



# COVID-19 Mitigation Plan

Timothy Fouch, Eva Mazharenko, Raquel Hernandez, Jamie Campbell, Kathy O'Connor, Lisa Lopez, Maureen Horner, Patricia Mautone, Ruie Garnica, Rini Montano, Ryan Alexander, Z Reisz

May 27, 2022

## Table of Contents

Introduction	4
Disclaimer	4
Infection Mitigation Tools:	5
Vaccinations	5
Daily Health Screening and Check-in	5
Environmental (i.e., Heating and Ventilation and Air Conditioning)	5
Physical Distancing Classroom Capacities	6
Testing	6
Personal Protective Equipment (PPE)	6
Contact Tracing	7
Employees:	8
Students:	8
Human Resources:	9
Public Access	9
Information on Infection Characteristics	10
Tiered Response To Current COVID-19 Situation	11
Untiered Mitigation Tools	11
Tier 1: Low Community Level	12
Health Screening	12
Testing	12
Masking	12
Contact Tracing	13
Public Access	13
Tier 2: Medium Community Level	14
Health Screening	14

Testing	14
Masking	14
Contact Tracing	15
Public Access	15
Tier 3: High Community Level	16
Health Screening	16
Testing	16
Masking	16
Environmental	17
Contact Tracing	17
Public Access	17
Post-Pandemic	18
Testing	18
Masking	18
Contact Tracing	18
Public Access	18
Glossary	19
Appendix A - Level of Exposure and Public Access	21
Appendix B - Board Resolution #1	22
Appendix C - CDC recommendations based on Community Level	25

## Introduction

The COVID-19 Mitigation Plan is a supplement to the [SBCC Emergency Operations Plan](#) (EOP). It aims to:

- expand on the [SBCC Influenza Pandemic Plan](#) (EOP, Attachment 2, pg. 185 - 197) to include preparation, response and recovery from COVID-19 and similar infectious diseases
- build on the experience, feedback and learnings from the current SBCC COVID-19 crisis response

and

- outline a sustainable, integrated strategy to retain a broad range of college operations through similar future infectious-disease outbreaks and in a post pandemic SARS-CoV-2 environment.

## Disclaimer

While the intention of this Plan is to offer a broad framework for the operations of SBCC departments and units in an infectious-outbreak and/or endemic infectious environment, nothing in this document precludes the primary parties and key stakeholders from modifying their actions to meet whatever unique conditions arise in the future.

## Infection Mitigation Tools:

As the risk to society from COVID-19 and infectious diseases change, the mitigation model will be adapted from a societal level of protection to an individual level of protection. The benefits of each mitigation tool must be carefully weighed against the cost it inflicts on the SBCC mission.

### Vaccinations

As available and when recommended and authorized for full Food and Drug Administration (FDA) approval, vaccinations will be required except for approved exemptions *until December 31st 2022*. Continuous review of the importance of the vaccinations will be done as the healthcare professionals learn and provide more tools and guidance. The requirement of vaccines under EUA will be considered when recommended based on Public Health recommendations with the goal of providing access to vaccines and meeting the SBCC mission.

### Daily Health Screening and Check-in

To help students and staff monitor and make responsible decisions about their health and the health of the community, each person can fill out a health survey prior to coming to campus. The health survey can also help individuals access resources and get support if they become ill. When indicated by **the Tier level of this plan** a check-in process will be utilized.

### Environmental (i.e., Heating and Ventilation and Air Conditioning)

Adequate ventilation reduces viral transmission by reducing the concentration of small aerosols that remain airborne. As the risk assessment metrics indicate, and OSHA requirements permit, facilities will adjust the environmental mitigation strategies in order to preserve the functionality of the ventilation system. The independent mitigation measures that are classroom and location specific can continue as needed. This includes HEPA air-purifiers and all measures to increase air exchange, as long as outside air quality permits, including venting fans, and opening doors and windows.

([CDC-Ventilation in Buildings](#), [SBCC Ventilation and HVAC](#), [ASHAE Epidemic Task Force, California - Requirements for ventilation](#), [Cal-OSHA COVID-19 Prevention](#), [Air Quality](#))

## Physical Distancing Classroom Capacities

As long as masks and respirators are available, classroom and office capacities do not need to be reduced in the tiered COVID-19 mitigation strategy. Public health recommendations state that preventing students from attending in-person classes is more harmful than the benefit provided by physical distancing. If other mitigation strategies are not possible physical distancing may be utilized depending on public health recommendations, but every effort should be made to maintain a full offering of face-to-face classes.

