**1.0 POLICY**

 It is the policy of the [Insert department name here] to provide its employees with a safe and healthful work environment. This COVID-19 Prevention Program (CPP) was developed in accordance with applicable Title 8, California Code of Regulations (8 CCR) standards.

**2.0 PURPOSE**

 This program has been designed to:

1. Identify and evaluate tasks performed by employees where the potential for COVID-19 exposure exists and implement controls as necessary to prevent exposure and transmission.
2. Establish a system for communication with employees to include employee reporting of COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards in the workplace.
3. Provide employees with training and information on COVID-19 hazards, and the [Insert department name here] COVID-19-related policies and procedures.
4. Describe procedures and policies for accommodating employees with medical or other conditions that place them at risk of severe COVID-19 illness.

**3.0 SCOPE**

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

**4.0 RESPONSIBILITIES**

Program Administrator

[Enter name or job title of the person(s)] has overall authority and responsibility for implementing the provisions of this CPP. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

All employees are responsible for using safe work practices, following all directives, policies and procedures, and assisting in maintaining a safe work environment.

**5.0 COMMUNICATION**

The goal of the [Insert department name here] is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

* Who employees should report COVID-19 symptoms and possible hazards to, and how [Describe how this will be accomplished in your workplace].
* That employees can report symptoms, possible close contacts and hazards without fear of reprisal.
* Describe procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
* Where testing is not required, how employees can access COVID-19 testing [Determine what options are available for employees to obtain voluntary testing, be it employer provided, available through health plans or local testing centers. The purpose is to give employees the tools to get tested when they have symptoms to reduce the likelihood of bringing the virus to work. This type of voluntary testing does not have to be provided by the employer].
* In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test. [If you are required to provide testing because of an employee exposure, have a plan for how this will be accomplished at no cost to the employee during working hours, including when the testing is in response to 8 CCR section 3205.1, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2, Major COVID-19 Outbreaks. It is recommended that the plan be developed in advance for large or high-risk workplaces].
* Information about COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and the COVID-19 policies and procedures.
* [Describe other aspects of your system of COVID-19-related communication being implemented in your workplace].

**6.0 IDENTIFICATION AND EVALUATION OF COVID-19 HAZARDS**

The [Insert department name here] will implement the following in the workplace:

* Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
* Evaluate employees’ potential workplace exposures to all persons at, or who may enter, the workplace.
* Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
* Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
* Conduct periodic inspections using the **Appendix B: COVID-19 Inspections** form as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
* Maximize the quantity of outdoor air and whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system for each work location.
* Monitor the vaccination status of employees and ensure employees who are not fully vaccinated are testing weekly, as required by County of Los Angeles COVID-19 vaccine mandate, by using the Fulgent system.
* [Enter other identification and evaluation measures you take in your workplace].

Employee Participation

Employees and their authorized representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by: [Describe how employees and their representatives, if any, may participate in COVID-19 hazard identification and evaluation].

Employee Screening

The [Insert department name here] screens employees by: [Describe how this will be accomplished – i.e., directly screen employees when they come to work, or having them self-screen according to CDPH guidelines. Ensure that face coverings are used during screening by both screeners and employees and, if temperatures are measured, that non-contact thermometers are used].

*Note: The department may ask employees to evaluate their own symptoms before reporting to work utilizing established checklists/protocols. If the department conducts screening at the workplace, the department shall ensure that face coverings are used during screening by both screeners and employees and, if temperatures are measured, that non-contact thermometers are used.*

**7.0 INVESTIGATING AND RESPONDING TO COVID-19 CASES**

The [Insert department name here] will investigate COVID-19 cases by using the **Appendix C: Investigating COVID-19 Cases** form.

Provide written notice within one business day of knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers on the premises at the same worksite as the COVID-19 case during the infectious period. These notifications will meet the requirements of 8 CCR section 3205(c)(3)(B) and Labor Code section 6409.6.

Employees who had a close contact with a COVID-19 case in the workplace will be:

[Indicate how the following will be accomplished:

* Offered COVID-19 testing at no cost during their working hours.
* The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them].

 Exceptions include:

* COVID-19 cases who returned to work pursuant to the Return-to-Work requirements listed in this document and have remained free of COVID-19 symptoms for 90 days after the initial onset of the COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 90 days after the first positive test.

**8.0 CORRECTION OF COVID-19 HAZARDS**

The [Insert department name here] will implement effective policies and/or procedures for correcting unsafe or unhealthy conditions, work practices, policies and procedures in a timely manner based on the severity of the hazard.

