**Public Entity Infectious Disease Outbreak Response Plan**

**Instructions**

The following sample plan is provided to assist you with the preparation and implementation of an effective infectious disease outbreak response plan.

There are several areas in this sample plan that will need to be modified or customized, which will be indicated by BLUE TEXT. There are other areas that may not apply to your entity. We indicated guidance with highlighted text. Carefully review this entire plan to ensure it fits your entity and its operations.

**Name of Entity**

**Public Entity Infectious Disease**

**Outbreak Response Plan**

**Date**

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# PURPOSE

The INSERT ENTITY NAME has developed this Infectious Disease Outbreak Response Plan (IDORP) in accordance with Cal/OSHA (California Code of Regulations [CCR] Title 8, Section 3203) Injury & Illness Prevention Plan, to address the risk to its employees during a pandemic infectious disease outbreak public health emergency.

# SCOPE

Pandemic infectious disease outbreaks differ from both seasonal influenza (flu) and common colds in the following aspects:

* It is a rare global outbreak that can affect populations around the world.
* It is caused by a virus to which people do not have immunity.
* Depending upon the specific virus, it can cause more severe illness than regular flu and can affect young healthy people as well as the elderly and those with compromised health and immunity issues.

The Department of Health and Human Services (HHS) [change name of authority leading the mobilization if necessary] may take the lead in mobilizing a local response to infectious disease outbreaks. Public health alerts will be reported to the community. Individual entities may be closed temporarily to contain the spread of the disease. In the case of an infectious disease outbreak, the guidelines in this plan will be followed as much as possible.

*For the purposes of this Plan, volunteers will be deemed as employees.*

# POLICY

It is the policy of INSERT ENTITY NAME to provide all employees with a safe and healthy workplace. The IDORP is a proactive approach to assist in the identification, prevention, and control of employee exposure to infectious diseases. It is a collaborative effort that includes management and employees.

# RESPONSIBILITIES

## INSERT TITLE

INSERT TITLE is responsible for managing the plan:

* Activate heightened surveillance of illness within our jurisdiction. Gather data on symptoms of employees who are sick at home.
* Ensure employees who are ill stay home.
* Send sick employees home immediately.
* Provide fact sheets and guidelines for employees and their families to make them aware of symptoms and remind them of respiratory hygiene etiquette, proper handwashing practices, and the need for social distancing.
* Monitor bulletins and alerts from the HHS and the Centers for Disease Control and Prevention (CDC).
* Keep employees informed of developing issues.
* Assist the HHS in monitoring outbreaks.
* Respond to media inquiries regarding services status.
* Implement online training and communications, so non-essential employees can stay home, and essential employees can avoid gatherings greater than those recommended by the HHS and the CDC.
* Maintain surveillance after the initial epidemic in the event a second wave passes through the community.
* Provide employees and visitors with tissues and trash receptacles.
* Explore whether it is possible to establish policies and practices, such as flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others.
* Implement work at home protocols, where possible, so as many employees as possible can stay home.
* Discourage employees from using other employees’ phones, desks, offices, office supplies (including pens) or other work tools and equipment, when possible.
* Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.
* Use Environmental Protection Agency (EPA)-approved cleaning chemicals with claims against emerging viral pathogens to clean and sanitize surfaces. Products with EPA-approved emerging viral pathogens claims are expected to be effective against SARS-CoV-2 based on data for harder to kill viruses.
* Ensure the manufacturer’s instructions are followed for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, and personal protective equipment).
* Initiate health screening for employees and/or visitors to the workplace during stay at home conditions.
  + Maintain and update the health questionnaire form used in the health screening process (Appendix A, Confidential Health Questionnaire).
  + Coordinate with Incident Response [modify if necessary] to communicate any changes to the health screening form.
  + Ensure adequate supplies are available for health screening procedures and protecting personnel conducting the screening when the health screening process is implemented.

## Employees

#### General Protocols

*For the purposes of this Plan, volunteers will be deemed as employees.*

The following protocols will be followed by all employees. They must:

* Stay home when ill with a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if they have come in direct contact with a person diagnosed with the infectious disease.
* Stay home when someone living in their household has exhibited symptoms of the infectious disease or has come in direct contact with a person diagnosed with the infectious disease.
* Tell their direct supervisor if they have a cough or other flu-like symptoms (chills, fever, difficulty breathing, muscle aches, sore throat) or if they have come in direct contact with a person diagnosed with the infectious disease.
* Practice respiratory hygiene etiquette.
* Wash their hands frequently.
* Practice proper social distancing.
* Disinfect commonly touched surfaces and those most likely contaminated with infected respiratory secretions with approved cleaners.

#### Shutdown Procedures for Employees

When management; HHS; or county, state, or federal government officials issue a stay-at-home order, we will comply as follows:

*Essential Employees Required to Continue Their Routine Tasks*

Some employees are required to continue their routine tasks in the public interest and/or to continue essential functions. These employees are specified by department, division, and job title in the following table.

| Department | Division | Job Title |
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These employees will continue to report to the workplace unless they or a person living in their household have exhibited symptoms of the infectious disease or have come in direct contact with a person diagnosed with the infectious disease.