## Testing

SBCC will facilitate testing when available and as indicated based on the public health requirements and recommendations. As the need for testing diminishes, based on the risk assessment metrics and public health recommendations, SBCC will reduce testing requirements. Please see the [CDC's Testing Strategies for SARS-CoV-2](#) for further information about testing strategies.

Defined testing groups<sup>1</sup>:

- Universal: as broad reaching as possible, with only necessary exceptions (see visitor/vendor and student visitor requirements based on exposure level in Appendix A).
- Focused: those at [elevated risk](#) for either spreading the pathogen or becoming seriously ill from the disease (e.g., high-risk unvaccinated individuals, groups traveling together, participants in unmasked activities, those with a known or potential risk for exposure, classes with elderly or very young students).
- Selective: groups, departments, or campuses with unique testing needs or requirements (i.e. athletics, ADN, Radiography).

## Personal Protective Equipment (PPE)

Various types of face coverings are used to prevent the transmission of airborne and droplet spread illnesses. The requirement of face coverings will be adjusted based on the risk assessment metrics and public health recommendations.

- Respirator: N95, KN95, KF94 (Note: Fit-testing is optional, but necessary to ensure the highest level of personal protection)

---

<sup>1</sup> The people and departments on campus that are included within these groups will be recommended formally to the Superintendent/President by the department lead. If no recommendation is made, the department will follow the testing regiment specified in the current infectious tier.

- Surgical mask: 3-4 layer with a water resistant outer layer
- Cloth mask: multilayered tightly woven cloth with a very wide range of efficacy.

## Contact Tracing

Contact tracing helps slow the spread of an infection (e.g., COVID-19). It is used to identify, notify and provide guidance to people who have been exposed to someone with an infectious disease. These people are referred to as close “contacts” hence the term “contact tracing”. The people who have been determined to have an infection are referred to as “cases”.

The definition of a close contact changes depending on the characteristics of the infectious disease. The CDC definition for a close contact for COVID-19 is “anyone who was less than 6 feet away from the case for a combined total of 15 minutes or more over a 24-hour period.”

Generally, the contact tracing process consists of the following steps:

- Case investigation – in which the “case” is provided with information and support needed to respond to their infection and help to recollect the persons, who were their “close contacts” during the infectious period.
- Contact notification – close contacts are notified about exposure and provided with the appropriate follow up guidance and support.

The process of contacting, notifying, and providing the follow up guidance to individual contacts identified by the case, is referred to as **individual contact-tracing**. In situations where the individual contact tracing is no longer a viable public health strategy, the exposure notifications are provided to a group of potential contacts that have spent more than a cumulative total of 15 minutes (within a 24-hour time period) in a shared indoor airspace (e.g., classroom) with someone during their infectious periods. This latter approach is referred to as **group-tracing**. In both of these approaches, the confidentiality of the positive case is protected. SBCC has and continues to use both, the individual contact-tracing and the group-tracing strategies using the following protocols:

[SBCC Employee Contact Tracing](#)

[Close Contact Information Form - Employee](#)

[SBCC Student Contact Tracing](#)

[Close Contact Information Form - Student](#)

The epidemiological characteristics of SARS-CoV-2 represent a unique challenge in terms of the viability of contact tracing. The fact that the virus is transmitted by people days before the onset of symptoms, as well as by people, who never develop symptoms, increasing the expediency of the contact tracing process and minimizing the time-to-identification and the time-to-quarantine or alert close contacts is critical. Therefore the most effective contact tracing is one where individuals take a personal responsibility for their and other's well-being as well as the health and safety of the SBCC community and notify their close contacts as soon as possible. In addition, moving the institutional contact tracing process within the departments further increases the timeliness and efficiency of response.

Each operational department or dean's office should identify an internal contact-tracing personnel to be a point-of-contact person for staff and students infected by COVID-19.

If on campus anytime during the COVID-19 infectious period (starting 2 days prior to onset of symptoms or 2 days prior to testing positive), follow the guidelines below :

**Employees:**

Report personal positive test results to the appointed contact tracer via a completed [Employee Close Contact Information Form](#).

The contact tracer will review the submitted form and follow up by contacting the close contacts directly, in case an individual contact tracing is feasible and/or by submitting the information to the [Director of Human Resources](#), who sends out the employee and/or group Notice of Potential Exposure to COVID-19.

The individual who tests positive can further reduce viral spread by notifying as many close contacts as possible about the potential exposure and share with them the [SBCPHD's exposure guidelines](#).

In cases where the employee is an instructor that was notified by a student, self-reporting a positive test result, the instructor should notify the contact tracer for further follow up as well as immediately notify the class using the Class Notice of Potential Exposure to COVID-19.

**Students:**

Report positive test results to the appropriate instructor, coach, supervisor, etc. using the [Student Close Contact Information Form](#).



