

**WE ARE YOUR DOL**Department  
of Labor**NY HERO ACT**  
**Model Airborne Infectious Disease**  
**Exposure Prevention Plan for**  
**Private Education****BACKGROUND:**

Columbia University has adopted the **New York State Department of Labor’s Model Airborne Infectious Disease Exposure Prevention Plan for Private Education** to protect Columbia University employees against exposure and disease during an airborne infectious disease outbreak. This plan goes into effect when an airborne infectious disease is designated by the New York State Commissioner of Health as a highly contagious communicable disease that presents a serious risk of harm to the public health. This plan is subject to any additional or greater requirements arising from a declaration of a state of emergency due to an airborne infectious disease, as well as any applicable federal standards.

***Employees should report any questions or concerns with the implementation this plan to [heroquestions@lists.cumc.columbia.edu](mailto:heroquestions@lists.cumc.columbia.edu).***

This plan applies to all “employees” as defined by the **New York State HERO Act** (<https://dol.ny.gov/ny-hero-act>), which means any person providing labor or services for remuneration within the state, without regard to an individual’s immigration status, and shall include part-time workers, independent contractors, domestic workers, home care and personal care workers, day laborers, and other temporary and seasonal workers. The term also includes individuals working for digital applications or platforms, staffing agencies, contractors or subcontractors on behalf of Columbia University at any individual worksite, as well as any individual delivering goods or transporting people at, to or from the worksite on behalf of Columbia University, regardless of whether delivery or transport is conducted by an individual or entity that would otherwise be deemed an employer under this chapter. The term does not include employees or independent contractors of the state, any political subdivision of the state, a public authority, or any other governmental agency or instrumentality.

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**I. RESPONSIBILITIES:**

This plan applies to all employees of Columbia University, and the following worksites:

Irving Medical Center (CUIMC)	Lamont-Doherty Earth Observatory
Manhattanville Campus	Baker Athletics Complex
Morningside Campus	Columbia University Residential Operations
Nevis Laboratories	

This plan requires commitment to ensure compliance with all plan elements aimed at preventing the spread of infectious disease. The following supervisory employee(s) are designated to enforce compliance with the plan. Additionally, these supervisory employees will act as the designated contacts unless otherwise noted in this plan:

<b>Name</b>	<b>Title</b>	<b>Location</b>	<b>Phone</b>
Donna Lynne, DrPH	Senior Vice President and Chief Operating Officer CUIMC	CUIMC	212-305-6607

*Donna Lynne, Senior Vice President and Chief Operating Officer, will work closely with other key University partners including but not limited to, Public Safety, Environmental Health & Safety (EH&S), designated University Safety Coordinators, as well as designated departmental supervisors as needed, to enforce compliance.*

**II. EXPOSURE CONTROLS DURING A DESIGNATED OUTBREAK**
**A. Minimum Controls during an Outbreak**

During an airborne infectious disease outbreak, the following minimum controls will be used in all areas of the worksite:

**1. General Awareness:** Individuals may not be aware that they have the infectious disease and can spread it to others. Employees should remember to:

- Maintain physical distancing;
- Exercise coughing/sneezing etiquette;
- Wear face coverings, gloves, and personal protective equipment (PPE), as appropriate;
- Individuals limit what they touch;
- Stop social etiquette behaviors such as hugging and hand shaking, and
- Wash hands properly and often.

**2. Stay at Home Policy:** If an employee develops symptoms of the infectious disease, the employee will not be in the workplace. The employee must inform their supervisor and follow Columbia University, New York State Department of Health (NYSDOH) and Centers for Disease Control and Prevention (CDC) guidance regarding obtaining medical care and isolating.

**3. Health Screening:** Employees will be screened for symptoms of the infectious disease at the beginning of their shift using the *ReopenCU* app (or other current equivalent technology) or Columbia University web portal. Employees are to self-monitor throughout their shift and report any new or emerging signs or symptoms of the infectious disease to the designated contact. An employee showing signs or symptoms of the infectious disease will be removed from the workplace and should contact a healthcare professional for instructions. The health screening elements will follow guidance from NYSDOH and CDC guidance, if available.