*Essential Employees Able to Continue Their Routine Tasks Remotely*

Some employees are required to continue their routine tasks in the public interest and/or to continue essential functions of the entity; however, these employees have the capabilities of conducting their assigned tasks from their homes and may continue working from home. These employees may not enter the workplace unless specifically granted permission by their manager or department director and may only enter for the specified task and length of time. These employees are identified by department, division, and job title in the following table.

| Department | Division | Job Title |
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*Non-Essential Employees Able to Continue Their Routine Tasks Remotely*

Employees whose assigned tasks are non-essential to the public interest and/or to the continued essential functions of the entity but do have the capability of conducting their assigned tasks from their homes may continue to work from home. These employees may not enter the workplace unless specifically granted permission by their manager or department director and may only enter for the specified task and length of time. These employees are identified by department, division, and job title in the following table.

| Department | Division | Job Title |
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*Non-Essential Employees Unable to Continue Their Routine Tasks Remotely*

Employees whose assigned tasks are non-essential to the public interest and/or to the continued essential functions of the entity and do not have the capability of conducting their assigned tasks from their homes will stay at home as directed. These employees may not enter the workplace until the stay-at-home order is lifted. These employees are identified by department, division, and job title in the following table.

| Department | Division | Job Title |
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# STRATEGIES TO LIMIT TRANSMISSION OF INFECTIOUS DISEASE OUTBREAK

Compared to other natural infectious health threats, infectious disease outbreak emergencies have greater potential to cause large-scale social disruption. If a novel (new strain) and highly contagious strain of flu or other infectious disease emerges, the resulting pandemic could lead to wide-ranging illness, death, and severe social and economic disruption worldwide.

The most effective tool for reducing exposure and controlling transmission in an infectious disease outbreak will be an aggressive public information campaign emphasizing containment measures such as handwashing, cough and sneeze etiquette, social distancing and reduced social interactions, and guidelines for those being cared for at home.

Additional voluntary isolation and quarantine measures will be followed for infectious disease outbreak as follows:

* Home isolation of cases for a minimum of 14 days once known exposure
* Monitoring of contacts for fever and respiratory symptoms for 14 days after exposure
* Directing employees with a fever and/or who have been previously exposed to not go to work
* Closure of workplaces with high incidence of illness and/or exposure to infected persons
* Community-wide suspension of large public gatherings

Employees will contact their supervisors, their physicians, and the state or local health department to notify them if they begin showing any symptoms or have a suspected exposure incident.

## Routes of Exposure

A human infectious disease outbreak is commonly spread by virus-laden respiratory droplets that are expelled during coughing and sneezing. Viruses are microscopic. They are carried in respiratory secretions as small-particle aerosols.

## Pandemic Declaration

With the declaration of a pandemic and the possibility of widespread flu or other infectious disease within communities, the following actions will be taken:

* [**Stay home when sick**](http://www.flu.gov/plan/school/k12techreport.html#stayhome)**:**

Employees with outbreak illness must stay home for at least 72 hours after they no longer have a fever or signs of a fever without the use of fever-reducing medicines or any other symptoms. An outbreak illness is defined as fever of 100.4° F or higher and a new onset of one of the following: cough, sore throat, or runny nose. They must stay home even if they are using antiviral drugs.

* [**Hand hygiene and respiratory etiquette**](http://www.flu.gov/plan/school/k12techreport.html#hand)**:**

Employees will be educated on the following practices:

* + Washing hands frequently with soap and water, rubbing vigorously for at least 20 seconds.
  + Covering nose and mouth with a tissue when coughing or sneezing (or a shirt sleeve or elbow if no tissue is available) and disposing of tissues immediately. Then immediately washing hands or using a hand sanitizer if washing is not immediately accessible.
  + Avoiding touching eyes, nose, or mouth.
* **Preventative health:**

Employees will be educated on the following preventative health measures:

* + Getting enough rest.
  + Eating nutritious foods and staying hydrated.
  + Exercising.
  + Obtaining annual flu shot as soon as possible.
* **Infection control:**

The following actions will be implemented:

* + Posting signs reminding everyone to wash hands thoroughly.
  + Checking frequently to ensure towels and soap are well supplied in sink areas.
  + Making alcohol-based hand cleaners (containing at least 60% isopropyl alcohol) readily available throughout the facilities.
  + Making tissues available throughout the facilities.
  + Avoiding close contact (hugs, handshakes, sharing objects). Reminding employees to avoid these actions outside the workplace as well. Maintaining a distance of at least 6 feet from all others.
  + Avoiding groups of people. Groups of more than five persons are discouraged.
  + Avoiding sharing food and drinks or pens/pencils.
  + Increasing standard cleaning and maintenance of the facility. Concentrating on regular cleaning of those surfaces or items with the most frequent contact, including doorknobs, desktops, keyboards, mice, telephones, drinking fountains, railings, bathroom sinks and faucets, pencil sharpeners, etc.
  + Maintaining building security and control access.
  + Disinfecting and sanitizing areas where employees who have a confirmed diagnosis of infectious disease came in contact with the workplace including offices, restrooms, and vehicles.

The building ventilation system and ductwork will not need to be shut down and/or disinfected as the CDC has deemed this is not necessary.