Unsafe or unhealthy work conditions, practices or procedures will be documented on the Appendix B: COVID-19 Inspections form, and corrected in a timely manner based on the severity of the hazards, as follows: [Describe how the following will be accomplished:

* + The severity of the hazard will be assessed and correction time frames assigned, accordingly.
	+ Individuals are identified as being responsible for timely correction.
	+ Follow-up measures are taken to ensure timely correction].

**9.0 TRAINING AND INSTRUCTION**

The [Insert department name here] shall provide effective training and instruction to employees that include the following:

* The [Insert department name here] COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
* Information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws.
* The fact that:
	+ COVID-19 is an infectious disease that can be spread through the air.
	+ COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
	+ An infectious person may have no symptoms.
* The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19, but are most effective when used in combination.
* The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
* The employer’s policies for providing well-fitted medical grade face coverings and respirators, and the right of employees to request a respirator for voluntary use without fear of retaliation and at no cost to employees; how to properly wear the respirator; how to perform a seal check each time a respirator is worn; and the fact that facial hair interferes with a seal.
* Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
* The conditions under which face coverings must be worn at the workplace and that employees can request face coverings at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.
* COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
* How to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
* [Describe other aspects of your training being implemented in your workplace].

**Appendix D: COVID-19 Training Roster** or a similar form will be used to document this training.

**10.0 FACE COVERINGS**

The [Insert department name here] provides clean, undamaged well-fitted medical grade face coverings and ensures they are properly worn by employees over the nose and mouth when required. [Describe how face coverings will be provided, replaced, and cleaned, as needed].

 Employees must wear masks if:

* Required by orders from the California Department of Public Health (CDPH) or local public health department.

When employees are required to wear face coverings, the following exceptions apply:

* When an employee is alone in a room or vehicle.
* While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
* Employees wearing respirators required by the department and used in compliance with 8 CCR section 5144. [Delete if not applicable]
* Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.
* Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

Any employee not wearing a required face covering due to their condition or disability shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits it. If their condition or disability does not permit a non-restrictive alternative, the employee shall be tested at least weekly for COVID-19 during paid time and at no cost to the employee.

Any employee not wearing a required face covering due to their specific tasks that would not make it feasible to wear a face covering shall be tested at least weekly for COVID-19 during paid time and at no cost to the employee.

Employees may choose to wear a face covering even when not required to do so without fear of retaliation unless it would create a safety hazard. Any employee, regardless of their vaccination status, can request a face covering by contacting [insert departmental contact].

**11.0 OTHER ENGINEERING CONTROLS, ADMINISTRATIVE CONTROLS AND PERSONAL PROTECTIVE EQUIPMENT**

Engineering Controls

The [insert department name] will maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by using the highest filtration efficiency compatible with the existing ventilation system, and determining if the risk of transmission would be reduced by the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems.

[Describe how this will be accomplished, taking into consideration:

* Circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat and wildfire smoke.
* How the ventilation system will be properly maintained and adjusted, whether you own and operate the building, or not.
* Whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system
* How to implement use of portable or mounted HEPA filtration if we determine such use would reduce the risk of COVID-19 transmission.
* Information specific to your industry, location, and operations].

Hand Sanitizing

In order to implement effective hand sanitizing procedures, the [Insert department name here] will:

[Describe your site-specific procedures, including:

* Evaluating handwashing facilities.
* Determining the need for additional facilities.
* Encouraging and allowing time for employee handwashing.
* Providing employees with an effective hand sanitizer, and prohibit hand sanitizers that contain methanol (i.e. methyl alcohol).
* Encouraging employees to wash their hands for at least 20 seconds each time].
* Describe who will maintain hand sanitizing supplies.

Personal Protective Equipment (PPE)

The [Insert department name here] evaluated the need for PPE (such as gloves, goggles, and face shields) as required by 8 CCR section 3380, and provides such PPE as needed.

PPE including gloves, goggles, face shields, etc. must not be shared. Requests for PPE should be submitted to [enter name or title].

The [Insert department name here] provides and ensures the use of eye protection and respiratory protection in compliance with 8 CCR section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids. [Delete if not applicable to your workplace].

Upon request, the department will provide respirators for voluntary use to all employees who are working indoors or in vehicles with more than one person. [Describe how employees who request a respirator for voluntary use will be encouraged to use them in compliance with section 5144(c)(2) and will be provided with a respirator of the correct size, and provided the information required by Appendix D of section 5144.] To request a respirator, contact [insert department contact].