**4. Face Coverings:** To protect coworkers, employees will wear face coverings throughout the workday to the greatest extent possible. Face coverings and physical distancing will be used together whenever possible. The face covering must cover the nose and mouth, and fit snugly, but comfortably, against the face. The face covering itself must not create a hazard, e.g. have features could get caught in machinery or cause severe fogging of eyewear. The face coverings will be provided by Columbia University at no cost to employees, but must be kept clean and sanitary and changed by the employee when soiled, contaminated, or damaged.

**5. Physical Distancing:** Physical distancing will be followed as much as feasible. Avoid unnecessary gatherings and maintain a distance of at least six feet (or as recommended by the NYSDOH/CDC for the infectious agent) from each other. Use a face covering when physical distance cannot be maintained.

In situations where prolonged close contact with other individuals is likely, the following control methods will be used:

- Restricting or limiting customer or visitor entry;
- Limiting occupancy;
- Allowing only one person at a time inside small enclosed spaces with poor ventilation;
- Signage;
- Floor markings;
- Telecommuting;
- Remote meetings;
- Preventing gatherings;

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- Restricting travel;
- Creating new work shifts and/or staggering work hours;
- Adjusting break times and lunch periods;
- Delivering services remotely or through self-serve pickup.

These additional controls will be evaluated based on the nature of the airborne infectious disease:
• physical barriers
• reconfiguring workspaces
• use of additional PPE (ex., face shields)

**6. Hand Hygiene:** To prevent the spread of infection, employees should wash hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- Touching your eyes, nose, or mouth;
- Touching your mask;
- Entering and leaving a public place; and
- Touching an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens.

Because hand sanitizers are less effective on soiled hands, wash hands rather than using hand sanitizer when your hands are soiled.

**7. Cleaning and Disinfection:** See **Section V.** of this plan.

**8. Respiratory Etiquette:** Because infectious diseases can be spread by droplets expelled from the mouth and nose, employees should exercise appropriate respiratory etiquette by covering nose and mouth when sneezing, coughing or yawning.

**9. Special Accommodations for Individuals with Added Risk Factors:** Some employees, due to age, underlying health condition, or other factors, may be at increased risk of severe illness if infected. Please inform your supervisor or the HR department if you fall within this group and need an accommodation.

**B. Advanced Controls during an Outbreak**

For activities where the Minimum Controls alone will not provide sufficient protection for employees, additional controls from the following hierarchy may be necessary. Columbia University will determine if the following are necessary:

**1. Elimination:** Columbia University will consider the temporary suspension or elimination of risky activities where adequate controls could not provide sufficient protection for employees. Examples include:

- Limiting or eliminating in-person learning;
- Limiting gatherings by location (outdoors), and scale;
- Limiting or eliminating in-person recreational and/or sporting events.

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**2. Engineering Controls:** Columbia University will consider appropriate controls to contain and/or remove the infectious agent, prevent the agent from being spread, or isolate the worker from the infectious agent. Examples of engineering controls include:

- **Mechanical Ventilation**, for example:
  - Increasing the percentage of fresh air introduced into air handling systems, where feasible;
  - Utilizing air filters with rating of Minimum Efficiency Reporting Value (MERV) 13 or higher, if compatible with the HVAC system(s). If MERV–13 or higher filters are not compatible with the HVAC system(s), use filters with the highest compatible filtering efficiency for the HVAC system(s);
  - Avoiding air recirculation, where feasible;
  - If fans are used in the facility, arrange them so that air does not blow directly from one worker to another. Remove personal fans, as necessary, but keep heat hazards in mind and address in other methods if appropriate; and
  - Air purifiers, as appropriate.
- **Natural Ventilation**, for example:
  - Opening outside windows and doors; and
  - Opening windows on one side of the room to let fresh air in and installing window exhaust fans on the opposite side of the room so that they exhaust air outdoors;
  - Maintain hand washing or sanitizing stations throughout facility;
  - Establish contactless protocols for building entry (where feasible) and other transactions, where feasible;
  - Automatic disinfection systems such as ultraviolet light disinfection systems; and
  - Install cleanable barriers such as partitions and clear plastic sneeze/cough guards.