The individual who tests positive can further reduce viral spread by notifying as many close contacts as possible about the potential exposure and share with them the [SBCPHD's exposure guidelines](#).

**Human Resources:**

After receiving the positive case and close contact notification, the Director of HR sends out Notice of Potential Exposure to COVID-19 to the appropriate groups and employees.

HR Risk management assures OSHA compliance and provides notifications and reports to the [Public Health Department](#).

**Public Access**

Regulating public access of *visitors*, *vendors*, and *student visitors* will add an additional layer to the SBCC mitigation strategies. Limiting public access to SBCC facilities should be carefully and strategically used in order to continue achieving the SBCC mission.

## Information on Infection Characteristics

The current characteristics of the infection is determined using the CDC COVID-19 Community Levels (see Figure 1). The level of community risk and impact is assessed with three metrics: New COVID-19 cases per 100,000 in the past seven days, New COVID-19 hospital admissions per 100,000 population (7-day total), and percent of staffed inpatient beds occupied by COVID-19 patients (7-day average).

Figure 1. [COVID-19 Community Levels](#) – Use the Highest Level that Applies to Your Community

New COVID-19 Cases Per 100,000 people in the past 7 days	Indicators	Low	Medium	High
Fewer than 200	New COVID-19 admissions per 100,000 population (7-day total)	<10.0	10.0-19.9	≥20.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	<10.0%	10.0-14.9 %	≥15.0%
200 or more	New COVID-19 admissions per 100,000 population (7-day total)	NA	<10.0	≥10.0
	Percent of staffed inpatient beds occupied by COVID-19 patients (7-day average)	NA	<10.0%	≥10.0%

## Tiered Response To Current COVID-19 Situation

Following is a tiered approach for the use of infection mitigation tools based on transmission rates and hospital utilization. The tiers proceed from low transmission and hospitalization to increasingly higher and is intended to provide a dynamic and tailored response to the situation. The College will evaluate the transmission rate and hospital utilization weekly. When this weekly evaluation indicates that a tier change is warranted the College will be notified and the transition will go into effect at most two weeks later. This will allow time for planning, an orderly transition, and proper communication to the campus community.

### Untiered Mitigation Tools

**Vaccination.** Vaccinations are one of the most effective tools available to slow the spread of an infection and prevent severe illness requiring hospitalization and death. Vaccinations should be quickly utilized when available and recommended.

**Physical Distance.** Requiring physical distancing and limitations of class and office capacity do not yield enough benefit to be worth the cost of keeping students out of school. The benefits of physical distancing are further reduced when other mitigation measures are in use ([CDC-IHE](#) and [CDC-schools and childcare](#)). The recommendations for physical distancing will be modified if public health guidelines change. SBCCs IDMP will take its guidance for classroom capacity from K-12 recommendations with considerations from similar institutes of higher education (IHE).

**Environmental Strategies.** Following the OSHA orders, SBCC facilities and operations will monitor and adhere to all environmental requirements. Ventilation recommendations outlined in the [S.M.A.R.T.E.R Plan](#) will be used in planning for clean air in classrooms.

## Tier 1: Low Community Level

When the community level is low there will be a strong emphasis on personal risk assessment and supporting the individuals that are themselves at risk for severe outcomes and illness if they are infected. At this level mitigation strategies that interfere with student access to on campus resources cause more harm than benefit.

### Health Screening

**Requirement.** Cleared4, or a similar platform, will remain in use for contact tracing, testing, and immunization record keeping, but will not be actively monitored via a check-in process. People should continue to use daily health screening to record COVID-19 symptoms and positive test results to facilitate followup for COVID-19 related resources and excused absences. SI/President will decide based on public health guidance and Community Levels to end its use or to continue utilizing its functions in December 2022.

### Testing

**Requirement.** Focused testing as indicated for contact tracing and departmental needs. Those with an [elevated risk](#) for contracting, transmitting, or becoming seriously ill should also be tested on a *serial basis* (e.g. unvaccinated or those with a [risk assessment](#) score greater than 50). Any required testing must be equitably accessible or it cannot be required.

**Logistics.** Maintain testing availability to meet the demands that are required by those who need to be regularly tested to protect themselves and those vulnerable to serious illness.

**Rationale.** The Superintendent/President along with the public health department and Cal-OSHA will provide guidance on who will be required to test and the frequency of testing when transmission and hospital usage rates are low ([Guidance for Institutions of Higher Education](#)) in order to balance the need for testing with the SBCC mission.

### Masking

**Requirement.** Follow Center for Disease Control (CDC) California Department of Public Health (CDPH), and Santa Barbara County Department of Public Health (SBCDPH) guidance for higher education institutions.

