**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].
* Employees are encouraged to stay home if they are experiencing COVID-19 symptoms.
* That employees can report symptoms, possible close contacts and hazards without fear of reprisal.
* 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.
* All persons will be considered potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
* 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 Title 8 CCR section 3205(e) and Labor Code section 6409.6.

Employees, independent contractors, and employers of subcontracted employees will be notified as soon as possible, but no longer than the time required to ensure exclusion requirements of section 14.0 of this document are met, that they were identified as a close contact of a COVID-19 case.

Provide written notice to authorized representatives, if any, of COVID-19 cases and employees with close contacts within one business day. These notifications will meet the requirements of 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 30 days after the initial onset of the COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 30 days after the first positive test.

To prevent transmission of COVID-19 among employees who had close contact with COVID-19 cases, the Department will implement the following:

[Describe how transmission will be prevented among close contacts:

* Remote work.
* Wear a face covering around others for 10 days.
* Get tested 3-5 days after last exposure.
* Exclude employees who develop symptoms.
* Describe other prevention measures for close contacts]

**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 on COVID-19 prevention:

* When this CPP was first established.
* To new employees.
* To employees given a new job assignment involving COVID-19 hazards and they have not been previously trained.
* Whenever new COVID-19 hazards are introduced.
* When the Department is made aware of new or previously unrecognized COVID-19 hazards.
* For supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.
* [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 Title 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. Such employees 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.
* During 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.

If an employee is not wearing a face covering due to a medical or mental health condition or disability, or are hearing-impaired or communicating with a hearing-impaired person, or during specific tasks that cannot feasibly be performed with a covering, the COVID-19 hazards will be assessed, and action taken as necessary.

Respirators will be provided for voluntary use in compliance with Title 8 CCR section 5144(c)(2) to employees who request them and who are working indoors or in vehicles with more than one person. Employees who request respirators for voluntary use will be:

* Encouraged to use them.
* Provided with a respirator of the correct size.
* Trained on the following:
  + How to properly wear the respirator provided.
  + How to perform a user seal check according to the manufacturer’s instructions each time a respirator is worn.
  + The fact that facial hair interferes with a seal.

**Aerosolizing Procedures**

The Department will evaluate the need for respiratory protection to prevent COVID-19 transmission under section 5144 for employees in work settings exempt from section 5199 in accordance with the conditions in Title 8 CCR 5199 (a)(2)(A) or (a)(2)(B), who are exposed to procedure that may aerosolize potentially infectious material such as saliva or respiratory tract fluids. [Delete if not applicable]

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 review guidance from the State of California, Cal/OSHA, and local health department regarding ventilation. The Department will improve ventilation in indoor workplaces to prevent the transmission of COVID-19 by:

* Maximizing the supply of outside air to the extent feasible, except when the United States Environmental Protection Agency Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, such as excessive heat or cold or wildfire smoke.
* Filtering circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system in buildings and structures with mechanical ventilation.
* Using High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers’ recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
* Enter other measures to be taken

The Department will comply with Title 8 CCR section 5142 “Mechanically Driven Heating, Ventilation and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation” and/or section 5143 “General Requirements of Mechanical Ventilation Systems”. Delete if not applicable

In vehicles, employees shall maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

**Administrative Controls**

As COVID-19 is an airborne infectious disease, the [Insert Department Name Here] will implement the following prevention controls:

[Describe your site-specific procedures, including:

* Remote work
* Physical distancing
* Reducing population density indoors
* Moving indoor tasks outside
* Implementing separate shifts and/or break times
* Restricting access to work areas
* Enter other prevention measures]

**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.
* Retain the written notifications as required under Labor Code 6409.6.
* [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 and employees who are excluded under Additional Consideration #1 are excluded from the workplace until they are eligible to return to work (see section 14.0 below for return-to-work criteria).
* Excluding an employee if they receive an order to isolate, quarantine, or exclude from a local or state health official. The employee shall not return until the period of isolation or quarantine is completed or the order is lifted.
* Ensuring that employees who had close contact with a positive COVID-19 case follow current CDPH and local public health department guidance regarding quarantine.
* Providing employees at the time of exclusion with information on available benefits.
* [Add any additional measure you are taking].

