**COVID-19 Prevention Program**

**Instructions**

The following model program is provided to assist you with the preparation and implementation of an effective COVID-19 Prevention Program (CPP).

This template follows the Cal/OSHA COVID-19 model Prevention Program and has been updated to reflect the changes made on June 8, 2022 by the California Department of Public Health (CDPH).

Please check with your local health department to see if your county health department rules are different and the California Department of Public Health (CDPH) for updated guidance.

Once completed, we recommend keeping this program separate from your Injury and Illness Prevention Program (IIPP).

There are several areas in the program that will need to be reviewed and customized based on the specific policies and procedures at your entity. We have developed sample processes, indicated by BLUE TEXT, to assist your entity with customizing the CPP. Please review these areas carefully and modify as needed to reflect the practices at your entity. You may need to add or delete information.

Sections in SHADED TEXT indicate other Cal/OSHA programs that may be in effect or practices that may or may not be in place at your entity. Keep or delete these sections as needed for your operations.

Remove the shaded areas and change BLUE TEXT to black text for the final document.

**Remove this instruction page when completing your program.**

**Name of Entity**

**COVID-19 Prevention Program**

**Date**

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**Appendices**

1. Identification of COVID-19 Hazards
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**Additional Considerations**

1. Multiple COVID-19 Infections and COVID-19 Outbreaks
2. Major COVID-19 Outbreaks
3. COVID-19 Prevention in Employer-Provided Housing
4. COVID-19 Prevention in Employer-Provided Transportation to and from Work

This COVID-19 Prevention Program (CPP) is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

**Date:** insert date of last review

# Scope

(Note: See Executive Order N-84-20, issued in response to the COVID-19 pandemic, which in certain circumstances, replaces, for the duration of the Executive Order, the exclusion p eriod and requirements of this Emergency Temporary Standard with the California Department of Public Health’s (CDPH) isolation and quarantine periods and requirements. The isolation and quarantine periods and requirements are reflected under the Exclusion of COVID-19 Cases and Return-to-Work Criteria sections of this program.)

This policy applies to all employees with the following exceptions:

* 1. Work locations with one employee who does not have contact with other persons
  2. Employees working from home
  3. Employees with occupational exposure as defined by Cal/OSHA Title 8 Section 5199, when covered by that section
  4. Employees teleworking from a location of the employee’s choice that is not under the control of Enter Name of Entity

Enter Name of Entity will check for the most current information from the California Department of Public Health (CDPH) including guidance documents, Health Orders, and Executive Orders from the Governor’s Office and county and local health departments and follow the most current information. Some provisions of Cal/OSHA’s COVID-19 emergency regulation may be suspended, or more stringent requirements may need to be implemented based on updated guidance and orders from the CDPH and the Governor’s Office through the issuance of updated or new Executive Orders and county or local health department regulations.

# Authority and Responsibility

Name of Person/Job Title has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all department heads, 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.

# Identification and Evaluation of COVID-19 Hazards

We will implement the following in our 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 our 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
* Enter other identification and evaluation measures you take in your workplace

## Employee Participation

Employees and their authorized employee 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, e.g., attending safety committee meetings, reporting hazards anonymously as outlined in the IIPP, assisting in hazard assessments and hazard identification.

## Employee Screening

Describe if screening will be conducted indoors at the workplace and how this will be accomplished – i.e., directly screening employees when they come to work or having them self-screen according to California Department of Public Health guidelines. Ensure face coverings are used during screening by both screeners and employees, and if temperatures are measured, non-contact thermometers are used. (Appendix C: Self-Screening form. The form assumes the employee will self-screen without providing a printed copy of the form each day. If a printed copy is preferred, the form can be modified to include employee information.)

## Ventilation and Filtration Efficiency

For indoor locations, we will evaluate how to maximize ventilation with outdoor air to the highest level of filtration efficiency compatible with the existing ventilation system and whether the use of portable or mounted high efficiency particulate air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission.