**Logistics.** Provide masks as needed. Provide individuals with a [risk assessment](#) analysis tool and recommendations on how best to protect themselves based on their personal risk factors.

**Rationale.** Providing education and context of risk, based on individual risk assessments will ensure that those at risk for serious illness are provided with the appropriate level of protection.

## Contact Tracing

**Requirements.** Department specific contact tracing is handled either via staff capacity assigned within the department or in case of a very limited need, carried out by Human Resources. SBCC Risk Manager, responsible for CalOSHA compliance, will provide updates on any regulatory changes requiring a process adjustment. COVID-19 diagnostics and medical/behavioral guidance will be provided through the regular health care system.

### Logistics.

- Department supervisors in consultation with the HR director and Risk Manager will determine if the contact tracing needs require a specific assignment of P/T contact tracing capacity within the department.
- COVID-19 specific policies and CT protocols will be incorporated into the department's policies and standard operating procedures.
- A portion of the district's Higher Education Emergency Relief Funds (HEERF) was provided and reallocated to the department(s) to cover expenses related to COVID-19 response in general, including the contact tracing work, in fiscal year 2021-22.
- In cases, where the extent of the need does not require a CT activity on a departmental level, HR will assign capacity to carry out the CT work and where applicable COVID-19 reporting to the SBCPHD.
- Hotline will remain available on a limited basis - via an email or an up-to-date, regularly updated Frequent Questions and Answers.
- The regular healthcare system will continue to be the main provider of health services, including for COVID-19.

**Rationale.** The rare and sporadic nature of COVID-19 infections will no longer require an independent structure solely dedicated to COVID-19, including, but not limited to, contact tracing. At that point, a careful cost and benefit analysis of Cleared4 should lead to a formal decision regarding long-term use of this platform by SBCC.

## Public Access

All visitors will be required to follow specific guidance for large group meetings, and requests of faculty and staff members to wear masks if requested.

## Tier 2: Medium Community Level

When community levels are medium, there will be a strong emphasis on self protection and the preservation of healthcare and community systems by reducing transmission levels while also minimizing disruptions to the SBCC mission.

### Health Screening

**Requirement.** Cleared4, or a similar platform, will be in use for contact tracing, testing, and immunization record keeping, and it will be actively monitored via a check-in process. Daily health screening will be used to record COVID-19 symptoms and positive test results to facilitate followup for COVID-19 related resources and excused absences.

### Testing

**Requirement.** Focused weekly testing of individuals at an [elevated-risk](#) for contracting, spreading, or becoming seriously ill (e.g., *Not fully vaccinated*, individuals who are unable to mask when in close contact to others, those at an [elevated risk](#) of severe infection). Testing must be equitably accessible or it cannot be required.

**Logistics.** Testing must be implemented and framed to offer access to testing to the most underserved populations and those at greatest need for this service. Prioritizing access to at risk populations. Requirements should not interfere with access to services. If individuals cannot adhere to these requirements services need to adapt to continue meeting SBCC missions.

**Rationale.** The California [SMARTER](#) plan provided information on the disproportionate effects the pandemic had on historically underserved, low-income, and disabled Californian communities. This plan will aim to improve equity in our prevention and safety mitigation strategies.

### Masking

**Requirement.** N95, KN95, or KF94 masks are required indoors. Note: employees may take off their masks, unless prohibited by current SBCPHD guidance, during instruction when a HEPA air purifier is in place and the amount of distance between the employee and others in the room is greater than 6 feet or 2 meters.

**Logistics.** N95, KN95, or KF94 masks will be provided as needed.

**Rationale.** For airborne transmission only respirators provide a sufficient level of personal protection when in an enclosed space. Here is an article with links to guide instructors on respirator use in the classroom: [The Conversations](#). In order to provide the optimal level of personal protection a respirator can be *fit tested* at a local occupational health or urgent care clinic.

## Contact Tracing

Please follow the [Employee Contact Tracing](#) or [Student Contact Tracing](#) guidelines.

**Requirements.** SBCC Risk Manager is responsible for CalOSHA compliance monitoring and will alert the Contact Tracing team to any regulatory changes requiring a process adjustment.

**Logistics.** Limited contact tracing/COVID-19 Hotline team continues to provide the individual contact tracing or group-tracing services as appropriate. Updated, accurate website and publicly available protocols closely referencing/linking to the SBCPHD guidelines will provide the main source of information with the contact tracers addressing case/contact specific guidance.

**Rationale.** As the cases decline and the communal level of information/experience with COVID-19 mitigation strategies grow, there is less need for an individual case by case accompaniment.