THE NEXT STATEMENT IS FOR THOSE PUBLIC ENTITIES THAT PROVIDE THESE SERVICES. DELETE THIS PARAGRAPH IF IT DOES NOT APPLY TO YOUR ENTITY.

Health care providers or other care givers must wear surgical or N95 masks when evaluating persons with a potential outbreak illness*. High Efficiency Particulate Air (HEPA) masks are not recommended.*

CDC recommendations regarding the use of face masks for employees who do not fall within the health care and/or emergency medical provider categories will be followed.

* [**Early treatment of high-risk employees**](http://www.flu.gov/plan/school/k12techreport.html#early)**:**

Employees at high risk for infectious disease complications will be advised to obtain seasonal flu vaccinations. Those who become ill will be advised to speak with their health-care provider as soon as possible. Early treatment with antiviral medications may be indicated for people at high risk. Employees at high risk include those who are pregnant; have asthma, diabetes, other long term or chronic illnesses; have compromised immune systems; or have neuromuscular diseases.

* **Establish infectious disease outbreak administrative procedures:**

The following procedures will be implemented to help organize, quicken, and increase the effectiveness of our infectious disease outbreak response:

* + Monitor reported cases of illness, as well as attendance and absentee rates, check for potential outbreaks (a cluster of two or more illnesses in a week involving a department or work group).
  + Report outbreaks to the local Department of Public Health, Epidemiology or Morbidity Unit as soon as possible.
  + Maintain confidentiality of patient medical information, which cannot be disclosed without patient consent or court order.
  + Send ill employees home immediately.
  + Explain to employees who are sent home that they cannot return to the facility until they are free from symptoms for at least the period of time specified by the CDC or the National Institute of Health (NIH) (normally 7 to 14 days).
  + Provide educational literature concerning treatment and infection control to employees.

In addition, individual departments will develop specific procedures for their operations during the pandemic outbreak. Sample procedures are provided in Appendix C. The sample procedures should be replaced by department specific procedures when they are available.

* **Notification and communication:**

Facility closures, as well as cancellation of activities will be publicized and the following steps implemented:

* + The Public Information Officer will convey information.
  + Employees will be notified with a general letter describing prudent practices for infection control and treatment (in multiple languages if indicated).
  + Knowledgeable employees will be designated to field calls generated by notifications made to the community by the county or state.

Employees will be trained regarding how to answer telephone and email inquiries relative to infectious disease outbreaks and will be provided talking points.

* + Only approved letters will be used.
  + We will confer with the local Department of Public Health before sending any letters or initiating telephone calls regarding infectious disease outbreak.
  + We will report any outbreak to the local Department of Public Health.
* **Continuity of Operations Plan (COOP):**

The incidence rate of illness at any one facility or department cannot be predicted; therefore, this plan will be implemented to mitigate the disruption to normal operations in case of a high incidence rate.

* + Excessive absenteeism:
* Cross-training and information exchange for existing employees and identifying temporary employee resources for essential functions, including payroll, custodial, waste management, maintenance, fire, police, water, and wastewater. Prioritize and have back-up personnel for each critical function that maintains facilities and continues essential services.
* Making do with fewer employees.
* Implementing alternate methods of service delivery including telecommuting or working from home.
* Designating functions or processes that could be reasonably delayed a week or a month, if necessary, during a pandemic.
  + Social distancing:
* Canceling large events.
* Staggering or dividing employee assignments to lower employee density at any single gathering and intermixing of employee groupings. For example, staggered work hours, relocation to other facilities.
* Telecommuting or working from home.
* Removing tables and chairs in breakrooms.
* Limiting the number of people that may be seated at any one table.
* Staggering lunch breaks.
* Permitting employees to eat at their individual desks.
* Limiting the number of employees who may ride in the same vehicle.
* Establishing alternate means for the public to access essential services provided by the entity, such as:
  + Drop boxes or slots for payments, book returns, etc.
  + Adding tables in front of service counters to maintain a 6-foot separation between the public and employees
  + Installing plexiglass panels with service slots to separate employees from the public being served.

A COOP taskforce will be maintained to further develop and/or refine the plan based on the circumstances occurring.

* Ensure continuity of communication with employees and the public.
* Determine if critical vendors have developed a Business Continuity Plan (BCP)/COOP and encourage them to do so.
* Ensure adequate stock of pandemic response supplies such as masks, tissues, hand cleaners, soap, and cleaning supplies.
* Establish a contract with a cleaning/sanitizing service in advance of the infectious disease outbreak to expedite access to their services when needed.

# ADDITIONAL MEASURES UNDER CONDITIONS OF INCREASED SEVERITY

The CDC and/or local Department of Public Health may recommend additional measures to help protect employees if global, national, and/or state assessments indicate that infectious disease is causing more severe spread of the infectious disease. In addition, local health officials may elect to implement the additional measures listed by the CDC. Except for facility closures, these strategies have not been scientifically tested. However, the CDC wants communities to have tools to use that may be the right measures for their community and circumstances. The following procedures will be implemented as directed or deemed necessary:

## Implement Workplace Controls

A framework called the “hierarchy of controls” will be used to select ways of controlling workplace hazards. In other words, the best way to control a hazard is to systematically remove it from the workplace, rather than relying on employees to reduce their exposure.