We will review applicable orders and guidance from the State of California and the local health department related to COVID-19 hazards and prevention. These orders and guidance are both information of general application, including Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments by the CDPH and information specific to our industry, location, and operations.

# Correction of COVID-19 Hazards

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 timeframes assigned accordingly.
* Individuals are identified as being responsible for timely correction.
* Follow-up measures are taken to ensure timely correction.

# Control of COVID-19 Hazards

## Face Coverings

Each entity is advised to check with their local health department and follow whichever orders are the most stringent.

Face coverings or masks are recommended for all individuals in the following indoor settings:

* On public transit (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares) and in transportation hubs (examples: airport, marina, train station, seaport, or other port station, or any other area that provides transportation)
* Indoors in K-12 schools, childcare
* Emergency shelters and cooling centers

Face coverings or masks are required for all individuals in the following indoor settings:

* Healthcare settings
* State and local correctional facilities and detention centers
* Homeless shelters
* Long-term care settings and adult and senior care facilities

We will provide face coverings and ensure they are worn where required by orders from the CDPH.

We will ensure required face coverings are clean and undamaged, and they are worn over the nose and mouth. Describe how face coverings will be provided, replaced, and cleaned, as needed, as well as what your policies are should your unvaccinated employees encounter non-employees who are not wearing face coverings.

Example:

Masks are provided to all unvaccinated employees, and they may ask their department head or manager if additional masks are needed. All unvaccinated employees must wear a face covering when indoors or in vehicles. Supervisors will ensure unvaccinated employees wear face covering when conditions require face coverings.

When employees are required to wear face coverings under section 3205 or sections 3205.1 through 3205.4, the following exceptions apply:

* 1. When an employee is alone in a room or vehicle.
  2. 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.
  3. Employees wearing respirators required by the employer and used in compliance with CCR Title 8 section 5144. Delete if not applicable
  4. 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.
  5. 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. Delete if not applicable

Any employee not wearing a face covering, pursuant to the exceptions listed in items (d) and (e) above, and not wearing a non-restrictive alternative when allowed by Section 3205 (c)(6)(E) shall be tested at least weekly for COVID-19 during employee paid time and at no cost to the employee.

When face coverings are not required by this section, section 3205, or sections 3205.1 through 3205.4, we will provide face coverings to employees upon request.

## Vaccination Verification or Testing in High Risk Settings (If Applicable)

(Include this section covering vaccination verification or testing if you fall under one of the High Risk Settings below. Vaccination verification or testing is optional for all other industries.)

As required by the CDPH Health Order of July 26, 2021, all facilities identified below in these high-risk settings must verify vaccine status of all workers:

1. Acute Health Care and Long-Term Care Settings:
2. General Acute Care Hospitals
3. Skilled Nursing Facilities
4. Intermediate Care Facilities
5. High-Risk Congregate Settings:
6. Adult and Senior Care Facilities
7. Homeless Shelters
8. State and Local Correctional Facilities and Detention Centers
9. Other Health Care Settings:
10. Acute Psychiatric Hospitals
11. Adult Day Health Care Centers
12. Adult Day Programs Licensed by the California Department of Social Services
13. Program of All-inclusive Care for the Elderly (PACE) and PACE Centers
14. Ambulatory Surgery Centers
15. Chemical Dependency Recovery Hospitals
16. Clinics and Doctor’s Offices (including behavioral health, surgical)
17. Congregate Living Health Facilities
18. Dental Offices
19. Dialysis Centers
20. Hospice Facilities
21. Pediatric Day Health and Respite Care Facilities
22. Residential Substance Use Treatment and Mental Health Treatment Facilities

Only the following modes may be used as proof of vaccination:

* COVID-19 vaccination record card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or World Health Organization Yellow Card) that includes name of person vaccinated, type of vaccine provided, and date last dose administered); OR
* A photo of a vaccination record card as a separate document; OR
* A photo of the client’s vaccination record card stored on a phone or electronic device; OR
* Documentation of COVID-19 vaccination from a health care provider; OR
* Digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates, and vaccine type. The QR code must also confirm the vaccine record as an official record of the State of California; OR
* Documentation of vaccination from other contracted employers who follow these vaccination record guidelines and standards.