## Public Access

All visitors (age 5+) will provide *proof of full vaccination OR a negative COVID-19 PCR test (as available and recommended) OR proof of recovery* within the past 90 days, if they are going to be indoors for more than 15 minutes, and wear face coverings as required.

All vendors, student visitors or persons entering a campus building for purposes directly involving SBCC missions will be screened by either the college check-in staff or the department that they are serving based on the *level of exposure* that they possess, and wear a face coverings as required.

## Tier 3: High Community Level

At this level SBCC mitigation strategies will be implemented to protect vulnerable populations and healthcare systems by ensuring universal precautions be taken and implemented community wide.

### Health Screening

**Requirement.** Cleared4, or a similar platform, will be in use for contact tracing, testing, and immunization record keeping, and it will be actively monitored via a check-in process. Daily health screening will be used to record COVID-19 symptoms and positive test results to facilitate followup for COVID-19 related resources and excused absences.

### Testing

**Requirement.** Universal weekly testing or as often as possible based on logistics and resources. Testing must be equitably accessible if it is going to be required (e.g., weekly molecular testing or daily testing for rapid less sensitive tests). The goal is to provide testing access to as many individuals as possible.

**Logistics.** Testing will be done in advance and uploaded to an appropriate online platform and/or performed on arrival to campus as logistics allow.

**Rationale.** Large scale testing allows for SBCC to stay operational even in the event of a high community level. Providing and requiring testing will be implemented to prioritize equity and will be focused on providing access to underserved populations that are disproportionately impacted by health emergencies. All efforts will be supportive and not punitive.

### Masking

**Requirement.** N95, KN95, or KF94 masks are required indoors and encouraged whenever there is risk of exposure. Surgical or multi layer masks without holes or vents are only permitted for outdoor classes and events, when physical distancing is not possible.

**Logistics.** N95, KN95, or KF94 masks will be provided as needed and available.

**Rationale.** Universal masking requirements reduce transmission in public settings ([Nature](#)). Properly fitting respirators provide the highest level of protection against SARS-CoV-2 and other airborne contagions. SBCC also allows these types of masks based on availability, fit, and



preferences: 1st, DL2, DL3, DS2, DS3, FFP2, FFP3, KN100, KP95, KP100, P2, P3, PFF2, PFF3, R95, and Special.

## **Environmental**

Continue following the guidelines provided by OSHA and the public health department.

## **Contact Tracing**

Please follow the [Employee Contact Tracing](#) or [Student Contact Tracing](#) guidelines.

**Requirements.** SBCC Risk Manager & Deputy Title IX Coordinator responsible for CalOSHA compliance monitoring will alert the Contact Tracing to any regulatory changes requiring a process adjustment.

**Logistics.** A high level of community transmission requires a dedicated, well-staffed contact tracing team and expanded hotline response capacity to respond to the high needs in the community, not only in terms of the proper COVID-19 response protocols, but also in terms of support and access to other services.

### **Rationale.**

As the level of infection in the community rises, more and more communal capacity is tied to having to address their own personal circumstances. A dedicated COVID-19 contact tracing team is important to curb the infection spread and break the chain of transmission as well as to support and connect the cases/contacts with services needed to make their isolation/quarantine possible.

## **Public Access**

All visitors (age 5+) will provide *proof of full vaccination AND a negative COVID-19 PCR test (as available and recommended) OR* proof of recovery within the past 90 days, if they are going to be indoors for more than 15 minutes, and wear face coverings as required.

All vendors, student visitors, or persons entering a campus building for purposes directly involving SBCC missions will be screened by either the college check-in staff or the department that they are serving based on the *level of exposure* (see Appendix A) that they possess, and wear a face coverings as required.

## Post-Pandemic

This period will be communicated by the Public Health Department.

### **Testing**

SBCC will maintain an adequate supply of tests for the students they serve. Additional test reserves will be distributed to departments as needed and in compliance with the terms of use.

### **Masking**

SBCC campus safety will maintain an adequate supply of PPE for distribution as needed for either air quality issues or infection prevention needs.

### **Contact Tracing**

Human Resources assumes responsibility for any necessary contact-tracing activity related to CalOSHA compliance. COVID-19 diagnostics and medical/behavioral guidance will be provided through the regular health care system. Human Resources will assign or hire staff as needed to meet the contact tracing needs based on seasonal or episodic requirements.

### **Public Access**

All vendors, visitors, and student visitors will comply with the minimum safety measures indicated by their personal risk factors and public health guidance.

## Glossary

**Emergency use authorization (EUA)** is a designation used for the use of medical countermeasures for public health emergencies and is designated when a countermeasure has been proven safe and effective but has not completed the full FDA application and review for full FDA approval. EUA can only be used when there is a public health emergency declaration by the Secretary of HHS.