Shared Tools and Equipment

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by [Describe how this will be done in your workplace, such as use of a cleaning/sanitizing crew or providing the employees with the materials and training to do it themselves].

Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users. [Delete if not applicable to your workplace]

*\*Note: The “Shared Tools and Equipment” section is not required to be included in the CPP, but it is a best practice that departments may decide to keep if they choose to.*

Testing of Symptomatic Employees

The [insert department name here] will make COVID-19 testing available at no cost to employees with COVID-19 symptoms during employees’ paid time.

**12.0 REPORTING, RECORDKEEPING AND ACCESS**

It is the [Insert department name here] policy to:

* Report information about COVID-19 cases and outbreaks at the workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
* Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under 8 CCR section 330(h), of an employee occurring in the place of employment or in connection with any employment.
* Report positive COVID-19 cases to the workers’ compensation claims administrator to allow them to determine the existence of an “outbreak” in the workplace as required by Senate Bill 1159.
* Maintain records of the steps taken to implement this program in accordance with 8 CCR section 3203(b).
* Make this written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
* Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
* [Add any additional measure you are taking].

**13.0 EXCLUSION OF COVID-19 CASES FROM THE WORKPLACE**

Where there is a positive COVID-19 case in the workplace, the [enter department name] will limit transmission by:

* Ensuring that employees who are positive for COVID-19 are excluded from the workplace until they are eligible to return to work (see section 14.0 below for return-to-work criteria).
* Ensuring that employees who had close contact with a positive COVID-19 case follow current CDPH and local public health department guidance regarding quarantine.
* Continuing and maintaining an employee’s earnings, wages, seniority, and all other employee rights and benefits when the COVID-19 close contact exposure is work related. This will be accomplished by [Describe how your workplace will accomplish this, such as by employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights and benefits, where permitted by law and when not covered by Workers’ Compensation].
* Providing employees at the time of exclusion with information on available benefits.

*Note: Exception: Employees who have not been excluded or isolated by the local health department need not be excluded by the employer, if they are temporarily reassigned to work where they do not have contact with other persons until the return to work requirements are met.*

**14.0 RETURN-TO-WORK CRITERIA**

**COVID-19 Cases without Symptoms or Resolving Symptoms**

COVID-19 cases, regardless of vaccination status or previous infection, who do not develop COVID-19 symptoms or whose COVID-19 symptoms are resolving, shall not return to work until the following have occurred (8 CCR subsection 3205(c)(10)(A):

* At least five days have passed from the date that COVID-19 symptoms began or, if the person does not develop COVID-19 symptoms, from the date of first positive COVID-19 test;
* At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever reducing medications; and
* A negative COVID-19 test from a specimen collected on the fifth day or later is obtained; or, if unable to test or the employee chooses not to test, 10 days have passed from the date that COVID-19 symptoms began or, if the person does not develop COVID-19 symptoms, from the date of the first positive COVID-19 test.

**COVID-19 Cases with Symptoms**

COVID-19 cases, regardless of vaccination status or previous infection, whose COVID-19 symptoms are not resolving, may not return to work until the following have occurred (8 CCR subsection 3205(c)(10)(B):

* At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication; and
* Symptoms are resolving or 10 days have passed from when the symptoms began.

*Note: COVID-19 cases, regardless of vaccination status, previous infection or lack of COVID-19 symptoms, shall wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test.*

If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no period was specified, then the period shall be in accordance with the return to work periods in 8 CCR section 3205(c)(10), as applicable or as required by orders from CDPH or the local public health department.

[Type Title of owner or top management representative formally approving the program and have them sign and date]

## Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meeting rooms, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

**Person conducting the evaluation**: **[Enter name(s)]**

**Date**: **[Enter date]**

**Name(s) of employee and authorized employee representative that participated**: **[Enter name(s)]**

| **Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards** | **Places and times** | **Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers** | **Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation** |
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## Appendix B: COVID-19 Inspections

**[This form is only intended to get you started. Review the information available at** [**www.dir.ca.gov/dosh/coronavirus/**](http://www.dir.ca.gov/dosh/coronavirus/) **for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify form accordingly].**