In the absence of knowledge to the contrary, a facility may accept the documentation presented as valid.

Facilities must have a plan in place for tracking verified worker vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation.

Workers who are not fully vaccinated, or for whom vaccine status is unknown or documentation is not provided, must be considered unvaccinated.

## Testing Requirements for Unvaccinated in High Risk Settings (If Applicable)

As required by the CDPH Health Order of July 26, 2021, COVID-19 testing will be required of unvaccinated or incompletely vaccinated employees in high risk settings:

1. Acute Health Care and Long-Term Care Settings
2. Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
3. Workers may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least twice weekly with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
4. High-Risk Congregate Settings and Other Health Care Settings
5. Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo diagnostic screening testing.
6. Workers may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
7. All Facilities
8. Unvaccinated or incompletely vaccinated workers must also observe all other infection control requirements, including masking and are not exempted from the testing requirements even if they have a medical contradiction to vaccination, since they are still potentially able to spread the illness. Previous history of COVID-19 from which the individual recovered more than 90 days earlier, or a previous antibody test for COVID-19, do not waive this requirement for testing.
9. Diagnostics screening testing of asymptomatic fully vaccinated workers is not currently required. However, fully vaccinated workers may consider continuing routine diagnostic screening testing if they have underlying immunocompromising conditions (e.g. organ transplantation, cancer treatment), that might impact the level of protection by COVID-19 vaccine.
10. Facilities with workers required to undergo workplace diagnostic screening testing should have a plan in place for tracking results, conducting workplace contact tracing, and must report results to local public health departments. There are IT platforms that can facilitate these processes for facilities.

(Include this section covering vaccinations only if you fall under one of the High Risk Settings listed above. Vaccinations are optional for all other industries.)

## Vaccinations (If Applicable)

We will document vaccinations in the following manner (select one and delete the other two):

* Employees will provide proof of COVID vaccination (vaccine card, image of vaccine card or health care document showing vaccination status) to Human Resources, and Human Resources will maintain the information in accordance with HIPAA requirements.
* Employees will present proof of COVID vaccination to Human Resources, and Human Resources will maintain a record of the employees who presented proof but not the vaccine record itself.
* Employees will sign a document to self-attest to their COVID vaccination status and Human Resources will maintain a record of the signed COVID status statements (See Appendix H).

Human Resources will provide supervisors and managers with a list of which employees are fully vaccinated, so they are able to enforce the face covering requirements for unvaccinated employees as specified in this plan.

## Engineering Controls

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

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 or 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.

Example:

We have evaluated whether it is possible to increase filtration efficiency to the highest level compatible with the worksites’ and facilities’ existing ventilation systems. We have taken into consideration circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat or wildfire smoke. All systems will be properly maintained and adjusted as required by the manufacturer’s instructions.

## Hand Sanitizing

In order to implement effective hand sanitizing procedures, we:

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 prohibiting hand sanitizers that contain methanol (i.e., methyl alcohol)
* Encouraging employees to wash their hands for at least 20 seconds each time

## Personal Protective Equipment (PPE) Used to Control Employees’ Exposure to COVID-19

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by CCR Title 8, section 3380, and provide such PPE as needed.

Upon request, we will provide respirators for voluntary use, in compliance with subsection 5144 (c)(2) to all employees who are working indoors or in vehicles with more than one person. We will encourage their use and ensure employees are provided with a respirator of the correct size.

We provide and ensure use of eye protection and respiratory protection in accordance with 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.

Additional measures will be utilized as required by state and local health departments.

We will make COVID-19 testing available, during employee paid time, at no cost to employees with COVID-19 symptoms.

# Investigating and Responding to COVID-19 Cases

This will be accomplished by using the Appendix D: Investigating COVID-19 Cases form.