**Exemptions** will be accepted for all legally required and medically recommended reasons. There are multiple vaccines that do not have religious or philosophical exemption protection under the law in California, COVID-19 vaccines not on that list and continue to have these exemptions. SBCC will allow for these exemptions as necessary in order to meet its mission ([Section 120325](#)).

**Fit testing** ensures proper fit and seal of respirators to achieve maximal personal protection. For more information on fit testing please visit [OSHA Fit Testing](#).

**Focused** groups include those at [elevated risk](#) for either spreading the pathogen or becoming seriously ill from the disease (e.g., high-risk unvaccinated individuals, groups traveling together, participants in unmasked activities, those with a known or potential risk for exposure, classes with elderly or very young students).

**Fully Vaccinated:** A person is fully vaccinated two weeks after receiving all recommended doses in their [primary series](#) of a COVID-19 vaccine.

**Inconclusive results** are not considered negative results and can either indicate a person is in the earliest phase of an infection, post-infectious, or an inadequate test sample. When an individual receives inconclusive results, they should behave as if they are infectious until a conclusive test result is achieved.

**Proof of Recovery** will be a positive PCR test result that is older than 11 days and no older than 90 days or a doctors note

**Respirators** are face masks or devices that are designed to protect the wearer against inhaled particles. Other masks are primarily designed to prevent others from exhaled or expelled particles.

**Selective** groups include departments or campuses with unique testing needs or requirements (e.g., athletics, ADN, Radiography).

**Serial testing** is testing that is performed at standardized intervals (e.g., weekly or daily before entering a campus building).

**Student visitors:** enrolled students who are not attending or actively enrolled in face-to-face classes.

**Universal group:** this group includes as many people as possible with as few exceptions as possible. Maintaining exceptions is important to avoid unnecessary conflicts that will distract from the purpose of universal precautions and testing.

**U.S. Food and Drug Administration (FDA)** is a consumer protection agency responsible for regulating foods and drugs marketed and distributed within the United States.

**Vendors:** individuals or groups entering indoor campus building for purposes directly involving SBCC missions will be screened by the college or the department that they are serving based on the level of exposure (see Appendix A) that they possess and the need for the service.

**Viral virulence** includes the manifestations a virus exhibits on its host and is dependent on the host's susceptibility to the virus. This is simply understood as how sick a virus is able to make the individuals it infects.

**Visitor:** individuals or groups entering indoor campus buildings on a voluntary basis (e.g. events or meetings), who will interact with SBCC students or staff.

## Appendix A - Level of Exposure and Public Access

### Level of exposure and need of service: Indoors Only

- < 15 min in a 24 hour period: no screening is necessary (e.g., bathroom use, deliveries, item pick-up)
- > 15 min and < 1 day: With prior notice and if the vendor/student visitor organization has similar infection prevention requirements no screening is needed, if not, screen for vaccination or negative test results or recent recovery (<90 days). If neither a test result or vaccine card is available, a department can provide a rapid antigen test (as available) to be used prior to entering a building, and require the use of the highest level mask available while on campus (e.g., individuals coming from other schools or organizations, contract workers, support personnel, student visitors, etc.).
- > 1 day in a week will follow all SBCC infection prevention requirements unless the vendor/visitor organization has similar infection prevention requirements (e.g., multi-day volunteers, contract workers, shipping and receiving personnel, etc.).
- Note: If the level of need for the provided services immediately impacts SBCC missions no screening is required until SBCC's ability to achieve its missions are restored (e.g., safety, facilities, information technology).

## Appendix B - Board Resolution #1

### **RESOLUTION OF THE GOVERNING BOARD OF THE SANTA BARBARA COMMUNITY COLLEGE DISTRICT**

#### Resolution No. 1 COVID-19 Immunization

**WHEREAS**, Santa Barbara County, along with the rest of California and the U.S., is in the midst of a world- wide COVID-19 pandemic that has resulted in over 600,000 U.S. deaths to date; and

**WHEREAS**, the Governing Board (Board) of the Santa Barbara Community College District (SBCC) has a responsibility to provide for the health and safety of its students and employees; and

**WHEREAS**, on May 27, 2021, the Board approved a motion urging that all students and employees receive COVID-19 vaccinations; and

**WHEREAS**, after May 27, 2021, a surge of COVID-19 infections has occurred, including in Santa Barbara County, largely resulting from the Delta variant, also known as B.1.617.2, a highly transmissible variant of the virus that impacts young and old; and

**WHEREAS**, the vast majority of serious COVID-19 infections leading to hospitalization and death are currently occurring in individuals who have not been vaccinated against COVID-19; and