**Date: [Enter date]**

**Name of person conducting the inspection**: **[Enter names]**

**Work location evaluated**: **[Enter information]**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exposure Controls** | **Status** | **Person Assigned to Correct** | **Date Corrected** |
| **Engineering** |  |  |  |
| Barriers/partitions |  |  |  |
| Ventilation (amount of fresh air/filtration maximized) |  |  |  |
| Additional room air filtration |  |  |  |
| [Add any additional controls your workplace is using] |  |  |  |
| [Add any additional controls your workplace is using] |  |  |  |
| **Administrative** |  |  |  |
| Physical distancing |  |  |  |
| Surface cleaning and disinfection (frequently enough and adequate supplies) |  |  |  |
| Hand washing facilities (adequatenumbers and supplies) |  |  |  |
| Disinfecting and hand sanitizing solutions used according to manufacturer instructions |  |  |  |
| [Add any additional controls your workplace is using] |  |  |  |
| **PPE (not shared, available and being worn)** |  |  |  |
| Face coverings (cleaned sufficiently often) |  |  |  |
| Gloves |  |  |  |
| Face shields/goggles |  |  |  |
| Respiratory protection |  |  |  |
| [Add any additional controls your workplace is using] |  |  |  |

## Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases will be kept confidential. All COVID-19 testing or related medical services provided by [enter department name] will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees’ medical records will also be kept confidential and not disclosed or reported without the employee’s express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

**Date: [Enter date]**

**Name of person conducting the investigation**: **[Enter name(s)]**

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| --- |
| **Employee (or non-employee\*) name:** |  | **Occupation (if non-employee, why they were in the workplace):** |  |
| **Location where employee worked (or non-employee was present in the workplace):** |  | **Date investigation was initiated:** |  |
| **Was COVID-19 test offered?** |  | **Name(s) of staff/representative involved in the investigation:** |  |
| **Date and time the COVID-19 case was last present in the workplace:** |  | **Date of the positive or negative test and/or diagnosis:** |  |
| **Date the case first had one or more COVID-19 symptoms:** |  | **Information received regarding COVID-19 test results and onset of symptoms (attach documentation, if any):** |  |
| **Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have had close contact (attach additional information):** |  |

| **Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:** |
| --- |
| **All employees who may have had COVID-19 exposure and their authorized representatives.** | **Date:** |  |
| **Names of employees that were notified:** |  |
| **Independent contractors and other employers present at the workplace during the high-risk exposure period.** | **Date:** |  |
| **Names of individuals that were notified:** |  |
| **What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?** |  | **What could be done to reduce exposure to COVID-19?** |  |
| **Was local health department notified?** |  | **Date:** |  |

## Appendix D: COVID-19 Training Roster

**Date: [Enter date]**

**Person that conducted the training**: **[Enter name(s)]**

| **Employee Name** | **Signature** |
| --- | --- |
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Attach copy of the presentation or materials that were covered during the training.

## Additional Consideration #1 - Multiple COVID-19 Infections and COVID-19 Outbreaks

[This section will need to be added to your CPP if your workplace has three or more employee COVID-19 cases within an exposed group during a 14-day period. Reference section 3205.1 for details].

This section of CPP will stay in effect until there are no new COVID-19 cases detected in the exposed group for a 14-day period.

### COVID-19 Testing

The [enter department name] will make COVID-19 testing available at no cost to employees in the exposed group, during employees’ paid time, except:

* Employees who were not present at the workplace during the relevant 14-day period(s).
* For COVID-19 cases who did not develop COVID-19 symptoms after returning to work pursuant to subsections 3205(c)(10)(A) or (B), no testing is required.

COVID-19 testing consists of the following:

* + Testing will be made available to all employees in the exposed group, regardless of vaccination status, immediately and again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by, the local health department.
	+ After the first two COVID-19 tests, the [enter department here] will continue to make COVID-19 testing available to employees in the exposed group who remain at the workplace once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in the workplace for a 14-day period.
	+ Employees who had close contacts shall have a negative COVID-19 test taken within three and five days after the close contact or shall be excluded and follow the return-to-work requirements of section 14.0 starting from the date of the last known close contact.
	+ The department will provide additional testing when deemed necessary by Cal/OSHA.

### Other Precautions

The [insert department name here] will continue to comply with the applicable elements of the CPP as well as the following:

* Require employees in the exposed group to wear face coverings when indoors, or when outdoors and less than six feet apart from another person, unless one of the face covering exception listed in the CPP applies.
* Give notice to employees in the exposed group of their right to request a respirator for voluntary use.
* Evaluate whether to implement physical distancing of at least six feet between persons or, where six feet of physical distancing is not feasible, as much distance between persons as feasible.
* In buildings or structures with mechanical ventilation, the department will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, the department will use filters with the highest compatible filtering efficiency. The department will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, will implement their use to the degree feasible.