Employees who had potential COVID-19 exposure in our workplace will be:

* Informed of their possible exposure to COVID-19 in the workplace while maintaining confidentiality
* Offered COVID-19 testing through their health provider or if not covered by insurance offered testing through another provider at no cost during their working hours
* Provided information on benefits as outlined in the Training and Instruction section

# System for Communicating

Our goal is to ensure we have effective two-way communication with our employees in a form they can readily understand, and it includes the following information:

* Requiring employees to report COVID-19 symptoms and possible hazards to their manager, supervisor, or Human Resources Department.
* Instructing employees not to report to work when sick.
* Informing employees, they can report symptoms and hazards without fear of reprisal.
* Providing reasonable accommodations for employees with medical or other conditions that put them at increased risk of severe COVID-19 illness when possible.
* Within one business day of the time the Enter Name of Entity knew or should have known of a COVID-19 case, a written notice will be given to all persons at the worksite who may have been exposed to COVID-19. The written notice shall be written in a way that it does not reveal any personal identifying information of the COVID-case and in the manner that Enter Name of Entity normally uses to communicate employment-related information. The notice shall include the cleaning and disinfection plan required by Labor Code section 6409.6 (a)(4). The notice must be sent to all employees who were on the premises at the same worksite as the COVID-19 case during the infectious period. The notice must also be sent to independent contractors and other employers on the premises at the same worksite as the COVID-19 cases during the infectious period.
* Enter Name of Entity will make testing available at no cost, during paid time, to all employees of the Enter Name of Entity who had close contact in the workplace and provide them with the information on benefits described in Title 8, Section 3205.
* Where testing is not required, advising employees to contact their personal physician, or the county health department for information on where they can access COVID-19 testing. In the event the entity is 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.
* Providing information about COVID-19 hazards to employees (and other employers and individuals in contact with our workplace) who may be exposed on what is being done to control those hazards and our COVID-19 policies and procedures.
* 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 CCR Title 8 section3205.1, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2, Major COVID-19 Outbreaks.It is recommended the plan be developed in advance for large or high-risk workplaces.

Describe other aspects of your system of COVID-19-related communication being implemented in your workplace.

# Training and Instruction

We will provide effective training and instruction that includes:

* Our 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. This includes any benefits available under legally mandated sick and vaccination leave, if applicable, workers’ compensation law, local governmental requirements, our leave policies, and leave guaranteed by contract, and Section 3205.
* The fact that:
* COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales.
* COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth, although that is less common, and that 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.
* Our policy for providing respirators and the right of employees to request a respirator for voluntary use as stated in this program without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use under this section or section 3205.1 through 3205.4, training will be provided on how to properly wear the respirator and how to perform a seal check according to the manufacturer’s instructions each time a respirator is worn and the fact that facial hair interferes with the seal.
* The importance of frequent handwashing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or handwashing facility and that hand sanitizer does not work if the hands are soiled.
* Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. COVID-19 is an airborne disease. N95s and more protective respirators protect the users from airborne disease while face coverings are intended to primarily protect people around the user.
* COVID-19 symptoms and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
* Information on our COVID-19 policy, 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.
* The conditions under which face coverings must be worn at the workplace and that employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

Describe other aspects of training being implemented in your workplace.

Appendix F: COVID-19 Training Roster will be used to document this training.

# Exclusion of COVID-19 Cases

Enter Name of Entity will check for the most current information from the CDPH including guidance documents, health orders, and executive orders from the governor’s office and county and local health departments and follow the most current information.

Where we have a COVID-19 case in our workplace and employees who had a close contact, we will limit transmission by:

* Ensuring COVID-19 cases are excluded from the workplace until our return-to-work requirements are met,
* Reviewing current CDPH guidance for persons who had close contacts, including guidance regarding quarantine or other measures to reduce transmission. We will develop, implement, and maintain effective policies to prevent transmission of COVID-19 by persons who have close contacts.
* If Enter Name of Entity does not exclude an employee who had a close contact as permitted by the exceptions noted above, Enter Name of Entity shall provide the employee with information about any applicable precautions recommended by CDPH for persons with close contact.
* Continuing and maintaining an employee’s earnings, seniority, and all other employee rights and benefits whenever we’ve demonstrated that the COVID-19 exposure is work related. This will be accomplished by:
  + Allowing them to work remotely when they can fulfill their duties from home
  + 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.

