

BURRELL COLLEGE OF OSTEOPATHIC MEDICINE

STANDARD OPERATING PROCEDURES

COVID-19 Related Procedures		SOP #: GA.006.10
Effective Date	5.19.2020	
Last Revision/Review	8.9.2021	

1. Purpose

To inform the College community on procedures related to the COVID-19 situation.

2. Related Policy/Authority

State of New Mexico Executive Orders
NM Department of Health Guidelines
CDC Guidelines
OSHA Guidelines

3. Faculty/Staff Responsibilities

Asst. VP of Administration, Director of Compliance

5. Procedural Steps

1. Employee Health Screening Procedures
 - a. The College will follow the guidelines listed below stated by the State of New Mexico Department of Health (NM DOH), CDC and/or OSHA employee health screening procedures for entrance into the building:

You have not had close contact with or cared for someone diagnosed with COVID-19 within the last 10 days unless the following criteria have been met:

 - Are fully vaccinated (ie., ≥ 2 weeks following receipt of the second dose in a 2-dose series, or ≥ 2 weeks following receipt of one dose of a single-dose vaccine).
 - Have remained asymptomatic since the current COVID-19 exposure.
 - b. The College will utilize a card swiping application to ensure employees follow health screening procedures as a condition of entry to the building.
 - i. Health screening procedures signage will be place at entrance of doors.
 - ii. Health screening procedures will be placed on the College website.
2. Building Access and Monitoring
 - a. All entrance doors to the building will normally remain locked.
 - b. A placard will be posted at each entrance card reader with a list of COVID 19 symptoms and other restrictions as defined by the NM DOH. Persons who do not meet all the criteria on the placard should return home.
 - c. All students and staff will be required to use their ID badge to “swipe in” to gain access to the building.
 - d. Presenting a key card ID badge will be considered an agreement with the posted placard.
 - e. All key card accesses will be electronically recorded, which will create a record of everyone entering, along with date and time.
 - f. If required, the main door may be unlocked when under the supervision of a security officer. In that case, anyone entering the building through the main entrance will be

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required to swipe in at one of the auxiliary lobby key card readers designated for that purpose.

- g. Guests or individuals who don't have their ID card will be asked to utilize a QR code at the Security Desk to monitor building access.
 - h. Every individual is required to swipe in, even if the door is open or held open. This is to ensure accurate counts, and agreement with entrance restrictions.
3. Physical/Social Distancing Procedures
- a. Plexiglass separation barriers in high customer transaction areas. The areas include:
 - i. Security Desk
 - ii. Bear Den
 - iii. IT Help Desk
 - iv. Library Circulation Desk
 - b. Plexiglass separation barriers are placed in other working spaces where appropriate.
4. Hygiene/PPE Procedures
- a. All employees / students / visitors are encouraged to follow hand washing protocols as recommended by the CDC.
 - b. All employees / students / visitors are required to wear an appropriate face covering per the current CDC mask guidelines.
 - c. Additional hygiene protocols may be required for certain areas and / or lab activities. Those involved will be provided with additional guidance.
5. Cleaning Procedures
- a. Increased schedule of disinfection of high touch items - particularly entry doors, common area doors, restroom doors, elevator buttons, handles (faucet, door, refrigerator, microwave, stairway rails, etc.)
 - b. Additional hand sanitizer stations have been set up in restrooms, common areas, entries, and instructional spaces.
6. Exposure Containment and Response Plan
- a. Refer to SOP GA.007 COVID-19 Exposure and Containment Plan
 - b. Refer to SOP GA.0011 COVID-19 Exposure Response for Students on Clinical Rotation
7. Travel Approval Procedures
- a. All business-related travel must be approved by the Dean and/or President.
 - b. Follow all travel guidelines and restrictions provided by the State of NM.
8. Library Material Procedures
- a. If an OMS I or II student tests positive for COVID-19, the Office of Compliance will confirm with the student whether they have any checked out library materials in their possession. If the student does have library materials checked out, they will be notified after a review of each item as to when/how each should be returned.
 - b. If an OMS III or IV student tests positive for COVID-19, the student shall keep all checked out Library materials until the student is cleared to return to their clinical site. All library materials should be returned to the respective Hub coordinator in the same quarantine plastic bag in which the library materials were originally loaned.

6. Reports/Charts/Forms/Attachments/Cross References

7. Maintenance

BiWeekly or As Needed during the COVID-19 Situation

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8. Signature

Signatures on File

AVP of Administration and Director of Compliance

8.9.2021

Date

9. Distribution List

Internal/External

10. Revision History

Revision Date	Subsection #	Summary of Changes	New/Cancellation/Replacement Procedure? (if applicable)	Approval Date
6.3.2020	5	Removed Exposure Containment Information and reference it's own SOP GA.007		6.3.2020
6.17.2020	5	1ai. Updated travel condition of entry to add business travel		6.17.2020
7.2.2020	5	1ai. Updated travel condition to remove business travel and require quarantine for travel into NM by any means		7.2.2020
7.8.2020	5	Added cross reference to SOP GA.011		7.8.2020
8.12.2020	7	Added PDF Amendment on travel and quarantine executive order		8.12.2020
8.26.2020	8	Added subsection 8: Library Material Procedures		8.26.2020
3.4.2021	9	Added information about vaccine exemptions and travel information.		3.4.2021
3.10.2021	5	Updated quarantine requirement from 14 to 10 days per the NM DOH		3.10.2021
8.9.2021	5	Removed items about travel restrictions and building entrance per the CDC and NMDOH updates.		8.9.2021