**Extension COVID-19 Safety Plan**

*All sections must be completed for face to face meetings. No meetings may be held in Extension offices until 12/31/2020. Reassessment of re-entry will be determined by 12/15/2020 to allow re-opening or continue no entry of the general public. Plans must be submitted 30 days prior to the event to Amber Guillemette for review by Bonnie Burr and/or Mike O’Neill. There will be a 5 day review period and then faculty or staff person requesting the face to face program will be notified of plan findings and acceptability.*

**Responsible Faculty or Staff Member**

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The faculty or staff member is responsible for ensuring compliance with this plan. Failing to follow this plan will result in restrictions up to and including immediate shutdown of the offending program.

**Location(s) to which this Safety Plan applies: Specify applicable address, building(s) and room(s)**

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Please be very specific should contact tracing be required

**Describe steps that will be taken to minimize personnel density, allow distancing, and reduce chances for transmission. These steps must be consistent with CDC guidelines, state guidelines, and applicable UConn policies, including the** [**UConn Working Alone Policy**](https://policy.uconn.edu/2012/07/30/working-alone-policy/) **The steps/plan must be specific for your program area or situation. You should include at least the following:**

1. A detailed description of the event and areas or locations (size, configuration/layout of event) where people may be present;
2. The number of people that will be in the area/space at any one time and how that number minimizes personnel density and how you will provide for distancing of at least 6 feet.
3. A description of anticipated work/program schedules, including staggering, alternate days, partial days or other adjustment and how work/program schedules minimize personnel density and provide for cleaning between events and distancing of at least 6 feet.
4. Explain how names and contact information (address, phone, email) of attendees will be collected and maintained for those in attendance.
5. State if coordination with other teams/groups also using the space or area is required and if so how you will coordinate access to minimize personnel density;
6. If close proximity of people is unavoidable, provide a description of situations or conditions where individuals will need to be in close proximity to perform work and what steps will be taken to minimize contact time and lessen transmission risk.
7. A description of any barriers, partitions or other methods used to physically separate people that will minimize risk.
8. A description of any special PPE requirements beyond required cloth face coverings that will be required.
9. A description of any work that absolutely cannot be done while wearing PPE or a cloth face covering and steps that will be taken to minimize the potential for viral spread.
10. Other area/location specific steps or considerations needed for your event

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**Describe the process that will be used to clean common touch points and equipment.**

CDC and state guidelines must be followed. The minimum standard that must be used by all areas is to at least daily clean/disinfected using an [EPA-registered cleaning product](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) or a 70% alcohol solution. Examples of common touch points and include:

* Benchtops, desktops, and other work surfaces;
* Equipment handles, latches, controls and touchpads;
* Drawer and cabinet handles;
* Hand tools;
* Faucet handles;
* Tables, chairs (seats, backs and armrests). Fabric furniture that can’t be disinfected can’t be used;
* Doorknobs and light switches;
* Keyboards, touchpads, and mice;
* Remote controls;

**Describe any equipment or areas that cannot be disinfected daily using an** [EPA-registered cleaning product](https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2) **or a 70% alcohol solution. What steps that will be used to prevent transmission.**

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**Describe the process that will be used to monitor compliance with this COVID-19 Safety Plan, as well as CDC, state, and University requirements related to COVID-19 in the workplace, including personal health monitoring prior to coming to work.**

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**Specify who will be responsible for monitoring CDC, state, and University requirements related to COVID-19 in the workplace, updating this plan as required, and communicating changes to personnel.**

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**Specify who will be responsible for ensuring each individual signing into a face to face program has completed initial and any subsequent required COVID-19 training.**

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**Resources**

[Center for Disease Control](https://www.cdc.gov/coronavirus/2019-ncov/index.html)

[State of Connecticut](https://portal.ct.gov/coronavirus)

[UConn Storrs and Regional Campuses](https://uconn.edu/public-notification/coronavirus/)

**Personnel Sign-Off**

By signing below, I acknowledge that I have read, understand, and agree to comply with this COVID-19 Safety Plan.

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| **Name (print)** | **Name (signature)** | **Date** |
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