# Reporting, Record Keeping, and Access

It is our policy to:

* Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
* Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
* Make our written COVID-19 Prevention Program available at the workplace to employees, to authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
* Use the Appendix D: 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 measures you are taking.

# Return-to-Work Criteria

Enter Name of Entity will check for the most current information from the CDPH including guidance documents, health orders, and executive orders from the governor’s office and county and local health departments and follow the most current information.

The following return to work criteria shall apply to COVID-19 cases and employees excluded under sections 3205.1 and 3205.2. We will meet the requirements listed below:

* 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:
  + 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 Enter Name of Entity chooses not to require a 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 first positive test.
* COVID-19 cases, regardless of vaccination status or previous infection, whose COVID-19 symptoms are not resolving, may not return to work until:
  + 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.
* For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 and end isolation are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10.
* Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case 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.
* The requirements in this section apply regardless of whether an employee has previously been excluded or other precautions were taken in response to an employee’s close contact or membership in an exposed group.

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 period(s) listed in the return-to-work criteria in this program.

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| --- | --- | --- | --- |
|  | |  |  |
| Title of owner or top management representative | |  |  |
|  |  |  |  |
|  | |  |  |
| Signature |  |  | Date |

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

**Appendices**

**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: meetings, 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 this 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 and filtration maximized) |  |  |  |
| Additional room air filtration |  |  |  |
| Add any additional controls your workplace is using |  |  |  |
| **Administrative** |  |  |  |
| Respiratory protection |  |  |  |
| Hand washing facilities (adequate numbers and supplies) |  |  |  |
| Disinfecting and hand sanitizing solutions being 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 |  |  |  |
| Add any additional controls your workplace is using |  |  |  |

**Appendix C: Employee Self-Screening Checklist**

|  |  |
| --- | --- |
| Today’s Date: |  |

For your safety and the safety of our staff and the community, all employees are required to complete a COVID-19 self-screening just prior to the start of each workday.

Review the following symptoms and potential COVID-19 exposures:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Have you experienced any of the following symptoms in the past 48 hours?** | | | | | |
| Fever or chills | | Y N | Cough | Y N | Shortness of breath | Y N |
| Difficulty breathing | | Y N | Fatigue | Y N | Muscle or body ache | Y N |
| Headache | | Y N | New loss of taste/smell | Y N | Sore throat | Y N |
| Congestion/runny nose | | Y N | Nausea or vomiting | Y N | Diarrhea | Y N |

|  |  |  |  |
| --- | --- | --- | --- |
| **2.** | **Are you isolating or quarantining because you tested positive for COVID-19 or are worried you may be sick with COVID-19?** | Y | N |

|  |  |  |  |
| --- | --- | --- | --- |
| **3.** | **Have you been in close contact in the last 14 days with:**   * **Anyone who is known to have laboratory-confirmed COVID-19?**   *OR*   * **Anyone who has any symptoms consistent with COVID-19?** | Y | N |

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | **Are you currently waiting on the results of a COVID-19 test?**  **IMPORTANT: ANSWER “NO” IF YOU ARE WAITING ON THE RESULTS OF A PRE-TRAVEL OR POST-TRAVEL COVID-19 TEST** | Y | N |

|  |  |
| --- | --- |
| Today’s Date: |  |

|  |  |  |
| --- | --- | --- |
| I certify that my responses are true and correct. | 🞏 |  |
| Initial |
| **Did you answer NO to ALL QUESTIONS?** | **Access to this facility is APPROVED.** | |
| **Did you answer YES to ANY Question?** | **Access to this facility is NOT APPROVED. Please contact ENTER NAME OR TITLE OF WHO THE EMPLOYEE SHOULD CONTACT** **for further screening and assessment.** | |

*Note: This form was developed based on the* [*CDC screening checklist*](https://www.cdc.gov/screening/paper-version.pdf)*.*

**Appendix D: Investigating COVID-19 Cases**

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us 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)

|  |  |  |  |
| --- | --- | --- | --- |
| **COVID-19 Case Investigation Information** | | | |
| 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 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): |  |
| 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 been exposed (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 a close contact (i.e., shared airspace) with a COVID-19 case 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: |  |

\*Should an employer be made aware of a non-employee infection source COVID-19 status.

