

FACULTY REQUEST TO OFFER FACE-TO-FACE COURSES IN SUMMER 2021

The university will continue to offer limited face-to-face classes in Summer 2021. All on-campus activities will occur in accordance with guidance from the Chancellor's Office. Public health restrictions entail a significant reduction of classroom capacity when campus returns to face-to-face instruction. Budget constraints are likely to further limit the number of face-to-face courses that the university can offer with reduced student density.

This document provides a framework for prioritizing requests for limited face-to-face courses for lab and studio instruction, and other similar on-campus courses that are conducted in rooms designed for such courses and for which classroom scheduling is typically limited to a given department or college.

Departments requesting the resumption of limited face-to-face lab/studio courses should develop a rank order list of course priorities based on accreditation, certification, licensing requirements, and priorities of the discipline and curriculum. Please complete the following form for each of a limited number of the highest-priority courses.

PART I – Course Information

Please list information relevant to the course you are requesting be in-person in Summer 2021.

Instructor Name: _____ **College:** _____

Class Number: _____ **Subject (dept):** _____ **Catalog Number:** _____ **Section(s):** _____ **Instruction Mode:** _____
(“P” for In Person, “H” for Hybrid)

Class Title: _____ **Consent:** _____
(“I” for Instructor Consent, “D” for Department Consent, “N” for No Consent)

Preferred Classroom or Learning Space: _____

Course Type: On-campus Off-campus fieldwork/practicum Off-campus internship

Schedule of Meeting Times (must be consistent with published course schedule):

I will need to utilize my private office on campus. Yes No If yes, my office building and number is: _____

As the instructor of this course, I am willing and able to provide face-to-face instruction.

I assure that instruction will comply with safety guidelines from the CDPH and SCHSA, to the best of my ability.

PART III – Explanations and Additional Information

Please provide a detailed description of on-campus course activities that cannot be conducted remotely.

Please provide description of equivalent alternative instruction for students who are unable to return to campus.

Please provide a plan for a rapid shift to virtual instruction, should it become necessary.

PART IV – Risk Self-Assessment

Please read the following information and then complete pages 5 and 6 as applicable.

Risk Categories Covered in this Assessment	Recommended Prevention/Mitigation Protocols
Frequently touched surfaces within the instructional space <i>e.g. doorknobs, light switches, drawer handles, chair arms, stools, bench tops, equipment switches</i>	<ul style="list-style-type: none"> - Establish an enhanced disinfecting schedule for frequently touched surfaces. - Request students, faculty, and staff disinfect frequently touched items before class ends. - Provide gloves to employees when necessary.
Shared machinery, equipment, tools, and supplies <i>e.g. hand and power tools, process machinery, welding equipment, compressed gas cylinders, beakers/vials, art supplies, hand trucks, portable carts</i>	<ul style="list-style-type: none"> - Avoid sharing objects, when possible. - If machinery, equipment, tools, or lab and art supplies must be shared, at a minimum disinfect at end of class. - Provide gloves to employees when necessary. - If possible, allow shared items to sit for 7 days before next use (no disinfecting necessary if items sit for 7 days after last use). - Eliminate machinery, equipment, tools, etc. if disinfection between classes cannot be achieved.
Items that cannot be disinfected <i>e.g. unwashable fabrics, sensitive equipment</i>	<ul style="list-style-type: none"> - Discontinue use
Shared personal protective equipment <i>e.g. safety glasses, face shields, welding helmets, welding or other non-disposable gloves</i>	<ul style="list-style-type: none"> - Issue PPE to each student or worker, not to be shared. - Disinfect PPE after use, store used PPE in container marked “dirty” and move to container “cleaned” to avoid cross contamination. - Wear disposable gloves inside leather gloves to prevent contamination. Ensure students wash hands directly after taking gloves off.
Lab benchtops	<ul style="list-style-type: none"> - Place students at intervals at least 6-feet apart. Mark unoccupied benchtop areas and chairs/stools as “do not use”. - If physical distancing cannot be maintained in any direction, place physical barrier between users. - Disinfect benchtops and chairs/ stools before class ends.
Computer Workstations	<ul style="list-style-type: none"> - Work with S&RM to evaluate the possibility of rearranging workstations to allow for 6-feet of physical distance between users. - Mark computers as “do not use” to allow for physical distancing. - Provide physical barriers between computer workstations if 6-feet of physical distancing cannot be maintained. - Disinfect desktops, keyboards, mice, and chairs before each class ends.
Areas or activities where physical distancing is not possible	<ul style="list-style-type: none"> - Provide physical barriers between people. - Require the use of face coverings for all parties involved. - If physical barriers are not possible or face coverings pose a hazard, eliminate the activity/don’t utilize the area.
Deliveries <i>e.g. compressed gas deliveries, equipment service or repairs</i>	<ul style="list-style-type: none"> - Implement contactless deliveries/ visitations if possible. - Remind vendors of the University’s requirements on physical distancing, and use of face coverings while on campus.

Check the boxes to indicate if the proposed on-campus activities involve any of the following things.

- Frequently touched surfaces within the instructional space
- Shared machinery, equipment, tools, and supplies
- Items that cannot be disinfected
- Shared personal protective equipment
- Lab benchtops
- Computer Workstations
- Areas or activities where physical distancing is not possible
- Vendor Deliveries
- Other: _____

If you checked any of the boxes above, please use the fields below to provide additional information. Please attach additional pages, if needed. If you did not check any of the boxes, your risk assessment is complete. In either scenario, Safety & Risk Management may contact you for additional information.

If applicable, list frequently touched surfaces within the instructional space and explain your prevention plan to mitigate risk in this area.

If applicable, list shared machinery, equipment, tools, and supplies and explain your prevention plan to mitigate risk in this area.

If applicable, list items that cannot be disinfected and explain your prevention plan to mitigate risk in this area.

If applicable, list shared personal protective equipment and explain your prevention plan to mitigate risk in this area.

If applicable, identify which lab benchtops will be used and explain your prevention plan to mitigate risk in this area.

If applicable, identify which computer workstations will be used and explain your prevention plan to mitigate risk in this area.

If applicable, list areas or activities where physical distancing is not possible and explain your prevention plan to mitigate risk in this area.

If applicable, list vendors who may deliver to your area and explain your prevention plan to mitigate risk in this area.

If applicable, describe other areas of risk and explain your prevention plan.

Who will be responsible for communicating these plans (and future amendments) to the affected individuals and how will it be communicated?

Print Name: _____

Date: _____

Signature: _____

Proposed Start Date: _____

Department Chair: _____

Signature: _____

Date: _____

Due to the college dean by October 7, 2020. The remainder of the form below will be completed after it is received and reviewed by the dean.

College Dean: _____

Signature: _____

Date: _____

Stockton Campus Dean (if applicable): _____

Signature: _____

Date: _____

PART V – Safety & Risk Management Assessment *(To be completed by Safety & Risk Management)*

Safety & Risk Management Approved: Yes No

Signature: _____

Date: _____

Provost: _____

Signature: _____

Date: _____