Subject to changes based on operations and circumstances surrounding the infectious disease, engineering controls that are anticipated to be used are listed in the following table:

<b>Engineering Controls Utilized/Location</b>
• Utilize MERV 13 filters in all building where such filtration is feasible
• Increase fresh air and reducing recirculating air
• Utilize natural ventilation, as appropriate, when mechanical ventilation is not available
• Maintain hand washing and/or sanitizing stations
• Establish contactless protocols for building entry (where feasible) and other transactions, where feasible

*(Note: One of the best ways to reduce exposure to infectious agents is to improve ventilation. The aim is to deliver more “clean air” into an occupied area and exhaust the contaminated air to a safe location. In some cases, the air may have to be filtered before it enters the work area and/or before it is exhausted. Direct the contaminated air away from other individuals and from the building’s fresh air intake ports. Consult your ventilation system’s manufacturer or service company to determine if improvements are possible for your system.)*

**3. Administrative Controls** are policies and work rules used to prevent exposure. Columbia University intends to utilize controls with a "✓" and will consider other controls at the time this plan is activated. A list of examples include:

- ✓ Require health screening of faculty, staff and students prior to entry to facilities;
- ✓ Increasing the space between employees and students;
- ✓ Disinfecting procedures for specific operations;
- ✓ Post signs reminding of respiratory etiquette, masks, hand hygiene;
- ✓ Employee training;
- ✓ Identify and prioritize on-site job functions essential for continuous operations;
- ✓ Limit attendance of in-person meetings;
- ✓ Host the meetings outdoors or electronically;
- ✓ Minimize elevator use, post signage of limitations;
- ✓ Cross-train employees to ensure critical operations continue during worker absence;
- ✓ Limit the use of shared workstations;
- ✓ Remote learning methods;
- Prohibiting eating and drinking in the work area;
- Rearrange traffic flow to allow for one-way walking paths;
- Provide clearly designated entrance and exits;
- Provide additional short breaks for handwashing and cleaning;
- Establishing pods or cohorts of staff and students to limit exposure; and
- Increase time between classes to allow for cleaning and ventilation.

Subject to changes based on operations and circumstances surrounding the infectious disease, the above examples with check mark as likely to be implemented. All other listed Administrative Controls will be evaluated, as appropriate to the nature of the airborne infectious disease.

**4. Personal Protective Equipment (PPE)** are devices such as eye protection, face shields, respirators<sup>1,2</sup>, and gloves that protect the wearer from infection. PPE will be provided, used and maintained in a sanitary and reliable condition at no cost to the employee. The PPE provided to an employee will be based on a hazard assessment for the workplace. The following PPE that are anticipated to be used are in the following table:

PPE will be provided based on the type airborne infectious agent and its transmission route(s), which will be determined when this plan requires activation. PPE will be provided in accordance with CDC and NYSDOH recommendations. Columbia University Office of Procurement Services will assist in procuring the necessary PPE.

<sup>1</sup> The use of respiratory protection, e.g. an N95 filtering face piece respirator, requires compliance with the OSHA Respiratory Protection Standard 29 CFR 1910.134 or temporary respiratory protection requirements OSHA allows for during the infectious disease outbreak.

<sup>2</sup> Respirators with exhalation valves will release exhaled droplets from the respirators. Respirators are designed to protect the wearer. Surgical masks and face coverings, which are not respirators, are designed to protect others, not the wearer.

### **C. Exposure Control Readiness, Maintenance and Storage**

The controls Columbia University has selected will be obtained, properly stored, and maintained so that they are ready for immediate use in the event of an infectious disease outbreak and any applicable expiration dates will be properly considered.

## **III. HOUSEKEEPING DURING A DESIGNATED OUTBREAK**

### **A. Disinfection Methods and Schedules**

Objects that are touched repeatedly by multiple individuals, such as door handles, light switches, control buttons/levers, dials, levers, water faucet handles, computers, phones, or handrails will be cleaned frequently with an appropriate disinfectant. Surfaces that are handled less often, or by fewer individuals, may require less frequent disinfection. The disinfection methods and schedules selected are based on specific workplace conditions.