**Appendix E: Potential COVID-19 Exposure Contact Tracing**

Name/Title of Person Being Traced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form was Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Date**  **I was within 6 feet (with or without a mask) of this person** | **Duration**  **(Total number of minutes during a 24-hour period)** | **Name/Title**  **of the Person Involved** | **Location/Task**  **Where Contact was Made** |
|  |  |  |  |
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**Appendix F: COVID-19 Training Roster**

**Date:** Enter date

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

| **Employee Name** | **Signature** |
| --- | --- |
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**Appendix G: Definitions**

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| --- | --- |
| Close Contact | Close contact  is defined as someone sharing the same indoor airspace (e.g., home, clinic waiting room, airplane etc.) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a [clinical diagnosis](https://ndc.services.cdc.gov/case-definitions/coronavirus-disease-2019-2021/)) infectious period.  Someone sharing the same indoor space (e.g. home, clinic waiting room, airplane, etc.) for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minutes exposures for a total of 15 minutes) during an infected person’s (laboratory-confirmed or a clinical diagnosis) infectious period. |
| COVID-19 | Coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) |
| COVID-19 Case | A person who:   1. Has a positive “COVID-19 test”; or 2. Has a positive COVID-19 diagnosis from a licensed health care provider; or 3. Is subject to COVID-19-related order to isolate issued by a local or state health official; or 4. Has died due to COVID-19, in determination of a local health department or per inclusion in the COVID-19 statistics of a county. |
| COVID-19 Hazard | Exposure to potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing or sneezing, or from procedures performed on a person that may aerosolize saliva or respiratory tract fluids. |
| COVID-19 Symptoms | Fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19. |
| COVID-19 Test | A test for SARS-CoV-2 that is:   1. Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test); and 2. Administered in accordance with the authorized instructions; 3. To meet the return to work criteria set forth in Section 3205 subsection (c)(10), a COVID-19 test may be both self-administered and self-read only if another means of independent verification of the results can be provided (e.g., a time-stamped photograph of the results) |
| Exposed Group | All employees at a work location, working area, or a common area at work, where an employee was present at any time during the infectious period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:   1. For the purposed of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work. 2. If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group. 3. If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the infectious period, and all persons were wearing face coverings at the time the COVID-19 case was present, other people at the work location, working area, or common area are not part of the exposed group.   NOTE: An exposed group may include the employees of more than one employer. See Labor Code sections 6303 and 64304.1. |
| Face Covering | A surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.  This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meet this definition and that may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language respectively. |
| Infectious Period | * For symptomatic infected persons, 2 days before the infected person had any symptoms through Day 10 after symptoms first appeared (or through Days 5-10 if testing negative on Day 5 or later), and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved, OR * Recommendation for asymptomatic infected persons, 2 days before the positive specimen collection date through Day 10 after positive specimen collection date (or through Days 5-10 if testing negative on Day 5 or later) after specimen collection date for their first positive COVID-19 test. * For the purposes of identifying close contacts and exposures, infected persons who test negative on or after Day 5 and end isolation are no longer considered to be within their infectious period. Such persons should continue to follow CDPH isolation recommendations, including wearing a well-fitting face mask through Day 10. |
| Respirator | A respiratory protection device approved by the NIOSH to protect the wearer from particulate matters, such as an N95 filtering facepiece respirator. |
| Returned Case | A COVID-19 case who returned to work pursuant to Section 3205 subsection (c)(10) and did not develop any COVID-19 symptoms after returning. A person shall only be considered a returned case for 90 days after the initial onset of COVID-19 symptoms or, if the person never developed COVID-19 symptoms, for 90 days after the first positive test. If a period of other than 90 days is required by a CDPH regulation or order, that period shall apply. |
| Worksite | For the limited purposes of sections 3205 through 3205.4 only, is a building, store, facility, agricultural field, or other location where a COVID-19 case was present during the infectious period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the workers worked by themselves without exposure to other employees or to a worker’s personal residence or alternative work location chosen by the worker when working remotely. |