**WHEREAS**, a high percentage of persons have not been vaccinated against COVID-19, contributing to the recent surge of new COVID-19 cases; and

**WHEREAS**, some employees, students, and community members (for reasons not in their control) are vulnerable to serious COVID-19 infections such as those who are immunocompromised, those who cannot be vaccinated due to medical conditions, and children under 12 years old who are not currently eligible for vaccination; and

**WHEREAS**, Acting California Community College Chancellor Daisy Gonzales and the California Community College Board of Governors President Pamela Haynes have urged all local community college districts to adopt vaccine requirements with flexibility where vaccines are not possible due to medical conditions or sincerely held religious beliefs; and

**WHEREAS**, three COVID-19 vaccines have received Emergency Use Authorization (EUA) from the U.S Food and Drug Administration (FDA) and proven to be highly effective in protecting against COVID-19 infections with resulting serious illnesses, hospitalizations, and deaths; and

**WHEREAS**, the overwhelming scientific evidence has established that the now EUA approved COVID-19 vaccines are safe and effective, and have been authorized for use by the FDA and recommended by the Centers for Disease Control and Prevention (CDC) for all, except in the case of children under 12 years old and certain others; and

**WHEREAS**, full authorization from the FDA for the use of these vaccines is expected soon; and

**WHEREAS**, the Board has a responsibility to minimize the outbreak and spread of COVID-19 infections at SBCC; and

**WHEREAS**, on-campus in-person instruction poses a significant increased risk of COVID-19 infections among unvaccinated individuals including infections that lead to hospitalization and/or death; and

**WHEREAS**, a significant majority of SBCC employees and SBCC employee organizations support the adoption of a vaccination requirement among all students and employees and the public on campus locations at the earliest possible time; and

**WHEREAS**, SBCC is offering a robust number of online classes for students who prefer that option; and

**WHEREAS**, COVID-19 vaccination requirements have been ruled to be legally permissible in recent cases.

**THEREFORE, BE IT RESOLVED**, that the Board of Trustees of the Santa Barbara Community College District finds and orders that:

1. There exists a health emergency that requires action to safeguard students and employees against risks of infection, illness, hospitalization, and death from COVID-19.
2. All students and employees and members of the public present in any campus building or SBCC teaching location will be required to be vaccinated against COVID-19 on or before October 1, 2021, or upon the announcement of at least one COVID-19 vaccine that has received final FDA approval, whichever comes earlier, or have an approved exemption. Members of the public include prospective students, visitors, lessees and students of lessees, but may exclude short-term deliveries and other visits that present minimal risk as stated in 6 below.
3. On or before October 1, 2021, or upon issuance of final FDA approval for at least one COVID-19 vaccine, whichever comes earlier, all students and employees and members of the public must provide valid documentation of “full” COVID-19 vaccination (as defined by the U.S. Center for Disease Control) to SBCC as a condition of (a) entering an SBCC campus building, (b) attending an in-person SBCC class, or (c) using a service located off-campus or obtain an approved exemption based on medical, disability, or religious grounds, or a deferral based on pregnancy.
4. As of October 1, 2021, or upon issuance of final FDA approval for at least one COVID-19 vaccine, whichever comes earlier, students and employees, and members of the public who have

not received the COVID-19 vaccine but have an approved exemption, as stated in 3 above, may be present on district property or participate in college activities only if they (a) wear N95 Masks at all times while on SBCC property or SBCC teaching locations; and (b) provide SBCC with negative test results each week for COVID-19.

5. SBCC administration is directed to promptly develop written procedures for the implementation of this Resolution, including implementation measures required between the date of this Resolution and on and after October 1, 2021, and take all actions necessary to implement and enforce these requirements and to make provision for medical and religious exemptions or deferrals.
6. All students, employees, and members of the public and others coming onto an SBCC property or teaching location shall also wear face coverings in indoor settings, except while eating or drinking, and adhere to social distancing in accordance with recommendations of the CDC.
7. The Board hereby delegates to the current Interim Superintendent/President and successors the authority to implement, enforce, and modify these requirements in accordance with their purpose, including based upon changing conditions, and to maintain, at a minimum, conformance with the requirements of the Santa Barbara County Health Department and other applicable authorities. The Interim Superintendent/President is authorized to direct a return to online for any in-person class or department where three or more students or employees test positive for COVID-19 within one week. The Interim Superintendent/President, in consultation with the Santa Barbara County Health Department, will limit all or most in-person classes or departments to online if a large-scale outbreak of COVID-19 occurs among students and/or employees or if the Interim Superintendent/President or successor believes that continued in-person operation(s) would be unsafe.