During infectious disease outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and personal protective equipment (PPE). There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness, and cost. In most cases, a combination of control measures will be necessary to protect employees from exposure to the infectious disease.

In addition to the types of workplace controls discussed below, CDC guidance for businesses provides employers and employees with recommended infection prevention strategies (the standard for infectious disease control) to implement in workplaces:

### Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on employee behavior and can be the most cost-effective solution to implement.

Examples of engineering controls for infectious disease include, but are not limited to:

* Installing clear plastic/glass barriers at service counter locations
* Placing tables or other structures at service counters to allow six feet social distancing
* Using drop boxes or slots

Add other controls that may be in place

### Administrative Controls

Administrative controls require action by the employee or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Examples of administrative controls for infectious diseases include, but are not limited to:

* Encouraging sick employees to stay at home.
* Sending employees home immediately when they begin to exhibit signs/symptoms of illness.
* Minimizing contact among employees, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
* Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time.
  + - Allowing employees to maintain distance from one another while maintaining a full on-site work week.
* Discontinuing nonessential travel to locations with ongoing infectious disease outbreaks. Regularly check CDC travel warning levels on the CDC website.
* Providing employees with up-to-date communication, education, and training on the infectious disease outbreak risk factors and protective behaviors (e.g., cough etiquette and care of PPE).

Individual departments will develop specific administrative control procedures for their operations during the pandemic outbreak. Sample procedures are provided in Appendix C. The sample procedures should be replaced by department specific procedures when they are available.

### Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. The following are examples of safe work practices for infectious diseases similar to the SARS-CoV-2 type infectious disease; however, additional or different work practices will be developed as needed. The general infectious disease work practices include, but are not limited to:

* Providing resources and a work environment that promotes personal hygiene. For example, tissues, trash cans, hand soap, alcohol-based hand rubs containing 60% to 95% isopropyl alcohol, disinfectants, and disposable towels for employees to clean their work surfaces.
* Requiring regular handwashing or use of alcohol-based hand rubs. Employees should always wash their hands when they are visibly soiled and after removing any PPE.
* Posting handwashing signs around the facilities.

### Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to infectious diseases, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include, but are not limited to:

* Gloves (nitrile/vinyl)
* Goggles
* Face masks
* Face shields
* Disposable gowns
* Respiratory protection, when appropriate

During an outbreak of an infectious disease, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for employees, and information on PPE effectiveness in preventing the spread of the infectious disease.

The Cal/OSHA and [CDC](https://www.cdc.gov/coronavirus/2019-ncov/index.html) websites will be regularly monitored for updates about recommended PPE.

PPE will be:

* Selected based upon the hazard to the employee
* Properly fitted and periodically refitted, as applicable (e.g., respirators)
* Consistently and properly worn when required
* Regularly inspected, maintained, and replaced, as necessary
* Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment

Employees will be provided with PPE needed to keep them safe while performing their jobs. The types of PPE required during an infectious disease outbreak will be based on the risk of being infected while working and job tasks that may lead to exposure.

REMOVE THIS SECTION IF YOU DO NOT HAVE FIRE FIGHTERS, PARAMEDICS, EMT PERSONNEL, OR NURSE/MEDICAL SERVICES

Very high and high risk employees, such as firefighters, paramedics, EMT personnel, and/or nurse/medical service employees who work within 6 feet of persons known to be or suspected of being infected and those performing aerosol-generating procedures must use respirators in accordance with Cal/OSHA (CCR Title 8, Section 5199) Aerosol Transmissible Disease (ATD) Standard and the Cal/OSHA (CCR Title 8, Section 5144) Respiratory Protection Standard.

* National Institute for Occupational Safety and Health (NIOSH)-approved N95 filtering facepiece respirators or better must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams.

Employees who are not at very high risk or high risk of infectious disease exposure are not required to wear N-95 (or equivalent) respirators, unless other job hazards require them to do so under the respiratory protection program.

### Follow Existing Cal/OSHA Standards

Other existing Cal/OSHA standards will still apply in protecting employees from exposure to an infection. For example:

* [Cal/OSHA Injury and Illness Prevention Program, CCR, Title 8, Section 3203](https://www.dir.ca.gov/title8/3203.html)
* [Cal/OSHA Bloodborne Pathogens, CCR, Title 8, Section 5193](https://www.dir.ca.gov/title8/5193.html#:~:text=(1)%20General.,be%20considered%20potentially%20infectious%20materials.)
* [Cal/OSHA Aerosol Transmissible Diseases, CCR, Title 8, Section 5199](https://www.dir.ca.gov/title8/5199.html)
* [Cal/OSHA Personal Protective Devices, CCR, Title 8, Section 3380](https://www.dir.ca.gov/title8/3380.html)
* [Cal/OSHA Hazard Communication, CCR, Title 8, Section 5194](https://www.dir.ca.gov/title8/5194.html)
* [Cal/OSHA Respiratory Protection, CCR, Title 8, Section 5144](https://www.dir.ca.gov/title8/5144.html#:~:text=%C2%A75144.,Respiratory%20Protection.&text=(a)%20Permissible%20practice.,be%20to%20prevent%20atmospheric%20contamination.)