The New York State Department of Environmental Conservation (NYSDEC) and the Environmental Protection Agency (EPA) have compiled lists of approved disinfectants that are effective against many infectious agents (see [www.dec.ny.gov](http://www.dec.ny.gov) and [www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants](http://www.epa.gov/pesticide-registration/selected-epa-registered-disinfectants)). Columbia University will select disinfectants based on NYSDOH and CDC guidance and follow manufacturer guidance for methods, dilution, use, and contact time.

### **B. Adjustments to Normal Housekeeping Procedures**

Normal housekeeping duties and schedules will continue to be followed during an airborne infectious disease outbreak, to the extent practicable and appropriate consistent with NYSDOH and/or CDC guidance in effect at the time. However, routine procedures may need to be adjusted and additional cleaning and disinfecting may be required.

Housekeeping staff may be at increased risk because they may be cleaning many potentially contaminated surfaces. Some housekeeping activities, like dry sweeping, vacuuming, and dusting, can re-suspend into the air particles that are contaminated with the infectious agent. For that reason, alternative methods and/or increased levels of protection may be needed.

Rather than dusting, for example, the CDC recommends cleaning surfaces with soap and water before disinfecting them. Conducting housekeeping during “off” hours may also reduce other workers’ exposures to the infectious agent. Best practice dictates that housekeepers should wear an appropriate face covering. See [www.cdc.gov](http://www.cdc.gov) for more guidance.

**C. If an employee develops symptoms of the infectious disease at work**, it is ideal to isolate the area in accordance with guidance issued by NYSDOH or the CDC, before cleaning and disinfecting the sick employee’s work area. This delay will allow contaminated droplets to settle out of the air and the space to be ventilated.

**D. As feasible, liners will be used in trash containers.** Empty the containers often enough to prevent overfilling. Do not forcefully squeeze the air out of the trash bags before tying them closed. Trash containers may contain soiled tissue or face coverings.

#### **IV. INFECTION RESPONSE DURING A DESIGNATED OUTBREAK**

If an actual, or suspected, infectious disease case occurs at work, take the following actions:

- Instruct the sick individual to wear a face covering and leave the worksite and follow NYSDOH/CDC guidance.
- Follow local and state authority guidance to inform impacted individuals.

#### **V. TRAINING AND INFORMATION DURING A DESIGNATED OUTBREAK**

**A. Donna Lynne, Senior Vice President and Chief Operating Officer CUIIMC**, will verbally inform all employees of the existence and location of this Plan, the circumstances it can be activated, the infectious disease standard, Columbia University policies, and employee rights under the HERO Act.

*(Note: training need not be provided to the following individuals: any individuals working for staffing agencies, contractors or subcontractors on behalf of Columbia University at any individual worksite, as well as any individual delivering goods or transporting people at, to or from the worksite on behalf of Columbia University, where delivery or transport is conducted by an individual or entity that would otherwise be deemed an employer under this chapter).*

**B. When this plan is activated**, all personnel will receive training which will cover all elements of this plan and the following topics:

- The infectious agent and the disease(s) it can cause;
- The signs and symptoms of the disease;
- How the disease can be spread;
- An explanation of this Exposure Prevention Plan;
- The activities and locations at our worksite that may involve exposure to the infectious agent;
- The use and limitations of exposure controls;
- A review of the standard, including employee rights provided under Labor Law, Section 218-B.

**C. The training will be:**

- Provided at no cost to employees and take place during working hours. If training during normal work hours is not possible, employees will be compensated for the training time (with pay or time off);
- Appropriate in content and vocabulary to your educational level, literacy, and preferred language; and
- Verbally provided in person or through telephonic, electronic, or other means.