The foregoing RESOLUTION was adopted by the Board of Trustees of the Santa Barbara Community College District at a meeting of the Board duly called and held on the 5th day of August, 2021, by the following vote, to wit:

Ayes: Trustee Everett, Trustee Abboud, Trustee Miller, Trustee Haslund, Trustee Parker, Trustee Croninger

Noes: Trustee Gallardo

Absent: None



## Appendix C - CDC recommendations based on Community Level

COVID-19 Community Level	Individual- and household-level prevention behaviors	Community-level prevention strategies (as recommended by state or local authorities)
Low	<ul style="list-style-type: none"> <li>● Stay up to date with COVID-19 vaccines and boosters</li> <li>● Maintain improved ventilation throughout indoor spaces when possible</li> <li>● Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li> <li>● If you are immunocompromised or <a href="#">high risk</a> for severe disease               <ul style="list-style-type: none"> <li>○ Have a plan for rapid testing if needed (e.g., having home tests or access to testing)</li> <li>○ Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity</li> <li>● Maintain improved ventilation in public indoor spaces</li> <li>● Ensure access to testing, including through point-of-care and at-home tests for all people               <ul style="list-style-type: none"> <li>○ Communicate with organizations and places that serve people who are immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</li> </ul> </li> <li>● Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li> </ul>

## Medium

- If you are immunocompromised or [high risk](#) for severe disease
  - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
  - Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
  - Talk to your healthcare provider about whether you are a candidate for treatments like oral antivirals, PrEP, and monoclonal antibodies
- If you have household or social contact with someone at [high risk](#) for severe disease
  - consider self-testing to detect infection before contact
  - consider wearing a mask when indoors with them
- Stay up to date with COVID-19 vaccines and boosters
- Protect people at [high risk](#) for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information
- Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate
- Implement enhanced prevention measures in high-risk congregate settings (see guidance for [correctional facilities](#) and [homeless shelters](#))
- Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity
- Maintain improved ventilation in public indoor spaces
- Ensure access to testing, including through point-of-care and at-home tests for all people
  - Communicate with organizations and places that serve people who are

	<ul style="list-style-type: none"><li>● Maintain improved ventilation throughout indoor spaces when possible</li><li>● Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li></ul>	<p>immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</p> <ul style="list-style-type: none"><li>● Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li></ul>
--	--	--

## High

- Wear a well-fitting mask<sup>1</sup> indoors in public, regardless of vaccination status (including in K-12 schools and other indoor community settings)
- If you are immunocompromised or [high risk](#) for severe disease
  - Wear a [mask or respirator](#) that provides you with greater protection
  - Consider avoiding non-essential indoor activities in public where you could be exposed
  - Talk to your healthcare provider about whether you need to wear a mask and take other precautions (e.g., testing)
  - Have a plan for rapid testing if needed (e.g., having home tests or access to testing)
  - Talk to your healthcare provider about whether you are a candidate for treatments like oral
- Consider setting-specific recommendations for prevention strategies based on local factors
- Implement healthcare surge support as needed
- Protect people at [high risk](#) for severe illness or death by ensuring equitable access to vaccination, testing, treatment, support services, and information
- Consider implementing screening testing or other testing strategies for people who are exposed to COVID-19 in workplaces, schools, or other community settings as appropriate
- Implement enhanced prevention measures in high-risk congregate settings (see guidance for [correctional facilities](#) and [homeless shelters](#))
- Distribute and administer vaccines to achieve high community vaccination coverage and ensure health equity
- Maintain improved ventilation in public indoor spaces
- Ensure access to testing, including through

	<p>antivirals, PrEP, and monoclonal antibodies</p> <ul style="list-style-type: none"> <li>● If you have household or social contact with someone at <a href="#">high risk</a> for severe disease <ul style="list-style-type: none"> <li>○ consider self-testing to detect infection before contact</li> <li>○ consider wearing a mask when indoors with them</li> </ul> </li> <li>● Stay up to date with COVID-19 vaccines and boosters</li> <li>● Maintain improved ventilation throughout indoor spaces when possible</li> <li>● Follow CDC recommendations for isolation and quarantine, including getting tested if you are exposed to COVID-19 or have symptoms of COVID-19</li> </ul>	<p>point-of-care and at-home tests for all people</p> <ul style="list-style-type: none"> <li>○ Communicate with organizations and places that serve people who are immunocompromised or at <a href="#">high risk</a> for severe disease to ensure they know how to get rapid testing</li> <li>● Ensure access and equity in vaccination, testing, treatment, community outreach, support services for disproportionately affected populations</li> </ul>
--	---	--

<sup>1</sup> At all levels, people can wear a mask based on personal preference, informed by personal level of risk. People with symptoms, a positive test, or exposure to someone with COVID-19 should wear a mask.