While not specific to influenza type infections, the provisions of each standard offer a framework that may help control some sources of the virus, including exposures to body fluids (e.g., respiratory secretions) and aerosol transmissions not covered by the standard.

During outbreaks of infectious disease, Cal/OSHA may provide information about standards and requirements related to record keeping, illness/injury recording, sanitation, risk communication related to hazardous chemicals in sanitizers and cleaning products, and other pertinent information. See the Cal/OSHA website for more information.

## What will be Done to Protect Employees

The following are the minimum procedures for protecting employees at all exposure levels. Specific procedures for each department are included in Appendix C.

### Engineering Controls

Additional engineering controls are not anticipated to be needed for employees in the lower exposure risk group. Cal/OSHA requires employers to ensure engineering controls, if any, used to protect employees from other job hazards continue to function as intended. If conditions or recommendations from the CDC change, they will be investigated for feasibility.

### Administrative Controls

* Monitor local, state, and CDC public health communications about infectious diseases and ensure employees have access to that information.
* Collaborate with employees to designate effective means of communicating important infectious diseases information.

### Personal Protective Equipment

Additional PPE is not anticipated to be needed for employees in the lower exposure risk group. Employees should continue to use the PPE, if any, they would ordinarily use for other job tasks. If conditions or recommendations from the CDC change, information on those changed recommendations will be provided.

### Response to Confirmed Cases of Employee Exposure to Infectious Disease

If an employee is confirmed to have contracted the pandemic infectious disease, the following measures will take place:

* Inform employees of their possible exposure to the disease in the workplace but maintain confidentiality as required by the Health Insurance Portability and Accountability Act (HIPPA) and the California Department of Fair Employment and Housing.
* Temporarily close the general area where the infected employee worked until cleaning is completed.
* Conduct deep cleaning of the entire general area where the infected employee worked and may have been, including breakrooms, restrooms and travel areas, with a cleaning agent approved for use by the EPA against coronavirus. Ideally, the deep cleaning should be performed by a professional cleaning service.
  + Any person cleaning the area will be equipped with the proper PPE for infectious disease disinfection (disposable gown, gloves, eye protection, mask, or respirator if required) in addition to PPE required for cleaning products.

## [Active Screening](http://www.flu.gov/plan/school/k12techreport.html#screen)

CONSULT YOUR LEGAL COUNSEL/HUMAN RESOURCES AND REMOVE ALL OR PARTS IF NOT APPLICABLE

All employees without exception will be subject to daily health screening and are required to complete and submit a Confidential Health Questionnaire prior to entry as part of the daily screening process (Appendix A). Employees who fail the health screening or exhibit fever or other illness symptoms when they arrive to work will be sent home.

Option 1 for Visitors

All visitors without exception will be subject to health screening and are required to complete and submit a Confidential Health Questionnaire (Appendix A) prior to entry as part of the screening process. Visitors who fail the health screening or exhibit fever or other symptoms when they arrive will be denied access to the building.

Option 2 for Visitors:

All visitors without exception will be subject to health screening and are required to answer the Confidential Health Questionnaire (Appendix A) prior to entry as part of the screening process and must have a temperature less than 100.4°F. Visitors who fail the health screening or exhibit fever or other symptoms of illness when they arrive will be denied access to the building.

Health Screening

All persons conducting health screening will be instructed to maintain the confidentiality of the health screening results.

Employees will be monitored for fever and other symptoms of illness each day when they arrive at their assigned work facility at the beginning of their shift, and those who exhibit symptoms will be sent home. Throughout the day, employees will be vigilant in identifying other employees who appear ill, and those employees who appear to be ill will be sent home immediately.

As a recommended best practice, employee screening will occur at a single point and if possible, in a location separate from the building to be entered.

Disposable or non-contact infrared thermometers will be used to determine the presence of fever. If non-contact or disposable thermometers are unavailable, oral thermometers can be used, but they must be cleaned and sanitized before and after each use.

Temperature readings will be recorded on the Confidential Health Questionnaire.

Any person having a temperature of 100.4°F or higher will be denied access to the building.

RECOMMENDED Any person whose temperature reads 100.4°F or higher will be retested in 15 minutes if no other signs or symptoms are present. An initial temperature of 100.4°F combined with other signs or symptoms of infection warrants sending an employee home immediately or denying visitor access without a retest. If only an initial temperature of 100.4° F is present, visitors’ temperatures will be retaken. If visitors are still exhibiting fever, and no other signs or symptoms are present, they will be denied entry.

Those taking temperature readings will be trained in bloodborne pathogens exposure control and will utilize PPE, such as nitrile or vinyl gloves, face masks, and disposable gowns.

OPTIONAL We will permit employees to conduct a self-temperature check, complete the health questionnaire, and provide the completed questionnaire to a screener prior to gaining building access. Submission of incomplete questionnaires will require the employee to undergo on-site screening prior to gaining access to the building.

All employee and visitor Confidential Health Questionnaires will be maintained as medical records and are subject to HIPPA regulations.