References

[Order of the State Public Health Officer Beyond Blueprint (ca.gov)](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Beyond-Blueprint.aspx)

<https://www.dir.ca.gov/dosh/coronavirus/COVID19FAQs.html#iso>

(Include Appendix H covering vaccination self-attestation only if your organization chooses to verify vaccination of employees. Excluding High Risk Settings listed in this policy, vaccinations are optional for all other industries.)

**Appendix H: COVID Vaccination Self-** **Attestation Statement**

**Entity Name**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that I:

* Have been fully vaccinated for COVID-19
* Have not been fully vaccinated for COVID-19
* Choose not to disclose my vaccination status

I understand that:

* Cal/OSHA requires I wear face coverings when required by CDPH.
* Enter Name Of Entity will provide me with face coverings that are clean and undamaged, and that I may contact my supervisor for replacements.
* Enter Name Of Entity will provide a respirator if I request one, and it is my responsibility to wear it properly and ensure I have a proper seal when I wear it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of EmployeeDate

(Include Appendix I covering vaccination verification only if you fall under one of the High Risk Settings listed in this program. Vaccinations are optional for all other industries.)

**Appendix I: COVID Vaccination Verification for High Risk Settings**

**Entity Name**

Employee Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Date of 1st Vaccine |  | Type of Vaccine Provided  (ex. Pfizer, Moderna, Johnson and Johnson) |  |
| Date of 2nd Vaccine |  |  |  |
| Date of Booster |  |  |  |
| Date of Booster |  |  |  |

Choose one of the following forms of COVID-19 vaccine verification:

* COVID-19 vaccination record card
* A photo of vaccination record card
* A photo of employee’s vaccination record card stored on a phone/electronic device
* Documentation of COVID-19 vaccination record from a healthcare provider
* A digital record that includes a QR code to confirm the vaccine record
* Documentation of vaccination from other contracted employers who follow CDPH vaccination record guidelines and standards

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewer’s Name Date

I understand that:

* if I am unvaccinated or choose not to disclose my vaccination status, the CDPH requires me to undergo semiweekly or weekly COVID-19 testing based on the high risk settings outlined in the CDPH Health Order of July 26, 2021.
* if I am unvaccinated or choose not to disclose my vaccination status, the CDPH requires I wear FDA-cleared surgical masks in indoor settings anywhere I am working with another person.
* Enter Name Of Entity will provide me with FDA-cleared surgical masks that are clean and undamaged, and I may contact my supervisor for replacements.
* Enter Name Of Entity will provide a respirator if I request one, and it is my responsibility to wear it properly and ensure I have a proper seal when I wear it.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

**Additional Considerations**

**Additional Consideration #1**

**Multiple COVID-19 Infections and COVID-19 Outbreaks**

This section will need to be added to your CPP if your workplace is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases within an exposed workgroup and they visited the workplace during the infectious exposure period at any time during a 14-day period. Reference section 3205.1 for details.

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

**COVID-19 testing**

* We will make COVID-19 testing available at no cost to all employees within the exposed group except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period and for returned cases who did not develop symptoms after returning to work pursuant to subsections 3205(c)(11)(A) or (B), no testing is required. COVID-19 testing will be provided at no cost to employees during employees’ working hours.
* COVID-19 testing consists of the following:
  + Enter Name of Entity shall make testing available to all employees in the exposed group, regardless of vaccination status, and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
  + After the first two COVID-19 tests, we will continue to make COVID-19 testing available once a week at no cost to all employees in the exposed group who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until this section no longer applies, pursuant to more protective stringent state or local health department mandates or guidance.
  + 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 this policy starting from the date of the last known close contact.

