common areas and front desk platforms.

See also Infection Control Plan

- *Area Disinfection Procedures for Public Restrooms*
- *Area Disinfection Procedures for Plush Surfaces*



## *Area Disinfection Procedures for Novel coronavirus (COVID-19)*

Prepared March 8, 2020 by Christel Olsen EHS

### Area Disinfection by Janitorial Disinfection Team

This procedure is designed as a team approach to effectively and efficiently disinfect a room when campus wide disinfection efforts are underway. Teams should be assembled with 2-3 persons but no more than 4 individuals. Steps are carried out in line as one individual moves through an area to conduct the first step and followed by a second individual moving through the area with the follow-up step. Where possible, open doors and windows while cleaning to keep the area well ventilated.

It is recommended that the members of the disinfection team be advised to bring a spare change of clothes and change before traveling away from work. N-95 face mask and eyeglasses should be made available to all members of the disinfection team but are not required. It is estimated that 30-minute evacuation time (before disinfection procedures take place) would allow aerosolized droplets to evaporate and/or cascade from the air to horizontal surfaces.

### Supplies per Team

- Bucket of hot water and soap – water must be changed out between each room
- Squeegee
- Scrubbing pad
- Gloves
  - Chemical resistant gloves (for persons conducting step 2)
  - Shop-grade nitrile gloves (appropriately fitting for all team members)
- Disinfectant spray bottle (per person)<sup>3</sup>
- 4 -6 rags per room – do not use the same rage from one room to the next
- Mop bucket/mop
- Banana cart & roll of trash bags

### Area Cleaning & Disinfection

Assign each team members a step-in sequence until all steps are complete. Pay attention not to cluster in groups but keep a working distance (3-6 ft) from other team members.

1. Open doors and window, where possible. Clear trash and debris from areas in a manner that prepares all horizontal surfaces for cleaning in step 2
2. Using hot soapy water (scrubbing pad, if needed) wash all horizontal surfaces (tabletops, countertops, and chair seats if not upholstered), doorknobs and dirty areas around the trash receptacle – include any areas of visible grime
3. Follow the team member of step 2 and dry washed surfaces using squeegee and/or a drying rag
4. Follow the team member of step 3 and liberally spray disinfectant to all recently cleaned surfaces (not electronics). Spray approximately 1-2 ft above the surface and thoroughly wet the entire surface. DO NOT wipe off the disinfectant instead allow the object to air dry.

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<sup>3</sup> First, verify with EHS that the actual chemical disinfectant to be used is known to be effective to denature SARS-CoV-2

## *Area Disinfection Procedures for Novel coronavirus (COVID-19)*

Prepared March 8, 2020 by Christel Olsen EHS

5. Disinfect all high-touch objects of the room by liberally apply chemical disinfectant to a rag and thoroughly wet the surface with the wetted rag. Allow the object to air dry.
  - Chair arms
  - Chair backs where persons would grab to pull out the chair
  - Handles (refrigerator, microwave) in breakroom areas
  - Light switches
  - Computer mouse
  - Remote controls
  - Keyboards
  - DO NOT disinfect computer monitors – these are not considered high-touch and may be damage by chemical disinfectants
6. (This step may be omitted as a nonessential task but is recommended to keep up with the interrupted tasks routinely conducted by janitorial staff) Follow trash handling procedures to empty all trash cans then clean and disinfect the trash receptacle. Disinfect the previously washed areas around trash receptacles. Follow wet-mop procedures floor.

### **BEFORE MOVING TO A NEW AREA**

- Collect dirty rags
- Straighten chairs and return disturbed items to their original location
- Close doors and turn off lights
- Remove and dispose of gloves – immediately wash hands

Keep an **itemized list** of all room numbers and dates of area disinfection. While cleaning, pay particular attention to note where are fabric surfaces (excluding carpet and drapes), which could be contaminated but would damage by chemical disinfects. Request a follow-up on disinfection procedures for plush surfaces. Share that list with EHS before end-of-day.

**WHILE TRAVELING FROM ONE AREA TO THE NEXT** - Disinfect all high-touch objects as you pass them by liberally apply chemical disinfectant to a rag and thoroughly wet the surface with the wetted rag. Allow the object to air dry. Examples of high-touch objects include

- Elevator buttons
- Light switches
- Doorknobs and handles
- Stairway handrails
- Drinking fountains – For this item, liberally spray disinfectant approximately 1-2 ft above the surface and thoroughly wet the entire surface. Wait 1 minute for thorough contact time and then wipe the surface dry with an unused clean rag.

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# **Attachment 5**

## **SOP for Classroom Disinfection Procedures**

# Infection Control Plan

## *Classroom Disinfection Procedures*

Prepared May 12, 2020 by Michelle Valint OSH

The best way to break the chain of infection for this virus is for all persons (healthy or sick) to follow infection control procedures to prevent the virus from spreading from person-to-person. This includes:

- **Follow good respiratory etiquette** – cough or sneeze into a tissue or the elbow and in the opposite direction of other individuals then immediately discard the tissue and wash hands.
- **Frequently practice hand hygiene** – including washing hands with soap and warm water for at least 20 seconds each time; avoid touching the face; avoid directly handling food; always wash hands before eating/drinking/smoking; even before applying makeup; and always use clean utensils or wrappers as a barrier between hands and food.
- **Maintain social distance** – take measures to decrease frequency of close interactions (within 6 feet) with persons of the general public and reduce the chance of inadvertent spread from asymptomatic individuals. Avoid crowded gatherings areas with high foot-traffic.

To reduce the potential opportunity for the virus to spread through contaminated surfaces. Seattle Colleges will provide non-hazardous chemical disinfectant to faculty and staff to disinfect the horizontal surfaces and high-touch points within the classroom or workspace before and after daily activities. Employees should guide students and visitors to help in limiting cross-contamination by asking them keep all bags and personal belongings off the floor to avoid soiling and asking them to clean and clear their workspace prior to leaving for the day.

Everyone should be reminded to wash their hands before and after class/work. Pay attention to all high-touch surface areas that you or your students/visitors come into contact with during the day, including desktops, chairs, computers, laptops and peripherals, door knobs and light switches and focus the end-of-class disinfection on these points of contact. Doing so helps to ensure that when you return to class the following day it is safe for you and your students.

This is not a required activity for faculty/staff but a strongly encourage activity. If you choose not to conduct these activities, please inform the health and safety team that we can accommodate supplemental disinfection strategies (email [healthandsafety@seattlecolleges.edu](mailto:healthandsafety@seattlecolleges.edu)).

Supplies necessary for disinfection of classrooms and personal workspaces include:

- Non-hazardous chemical disinfectant - EPA approved to target the novel coronavirus
- Paper towels

Steps to follow:

1. Clear-off and liberally wet the horizontal surface with chemical disinfectant
2. Wipe down entire surface area and thoroughly dry with a paper towel
3. Thoroughly wet the surface, again, with the chemical disinfectant
4. Allow disinfectant to air dry; do not wipe off

Safety Alerts

- DO NOT work with hazardous chemicals without proper Hazard Communication training (OSHA 29CFR 1910.1200) conducted by an authorized representative of Seattle Colleges – the disinfectant designated for supply to non-custodial employees must be non-hazardous, do not use if the label states otherwise
- DO NOT allow access to the chemical disinfectant products by students or people of the general public