**14.0 RETURN-TO-WORK CRITERIA**

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

COVID-19 cases, regardless of vaccination status, previous infection, or previous exclusion, who do not develop COVID-19 symptoms or whose COVID-19 symptoms are resolving, shall not return to work during the infectious period, which is two days before the positive specimen collection date through: (8 CCR subsection 3205(c)(5)(A)(1):

* 10 days after the date on which the specimen for the first positive test for COVID-19 was collected; OR
* Day 5 if a diagnostic specimen collected on day 5 or later tests negative.

**COVID-19 Cases with Symptoms**

COVID-19 cases, regardless of vaccination status, previous infection, or previous exclusion, whose COVID-19 symptoms are not resolving, may not return to work during the shorter of either of the following: (8 CCR subsection 3205(c)(5)(A)(2):

* The infectious period:
  + 10 days have passed after symptoms first appeared, or through day five if testing negative on day five or later; and
  + 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.
* Through 10 days after the onset of symptoms and 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

*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 (adequate  numbers 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)]**

|  | | | |
| --- | --- | --- | --- |
| **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 - 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 visited the worksite at any time during their infectious period during a 14-day period OR a CDPH regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period, in which case this section applies when the number of cases at the worksite constitutes an outbreak under CDPH’s definition. Reference section 3205.1 for details].

This section of CPP will stay in effect until there are one or fewer 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)(5)(A)(1) or (2), no testing is required.

COVID-19 testing consists of the following:

* + Testing will be made available to all employees in the exposed group who remain in the workplace, regardless of vaccination status, immediately upon being covered by this section and on a weekly basis.
* 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.

### 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.

### Major Outbreaks

The following will be completed while Additional Consideration #1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:

[Insert Department here] will report the major outbreak to Cal/OSHA immediately.

**COVID-19 Testing**

* COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by the local health department.
* Employees in the exposed group will be tested or excluded and follow return to work requirements outlined in section 14.0 of this document.
* Twice a week testing requirement will end when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period, and weekly testing requirement will commence until there are one of fewer new COVID-19 cases in the exposed group for a 14-day period.

**Other Precautions**

* Provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements.
* Any employees in the exposed group who are not wearing respirators as required by the Department will be separated from other persons by at least six feet. The following exceptions apply:
  + It can be demonstrated that at least six feet of separation is not feasible, and
  + For momentary exposure while persons are in movement
* Methods of physical distancing include:
  + [Describe your site-specific procedures including:
  + 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.
  + Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.
* When it is not feasible to maintain a distance of at least six feet, individuals will be as far apart as possible.

## Additional Consideration #2 - 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 3205.2 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.
* This section does not apply to:
  + Occupants, such as family members, who maintained a household together prior to residing in employer-provided housing.
  + Employees with occupational exposure as defined by section 5199, when covered by that section.
  + Employer-provided housing used exclusively to house COVID-19 cases or where a housing unit houses one employee.

### Assignment of Housing Units

To the extent feasible, [insert department name here] will assign employee housing to:

* Cohorts that travel and work together, separate from other workers.
* Residents who usually maintain a household together shall be housed in a single housing unit without other persons.

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 to residents on when face coverings should be used in accordance with CDPH or local health department orders or guidance.

### Reporting Symptoms

The Department 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 or COVID-19 symptoms.

[Describe methods]

### COVID-19 Cases and Close Contacts

### All COVID-19 cases will be isolated from all residents who are not COVID-19 cases, for the period established in the CPP. Effective isolation includes 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.

Residents who have had a close contact will be quarantined from all other residents, for the time period required by the CPP. Effective quarantine includes providing residents who had a close contact with a private bathroom and sleeping area.

## Additional Consideration #3 - 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 to and from work, during the course and scope of employment, which is provided, arranged for, or secured by an employer regardless of the travel distance or duration involved. Reference section 3205.3 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 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 employees taking public transportation.]

### The [insert department here] will comply with the requirements of the CPP within a vehicle and will respond to a COVID-19 case within the vehicle in accordance with the requirements of the CPP.

### Assignment of Transportation

To the extent feasible, [insert dept name] will:

* Assign transportation such that cohorts travel and work together, separate from other workers.
* Employees who usually maintain a household together shall travel together.