### Investigation of Workplace COVID-19 Illness

[Insert department name] will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak in accordance with the CPP section, **Investigating and Responding to COVID-19 Cases**.

### COVID-19 Investigation, Review and Hazard Correction

In addition to the requirements under the CPP sections, **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, [insert department name] will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and include:

* Investigation of new or unabated COVID-19 hazards including:
	+ Leave policies and practices and whether employees are discouraged from remaining home when sick.
	+ COVID-19 testing policies.
	+ Insufficient outdoor air.
	+ Insufficient air filtration.
	+ Lack of physical distancing.
* Updating the review:
	+ Every thirty days that the outbreak continues.
	+ In response to new information or to new or previously unrecognized COVID-19 hazards.
	+ When otherwise necessary.
* Implementing changes to reduce the transmission of COVID-19 based on the investigation and review. The department will consider:
	+ Moving indoor tasks outdoors or having them performed remotely.
	+ Increasing outdoor air supply when work is done indoors.
	+ Improving air filtration.
	+ Increasing physical distancing as much as feasible.
	+ Respiratory protection.
	+ [Describe other applicable controls].

### Notifications to the Local Health Department

* Immediately, but no later than 48 hours after learning of three or more COVID-19 cases in a worksite within a 14-day period, the department will contact the local health department for guidance on preventing the further spread of COVID-19 within the worksite.
* The department will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, worksite location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the worksite of the COVID-19 case, and any other information requested by the local health department. The department will continue to give notice to the local health department of any subsequent COVID-19 cases at the worksite.

## Additional Consideration #2 - Major COVID-19 Outbreaks

[This section will need to be added to your CPP should your workplace experience 20 or more COVID-19 cases within a 30-day period. Reference section 3205.2 for details].

This section of the CPP will stay in effect until there are fewer than three COVID-19 cases detected in the exposed group for a 14-day period.

The department will continue to comply with the CPP and Additional Consideration #1 - Multiple COVID-19 Infections and COVID-19 Outbreaks, except that the COVID-19 testing, regardless of vaccination status, is required of all employees in the exposed group twice a week, or more frequently if recommended by the local health department. Employees in the exposed group will be tested or will be excluded and follow the return to work requirements of section 14.0 starting from the date that the outbreak begins.

### Other Precautions

In addition to complying with the provisions in the CPP and Additional Considerations #1 - Multiple COVID-19 Infections and COVID-19 Outbreaks, the department will also do the following:

* + Provide employees in the exposed group with respirators for voluntary use in compliance with 8 CCR subsection 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under 8 CCR section 5144 to address COVID-19 hazards.
	+ Any employees in the exposed group who are not wearing respirators will be separated from other persons by at least six feet, except where six feet of separation is not feasible, and except for momentary exposure while persons are in movement. When it is not feasible to maintain a distance of at least six feet, individuals will be as far apart as feasible. [Describe methods used, such as physical distancing that includes: telework or other remote work arrangements; reducing the number of persons in an area at one time, including visitors; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.]
* Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
* Implement any other control measures deemed necessary by Cal/OSHA.

## Additional Consideration #3 - COVID-19 Prevention in Employer-Provided Housing

[This section will need to be added to your CPP if you have workers in employer-provided housing. Reference section 3205.3 for details. Employer-provided housing is any place or area of land, any portion of any housing accommodation, or property upon which a housing accommodation is located, consisting of: living quarters, dwelling, boardinghouse, tent, bunkhouse, maintenance-of-way car, mobile home, manufactured home, recreational vehicle, travel trailer, or other housing accommodations. Employer-provided housing includes a “labor camp” as that term is used in Title 8 of the California Code of Regulations or other regulations or codes. The employer-provided housing may be maintained in one or more buildings or one or more sites, including hotels and motels, and the premises upon which they are situated, or the area set aside and provided for parking of mobile homes or camping. Employer-provided housing is housing that is arranged for or provided by an employer, other person, or entity to workers, and in some cases to workers and persons in their households, in connection with the worker’s employment, whether or not rent or fees are paid or collected.

* This section does not apply to housing provided for the purpose of emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications, and medical operations, if:
	+ The employer is a government entity; or
	+ The housing is provided temporarily by a private employer and is necessary to conduct the emergency response operations.
* The requirements below for physical distancing and controls, face coverings, cleaning and disinfecting, screening, and isolation of COVID-19 cases and persons with COVID-19 exposure do not apply to occupants, such as family members, who maintained a household together prior to residing in employer-provided housing, but only when no other persons outside the household are present].