## VI. PLAN EVALUATIONS DURING A DESIGNATED OUTBREAK

Columbia University's Emerging Infectious Disease Work Group Subcommittee, represented by the following University leaders, will review and revise the plan periodically, upon activation of the plan, and as often as needed to keep up-to-date with current requirements. Document plan revisions below:

<b>Plan Revisions History</b>			
Date	Reviewed by	Major Changes	Approved by
Revision #1	Sr. Vice President for Columbia Health		
	Executive Director, Student Health CUIMC		
	Vice President for Facilities		
	Professor of Epidemiology, Mailman School of Public Health		
	Associate Vice President for Environmental Health and Safety		
Revision #2	Sr. Vice President for Columbia Health		
	Executive Director, Student Health CUIMC		
	Vice President for Facilities		
	Professor of Epidemiology, Mailman School of Public Health		
	Associate Vice President for Environmental Health and Safety		

## VII. RETALIATION PROTECTIONS AND REPORTING OF ANY VIOLATIONS

Columbia University, nor its agent(s), or person(s) acting as or on behalf of a hiring entity, or the officer or agent of Columbia University shall discriminate, threaten, retaliate against, or take adverse action against any employee for exercising their rights under this plan, including reporting conduct the employee reasonably believes in good faith violates the plan or airborne infectious disease concerns to Columbia University, government agencies or officials or for refusing to work where an employee reasonably believes in good faith that such work exposes him or her, other workers, or the public to an unreasonable risk of exposure, provided the employee, another employee, or representative has notified Columbia University verbally or in writing, including electronic communication, of the inconsistent working conditions and Columbia University's failure to cure or if the employer knew or should have known of the consistent working conditions.

Notification of a violation by an employee may be made verbally or in writing, and without limitation to format including electronic communications. To the extent that communications between Columbia University and employee regarding a potential risk of exposure are in writing, they shall be maintained by the Columbia University for two years after the conclusion of the designation of a high risk disease from the Commissioner of Health, or two years after the conclusion of the Governor's emergency declaration of a high risk disease. The following Columbia University contact information will be used by employees to report violations of this plan and retaliation during regular business hours and for weekends/other non-regular business hours when employees may be working [compliance@columbia.edu](mailto:compliance@columbia.edu).

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**COVID-19 Addendum  
Effective September 7, 2021**

Columbia University [“the University”] has established protocols to support a COVID-19 safe campus. These protocols are detailed at <https://covid19.columbia.edu/content/health-guidance#/text-5269> and are revised periodically in accordance with federal, state and local guidelines and mandates. The protocols are part of the [Columbia Community Health Compact](#), which every member of the University community is required to attest to in order to access/return to campus. Details related to the Compact can be accessed at <https://covid19.columbia.edu/health-compact>.

**Vaccination, Testing and Symptom Monitoring**

A significant component of the University COVID-19 safety plan includes mandatory COVID-19 vaccination of faculty, staff, and students. Full vaccination was required by September 1, 2021. Details regarding the vaccine mandate can be found at [https://covid19.columbia.edu/vaccine-info#/text\\_with\\_label-4723](https://covid19.columbia.edu/vaccine-info#/text_with_label-4723). Vaccine coverage is critical to preserving the health of Columbia affiliates and the broader University, and surrounding community. Research continues to support the safety and efficacy of the COVID-19 vaccines authorized for use by the Federal Drug Administration (FDA) and World Health Organization (WHO).

In addition to the vaccine mandate, the University continues to support daily COVID-19 symptom screening/self-checking using the [ReopenCU](#) app or website available at <https://covid19.columbia.edu/content/symptom-self-checking>. The University's COVID-19 testing program evolves based on prevalence and other local conditions and details can be reviewed at <https://covid19.columbia.edu/content/covid-19-testing-program-fall-2021>.

**Public Health Protocols and Facility Enhancements**

The University also continues to follow federal, state and local guidelines and mandates for face covering and physical distancing as outlined [here](#). Signage is posted throughout campus where physical distancing is required, and event attendance restrictions are in place. Buildings continue to receive cleaning and disinfection focused on high-touch surfaces, classrooms and public spaces with a summary available at <https://covid19.columbia.edu/content/cleaning>. Additionally, various enhancements have been made to building heating, ventilation and air conditioning (HVAC) systems. Information about HVAC modifications is available at <https://covid19.columbia.edu/content/air-quality-and-circulation>.

**Training**

All persons working or studying on any University campus must complete an online safety training program in order to be aware of follow precautions to prevent the spread of COVID-19. The training course “*COVID-19 Training: Working Safely at Columbia University*” identifies the many actions that Columbia University has taken to reduce the airborne spread of SARS-CoV-2 virus, as required by the NYS HERO Act. Completion of this training is required for all personnel.