**Site location**

* + Maintaining copies of the completed forms

**ENTITY SITE’S PERSON responsible for safety**

* + Reviewing the completed forms
  + Making the determination for allowing access to site locations (see Access Determination below)
  + Checking the appropriate box at the bottom of the questionnaire based on the Access Determination
  + Retaining copies of the completed form

### Access Determination

|  |  |
| --- | --- |
| If Any question is blank (no response) | Access Denied |
| If Any question is answered Yes | Access Denied |
| If All questions are answered No | Access Granted |

## High-Risk Employees Stay Home

Employees at high risk of illness complications will be urged to talk to their doctor about staying home from work when there is an increase of infectious disease circulating in the community. Affected employees may be permitted to work at home.

## [Employees with Ill Household Members Stay Home](http://www.flu.gov/plan/school/k12techreport.html#illhouse)

Employees who have an ill household member will be required to stay home for 14 days from the day the last household member became ill. This is the time period they are most likely to get sick themselves. They will also be given handouts explaining what the symptoms of the infectious disease are.

## [Increase Distance between People](http://www.flu.gov/plan/school/k12techreport.html#distance)

The following methods will be used to increase distance between people who remain at work:

* Conduct meetings via telephone calls and web-based conferencing when applicable
* Remove tables and chairs in breakrooms to reduce the number of personnel who can be comfortably seated in the breakrooms
* Limit the number of people that may be seated at any one table
* Stagger lunch breaks
* Permit employees to eat at their individual desks
* Limit the number of employees who may ride in the same vehicle

## [Extend the Period for Ill Persons to Stay Home](http://www.flu.gov/plan/school/k12techreport.html#exclude)

If infectious disease severity increases, people with flu-like illness must stay home for at least 14 days, even if they have no additional symptoms specific to the pandemic infectious disease. If people continue to feel sick beyond the initial 14 days, they must stay home until 72 hours or the CDC or NIH recommended hours, whichever is greater, after they have no symptoms of any illness.

# EMPLOYEE TRAINING

Per Cal/OSHA policy, all employees will be trained on the hazards associated with exposure to the infectious disease and the protocols in place within the facilities to isolate and report cases and/or reduce exposures. Minimum training will include:

* General description and information
* How infections are spread
* How to prevent the spread of infection
* Cough and sneeze etiquette
* Hand hygiene
* Avoiding touching eyes, nose, and mouth with unwashed hands
* Avoiding sharing personal items with co-workers (i.e. dishes, cups, utensils, towels)
* Providing sanitary supplies, i.e. tissues, no-touch disposal trash cans, and hand sanitizer
* Using cleaners and disinfectants safely
* Aerosol Transmissible Disease Control Plan REMOVE THIS LINE IF NOT APPLICABLE – THE ATD STANDARD ONLY APPLIES TO HEALTH-CARE PROVIDERS, HEALTH-CARE FACILITIES, FIRE, PARAMEDICS, MEDICAL TRANSPORTATION SERVICES, POLICE, CORRECTIONAL FACILITIES, AND CERTAIN LABORATORIES.

# WORKERS’ COMPENSATION:

If employees believe that they were possibly exposed to the infectious disease at work, they must inform their supervisor and seek medical attention immediately. Any employees wishing to file a workers’ compensation claim related to the communicable disease and exposure may do so by completing all required paperwork and submitting it to INSERT TITLE.

# INFORMATION TECHNOLOGY AND CYBER SECURITY

The Information Technology (IT) Department has a critical role in ensuring all information and finances are secure. As a standard protocol IT ensures the system is backed up and the backup system tested. Additional steps will be taken by IT when the IDORP is activated. IT will:

* Examine the information system’s backup protocols to ensure the backup is being adequately completed.
* Test the information system to ensure data can be restored from backups.
* Disconnect one backup from the network in case of ransomware attack.
* Ensure:
  + Virtual Private Networks (VPN) are updated
  + Network infrastructure devices, wireless devices, and devices being used to remote into work environments are updated with the latest operating systems, software patches, and security configurations
  + Remote access log review, attack detection, and incident response/recovery are ramped up to accommodate more remote users and increased attacks
  + Multifactor authentication is provided on all VPN connections
  + Remote employees use very strong passwords
  + Where multifactor authentication is not provided, remote work has been approved in writing by INSERT TITLE and passwords must be at least 12-16 characters containing numbers, symbols, upper/lower case letters, and spaces
  + Remote employees have access to the telephone system or are provided with business telephones
  + Remote employees have the necessary monitors, laptops, and printers to carry out their duties remotely
  + Remote Desktop Protocol (RDP) is not used, as this protocol connects the user to another computer remotely over a network connection and leaves the RDP client ports open to the Internet, leaving the user vulnerable to attackers that scan blocks of IP addresses for open RDP ports
  + Remote access solution capacity is tested and increase the capacity as needed
* Review and revise as needed the telework policy to ensure it outlines:
  + Expectations,
  + Hours,
  + Duration,
  + Equipment,
  + Software,
  + Monitoring,
  + Confidentiality,
  + Removable media,
  + Security,
  + Reviews,
  + Travel expenses,
  + Performance standards,
  + Communication,
  + Accessibility, and
  + Emergency operations including dependent care and other non-employment responsibilities
* Enhance system monitoring to receive early detection and alerts on abnormal activity.
* Provide remote employees with written “Working at Home” protocols that include information and instruction regarding:
  + Using caution when trying to view real interactive dashboards of infections and death rates. These are often used in malicious websites and emails to spread password-stealing malware.
  + Purchasing digital infection kits that use an interactive map as part of a Java-based malware deployment scheme.
  + Email scams that prey on a person’s desire to help during an infectious disease outbreak. These types of emails inform the recipient to open an attached document that includes information about safety measures that then directs users to a page that asks for their email address and password.
  + Never providing their email addresses, passwords, or personal information.
  + Using caution before opening attachments in email; these may be PDFs, MP4s, and docx files indicating they are coming from the CDC.
  + Review emails for grammatical errors in the address or message as these may be indicative of a potential cyber-attack.
  + Provide security awareness training programs that can be viewed remotely.