### Assignment of Housing Units

To the extent feasible, [insert department name here] will reduce employee exposure to COVID-19 by assigning employee residents to distinct groups and ensure that each group remains separate from other such groups during transportation and work.

The department will ensure that shared housing unit assignments are prioritized in the following order:

1. Residents who usually maintain a household together outside of work, such as family members, will be housed in the same housing unit without other persons.
2. Residents who work in the same crew or work together at the same worksite will be housed in the same housing unit without other persons.
3. Employees who do not usually maintain a common household, work crew, or worksite will be housed in the same housing unit only when no other housing alternatives are possible.

The [Insert department name here] will ensure:

* Maximization of the quantity and supply of outdoor air and increase filtration efficiency to the highest level compatible with the existing ventilation system in housing units. If there is not a Minimum Efficiency Reporting Value (MERV) 13 or higher filter in use, portable or mounted High Efficiency Particulate Air (HEPA) filtration units shall be used, to the extent feasible, in all sleeping areas.

### Face Coverings

The [Insert department name here] will provide face coverings to all residents and provide information and training to residents on when face coverings should be used in accordance with orders or guidance from CDPH and from the local health department.

### Screening

The [Insert department name here] will encourage residents to report COVID-19 symptoms to [Enter name of individual, position, or office].

### COVID-19 Testing

The [Insert department name here] will establish, implement, and maintain effective policies and procedures for COVID-19 testing of residents who had a close contact. The department will test all residents of employer-provided housing in which there were three or more COVID-19 cases in 14 days. [Describe how this will be accomplished]

### COVID-19 Cases and Close Contacts

The [Insert department name here] will:

Effectively quarantine residents who have had a close contact from all other residents. Effective quarantine will include providing residents who had a close contact with a private bathroom and sleeping area.

Effectively isolate COVID-19 cases from all residents who are not COVID-19 cases. Effective isolation will include housing COVID-19 cases only with other COVID-19 cases, and providing COVID-19 case residents with a sleeping area and bathroom that is not shared by non-COVID-19 case residents.

Keep confidential any personal identifying information regarding COVID-19 cases and persons with COVID-19 symptoms, in accordance with the CPP **Investigating and Responding to COVID-19 Cases** section.

End isolation in accordance with the CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria**, and any applicable local or state health officer orders.

## Additional Consideration #4 - COVID-19 Prevention in Employer-Provided Transportation

[This section will need to be added to your CPP if there is employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, facilities, and agricultural fields, provided, arranged for, or secured by an employer regardless of the travel distance or duration involved. Reference section 3205.4 for details.

This section does not apply:

* If the driver and all passengers are from the same household outside of work, such as family members, or if the driver is alone in the vehicle.
* To employer-provided transportation when necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications and medical operations].
* To employees with occupational exposure as defined by section 5199, when covered by that section.
* To public transportation.

### Assignment of Transportation

To the extent feasible, [insert dept name] will reduce exposure to COVID-19 hazards by assigning employees sharing vehicles to distinct groups and ensuring that each group remains separate from other such groups during transportation, during work activities, and in employer-provided housing.

The [Insert department name here] will prioritize shared transportation assignments in the following order:

1. Employees residing in the same housing unit will be transported in the same vehicle.
2. Employees working in the same crew or workplace will be transported in the same vehicle.
3. Employees who do not share the same household, work crew or workplace will be transported in the same vehicle only when no other transportation alternatives are feasible.

### Face Coverings and Respirators

The [Insert department name here] will ensure that:

* The face covering requirements of the CPP Face Coverings sections are followed for employees waiting for transportation.
* CDPH and local health department recommendations regarding face coverings are reviewed, and the department will implement face covering policies that effectively eliminate or minimize transmission in vehicles.
* Employees are provided with training on CDPH and local health department recommendations regarding face coverings and the department’s own policies.
* Upon request, the department will provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees in the vehicle.

### Screening

The [Insert department name here] will develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation. [Detail what those procedures are]

### Ventilation

The [Insert department name here] will ensure that vehicle windows are kept open, and the ventilation system set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

* The vehicle has functioning air conditioning in use and excessive outdoor heat would create a hazard to employees.
* The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.
* Protection is needed from weather conditions, such as rain or snow.
* The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

### Hand Hygiene

The [Insert department name here] will provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.