All employees in the exposed group shall wear face coverings when indoors or when outdoors and less than six feet from another person, unless one of the exceptions in subsection 3205 (c)(6)(C) applies.

Notice shall be given to employees in the exposed group of their right to request a respirator for voluntary use under subsection 3205(c)(7)(C)2.

An evaluation of the worksite will be completed to determine 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.

**COVID-19 investigation, review and hazard correction**

In addition to our CPP *Identification and Evaluation of COVID-19 Hazards* and *Correction of COVID-19 Hazards*, we 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:
  + Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  + Our 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. We 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 possible.
  + Respiratory protection.

Describe other applicable controls.

In buildings or structures with mechanical ventilation, we 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, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable 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.

**Additional Consideration #2**

**Major COVID-19 Outbreaks**

This section will need to be added to your CPP should your workplace experience 20 or more employee 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.

**COVID-19 testing**

We will continue to comply with Section 3205.1 and Additional Consideration #1, except that COVID-19 testing described in section 3205.1(b) shall 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 shall be tested or shall be excluded and follow the return to work requirements of subsection 3205 (c)(10) starting from the date that the outbreak begins. COVID-19 testing will be provided at no cost to employees during employees’ working hours.

We will provide a respirator for voluntary use in compliance with subsection 5144 (c)(2) to employees in the exposed groups and will determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.

Any employees in the exposed group who are not wearing respirators required by this policy and used in compliance with section 5144 shall be separated from other persons by at least six feet, except where it can be demonstrated that six feet of separation is not feasible, and except momentary exposure while persons are in movement. Methods of physical distancing include: 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. When it is not feasible to maintain a distance of at least six feet, individuals shall be as far apart as feasible.

We will evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.

**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.
* This section does not apply to employees with occupational exposure as defined by section 5199, when covered by that section.
* This section does not apply to employer provided housing used exclusively to house COVID-19 cases or where a housing unit houses one employee.

**Assignment of housing units** (Note: This section does not apply to housing in which all residents are fully vaccinated.)

We will ensure shared housing unit assignments are prioritized in the following order:

* 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.
* 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.
* 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.

**Ventilation**

In housing units, employers shall maximize the quantity and supply of outdoor air and increase filtration efficiency to the highest level compatible with the existing ventilation system. 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**

We 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**

We will encourage residents to report COVID-19 symptoms to enter name of individual, position, or office.

**COVID-19 testing**

We will establish, implement, and maintain effective policies and procedures for COVID-19 testing of residents who had a close contact. We will test all residents of employer-provided housing in which there were three or more COVID-19 cases in 14 days. These policies will be communicated to the residents.

**Isolation of COVID-19 cases and close contacts**

We 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.
* The following residents are exempt from this requirement:
* COVID-19 cases who have met the requirements of subsection 3205(c)(10)(A) or (B) and have remained free of COVID-19 symptoms for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test.
* Keep confidential any personal identifying information regarding COVID-19 cases and persons with COVID-19 symptoms, in accordance with our CPP *Investigating and Responding to COVID-19 Cases*.
* End isolation in accordance with our 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 and 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.
* This section does not apply to employees with occupational exposure as defined by section 5199, when covered by this section.
* This section does not apply to public transportation.

**Assignment of transportation**

To the extent feasible, we 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. We will prioritize shared transportation assignments in the following order:

* + Employees residing in the same housing unit will be transported in the same vehicle.
  + Employees working in the same crew or workplace will be transported in the same vehicle.
  + 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**

We will ensure that the:

* + Face covering requirements of subsection 3205 (c)(6) if applicableare followed for employees waiting for transportation.
  + We will review CDPH and local health department recommendations regarding face coverings and implement face covering policies that effectively eliminate or minimize transmission in vehicles.
  + We will provide training to employees on CDPH and local health department recommendations regarding face coverings and our own policies.
  + Upon request, we shall provide respirators for voluntary use in compliance with subsection 5144 (c)(2) to all employees in the vehicle.

**Screening**

We will develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation.

**Ventilation**

We 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**

We 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.

This section shall take precedence when in conflict with 3205.