# RECOVERY

Service recovery from the spread of an infectious disease will begin when it is safe to resume normal operations. All orders from county, state, and/or federal government agencies will be complied with.

Before returning to normal operation of pre-event status:

* Assess existing impact of the infectious disease on provided services
* Evaluate the response actions taken as a result of the infectious disease
* Determine effectiveness of existing plan to respond to similar events in the future
* Revise existing plan as necessary to address any deficiencies
* Evaluate lessons learned
* Review and revise procedures, as needed
* Retrain employees, as needed

# RECORD KEEPING

Records associated with this IDORP will be maintained, including but not limited to:

* Training records
* Vaccination records
* Documentation of exposure incidents
* DELETE THIS BULLET IF THE ENTITY DOES NOT HAVE FIRE, PARAMEDIC, HEALTH CARE OR POLICE SERVICES: Records of inspection, testing, and maintenance of non-disposable engineering controls, in accordance with the Aerosol Transmissible Disease Plan
* Records required by Cal/OSHA, Section 5144, Respiratory Protection, if employees wear respirators
* Records will be retained in accordance with our records retention schedule, the Human Resources schedule, and/or Cal/OSHA requirements

# ADDITIONAL SOURCES OF INFORMATION

Cal/OSHA has important information on its website spotlighting precautions for those who may become exposed to an infectious disease at <https://www.dir.ca.gov/dosh/>.

There are federal agencies and international organizations that have further resources.

* The CDC has additional online resources at <https://www.cdc.gov/>.
* The World Health Organization (WHO) has information on infectious disease outbreak at <https://www.who.int/>

**Appendix A**

**Confidential Health Questionnaire**

|  |
| --- |
| Insert Name of Entity  Confidential Health Questionnaire |

**This Form Should Be Completed Prior to Allowing Site Access for the First Entry of the Day**

**Effective for all Employees and Visitors**

**SITE LOCATION:**

**DATE:**

**EMPLOYEE NAME:**

**VISITOR’S NAME:**

**REASON FOR VISIT/TYPE OF WORK BEING PERFORMED:**

**PLEASE DECLARE “YES” OR “NO” (by marking in the appropriate box) TO THE FOLLOWING QUESTIONS:**

* 1. Have you had a fever, a new or worsening cough, or shortness of breath within the last 24 hours?

YES NO

* 1. Has a household member had a fever, a new or worsening cough, or shortness of breath or tested positive for COVID-19 within the last 2 weeks?

YES NO

* 1. Have you had close contact with an individual who had a fever, cough, or shortness of breath or has tested positive for COVID-19 within the last 2 weeks? *(Close contact is considered closer than 6 feet for a prolonged period and/or being coughed or sneezed on)*

YES NO

* 1. Have you traveled anywhere outside of this area in the last 14 days?

YES NO

**Temperature Recording** (not to exceed 100.4֯ F)

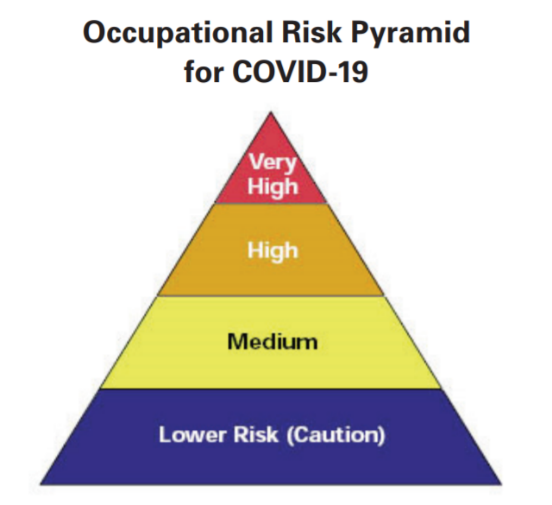
ACCESS GRANTED

**CONFIDENTIAL MEDICAL INFORMATION**

ACCESS DENIED

**Appendix B**

**Classifying Employee Exposure to Infectious Diseases**

Employee risk of occupational exposure to infectious diseases such as SARS-CoV-2 may be classified as very high, high, medium, or lower (caution) risk. The level of risk depends in part on the profession type, need for contact within 6 feet of people known to be or suspected of being infected, or requirement for repeated or extended contact with persons known to be or suspected of being infected. The OSHA Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most American employees will likely fall in the lower exposure risk (caution) or medium exposure risk levels.

**Very High Exposure Risk**

*Very high exposure risk* jobs are those with high potential for exposure to known or suspected sources of infectious diseases such as COVID-19 during specific medical, postmortem, or laboratory procedures.

Employees in this category include: REMOVE THOSE OCCUPATIONS THAT DO NOT APPLY TO YOUR ENTITY

* Health-care employees (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected infectious diseases such as COVID-19 patients.
* Health-care or laboratory personnel collecting or handling specimens from known or suspected infectious diseases such as COVID-19 patients (e.g., manipulating cultures from known or suspected infectious diseases such as COVID-19 patients).
* Morgue employees performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have or suspected of having infectious diseases such as COVID-19 at the time of their death.

**High Exposure Risk**

*High exposure risk* jobs are those with high potential for exposure to known or suspected sources of infectious diseases such as COVID-19. Employees in this category include: REMOVE THOSE OCCUPATIONS THAT DO NOT APPLY TO YOUR ENTITY

* Health-care delivery and support employees (e.g., doctors, nurses, and other hospital employees who must enter patients’ rooms) exposed to known or suspected infectious diseases such as COVID-19 patients. (Note: when such employees perform aerosol-generating procedures, their exposure risk level becomes very high.)
* Medical transport employees (e.g., paramedics, ambulance vehicle operators) moving known or suspected infectious diseases such as COVID-19 patients in enclosed vehicles.
* Mortuary employees involved in preparing (e.g., for burial or cremation) the bodies of people who are known to have or suspected of having infectious diseases such as COVID-19 at the time of their death.

**Medium Exposure Risk**

*Medium exposure risk* jobs include those that require frequent contact or contact within 6 feet of people who may be infected but who are not known or suspected of being infected. In areas without ongoing community transmission, employees in this risk group may have frequent contact with travelers who may return from locations with widespread infectious diseases (such as COVID-19) transmission. In areas where there *is* ongoing community transmission, employees in this category may have contact with the general public (e.g., in schools, transportation services, high population density work environments, and some high-volume retail settings). LIST THOSE OCCUPATIONS WITHIN YOUR ENTITY TO WHOM THIS DEFINITION APPLIES

**Lower Exposure Risk (Caution)**

*Lower exposure risk (caution)* jobs are those that do not require contact with people known to be or suspected of being infected or have contact within 6 feet of the general public. Employees in this category have minimal occupational contact with the public and other employees. This category will include all occupations not identified above.

For guidance on how to protect employees, we will follow the general recommendations contained in <https://www.osha.gov/Publications/OSHA3990.pdf>, which is a planning guide to preparing for the applicable guidelines for most infectious disease outbreaks.

**Appendix C**

SAMPLE

##### **Department Specific Workplace Infectious Disease Exposure Control Procedures**

Replace these sample procedures with entity-specific procedures.

**Department Specific Workplace Infectious Disease**

**Exposure Control Procedures**

This document reviews the steps for employees to take to minimize their exposure to the COVID-19 virus and other bacteria, viruses, and/or pathogens. Please follow these minimum guidelines in the discharge of your daily duties. The terms “wipe” or “wipe down” are defined as using a disinfectant product i.e. Terminator, bleach (1-part bleach to 9-parts water), prepackaged disinfectant wipes, or other products provided by the department. Be sure you have reviewed the Safety Data Sheets for these products.

**ADMINISTRATIVE AND CLERICAL EMPLOYEES**

* Upon arrival at your workstation, periodically through your day, and upon leaving for the day wipe down all contact surfaces, i.e. telephone receiver, keypads/boards, counters, drawer handles, pens/pencils, etc.
* Minimize public contact by handling as much business as possible over the phone and encourage customers to use on-line systems when available.
* Keep persons at least 6 feet from your workstation. Use clip boards or other methods for customers to complete paperwork. If provided, keep customers behind any barriers provided for your safety.
* Do not allow more than two customers in a lobby area at a time. Others must wait outside, keeping 6 feet apart at all times.
* Wear disposable gloves when handling cash, credit cards, mail, and paperwork presented by the public over the counter. Change gloves frequently and wash hands or use hand sanitizer after removing gloves.
* Avoid touching your face. Cover your coughs or sneezes with a tissue and dispose of tissue in the trash immediately.

**FIELD AND FACILITIES OPERATIONS EMPLOYEES**

* Supervisors should assign specific employees to be responsible for the wiping down of surfaces in crew rooms, door handles, other surfaces frequently throughout the day.

SAMPLE

* No more than two persons per vehicle; wipe down surfaces that are usually touched frequently, i.e. steering wheel, gear selector, door handles, seat belts.
* Use disposable gloves when contacting surfaces at facilities, i.e. tables, playgrounds, light poles, door handles, carts, etc. Change gloves frequently and wash hands or use hand sanitizer after removing gloves.
* Wipe down handles and tools before and after each and every use.
* While in the field, discourage large groups in parks, (picnics, sports groups) from using the park and to maintain the 6-foot distance between persons rule. Distribute informational flyers if you have them. If necessary, contact the Park Ranger/Code Enforcement/PD for assistance in dealing with groups.
* When cleaning restrooms or emptying trash cans use disposable gloves and eye protection. Always be aware that pathogens are present in every public restroom.
* Wash your hands frequently. Use park restrooms or local businesses to wash your hands.
* Avoid touching your face. Cover your coughs or sneezes with a tissue and dispose of tissue in the trash immediately.