# Model COVID-19 Prevention Program (CPP)

With some exceptions, all employers and places of employment are required to establish and implement an effective written COVID-19 Prevention Program (CPP) pursuant to the Emergency Temporary Standards in place for COVID-19 (California Code of Regulations (CCR), Title 8, section <u>3205(c)</u>. Cal/OSHA has developed this model program to assist employers with creating their own unique CPP tailored to their workplace.

Employers are not required to use this program. Instead, they may create their own program or use another CPP template. Employers can also create a written CPP by incorporating elements of this program into their existing Injury and Illness Prevention Program (IIPP). Cal/OSHA encourages employers to engage with employees in the design, implementation and evolution of their CPP.

Using this model alone does not ensure compliance with the emergency temporary standard. To use this model program effectively, the person(s) responsible for implementing the CPP should carefully review:

- All of the elements that may be required in the following CCR, Title 8 sections:
  - 3205, COVID-19 Prevention
  - o <u>3205.1, Multiple COVID-19 Infection and COVID-19 Outbreaks</u>
  - <u>3205.2, Major COVID-19 Outbreaks</u>
  - <u>3205.3, Prevention in Employer-Provided Housing</u>
  - o <u>3205.4, COVID-19 Prevention in Employer-Provided Transportation</u>
  - The four <u>Additional Considerations</u> provided at the end of this program to see if they are applicable to your workplace.
- Additional guidance and resources are available at <u>www.dir.ca.gov/dosh/coronavirus/</u>



June 2021

# COVID-19 Prevention Program (CPP) for [Name of Company, or name of the workplace if it is for a fixed location.]

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

### Date: [Type date of last review]

## Authority and Responsibility

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

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

## Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Document the vaccination status of our employees by using Appendix E: Documentation of Employee COVID-19 Vaccination Status, which is maintained as a confidential medical record.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace [Describe what those policies and procedures are].
- 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 and evaluate 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. Reference section 3205(c)(2) for details].

### Employee participation

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

### Employee screening

We screen our employees and respond to those with COVID-19 symptoms by: [Describe how this will be accomplished – i.e., directly screen employees when they come to work, or having them self-screen according to CDPH guidelines. When indoors, ensure that face coverings are used during screening by both screeners and employees who are not fully vaccinated and, if temperatures are

### **Correction of COVID-19 Hazards**

Unsafe or unhealthy work conditions, practices or procedures are documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

[Describe how the following will be accomplished:

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

### **Control of COVID-19 Hazards**

#### Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH). [Describe how you ensure that face coverings will be provided, worn over the nose and mouth, replaced, and cleaned, as needed, including measures to communicate the face covering requirements in your workplace to non-employees].

Employees required to wear face coverings in our workplace may remove them under the following conditions:

- When an employee is alone in a room or a vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
- Employees are required to wear respirators in accordance with our respirator program that meets section 5144 requirements.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees will wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it.
- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

Any employee not wearing a required face covering or allowed non-restrictive alternative, will be at least six feet apart from all other persons unless the unmasked employee is either fully vaccinated or tested at least weekly for COVID-19.

We will not prevent any employee from wearing a face covering when it is not required unless it would create a safety hazard, such as interfering with the safe operation of equipment.

Face coverings will also be provided to any employee that requests one, regardless of their vaccination status.

### **Engineering controls**

For indoor locations, using Appendix B, we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our 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 transmission 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, wildfire smoke, or when the EPA Air Quality Index is greater than 100 for any pollutant.
- How the ventilation system will be properly maintained and adjusted, whether you own and operate the building, or not.
- How to maximize, to the extent feasible, the amount of outside air and increase filtration efficiency to the highest level compatible with the existing ventilation system.
- How to implement use of portable or mounted HEPA filtration if we determine such use would reduce the risk of COVID-19 transmission.
- Applicable orders and guidance from the State of California and your local health department related to COVID-19 hazards and prevention, including CDPH's Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.
- Information specific to your industry, location, and operations]

### **Cleaning and disinfecting**

We implement the following cleaning and disinfection measures for frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels:

[Describe your workplace-specific measures, including:

- Ensuring adequate supplies and adequate time for it to be done properly.
- Informing the employees and authorized employee representatives of the frequency and scope of cleaning and disinfection.
- Reference section 3205(c)(7)(B) for details]

Should we have a COVID-19 case in our workplace, we will implement the following procedures:

[Describe how the cleaning and disinfection will be done of areas, materials, and equipment used by a COVID-19 case during the high-risk exposure period. Address whether an outside service will be used or how the employees you use are properly equipped and trained. Reference section 3205(c)(7)(B)(2) for details]

### Hand sanitizing

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 prohibit 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 section 3380, and provide and ensure use of such PPE as needed.

Upon request, we provide respirators for voluntary use to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person. [Describe how employees that request a respirator for voluntary use will be encouraged to use them in compliance with section 5144(c)(2) and will be provided with a respirator of the correct size, and provided the information required by Appendix D of section 5144.]

We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

We also provide and ensure use of eye and respiratory protection 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. Examples include, but are not limited to, certain dental procedures and outpatient medical specialties not covered by section 5199. If applicable, ensure use of respirators is in compliance with section 5144 requirements for a respirator protection program]

### Testing of symptomatic employees

We make COVID-19 testing available at no cost to employees with COVID-19 symptoms who are not fully vaccinated, during employees' paid time.

## **Investigating and Responding to COVID-19 Cases**

We have developed effective procedure to investigate COVID-19 cases that include seeking information from our employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This is accomplished by using the **Appendix C: Investigating COVID-19 Cases** form.

We also ensure the following is implemented:

### [Indicate how the following will be accomplished:

- Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, excluding:
  - Employees who were fully vaccinated before the close contact and do not have symptoms.
  - COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to employees.
- Written notice within 1 day of your knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers at the worksite during the high-risk exposure period. These notifications must meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.]

## System for Communicating

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

- Who employees should report COVID-19 symptoms, possible close contacts and hazards to, and how. [Describe how this will be accomplished in your workplace].
- That employees can report symptoms, possible close contacts and hazards without fear of reprisal.
- How employees with medical or other conditions that put them at increased risk of severe COVID-19
  illness can request accommodations. [Describe how this will be accomplished in your workplace]
- Access to COVID-19 testing when testing is required. [If you are required to provide testing, 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 section 3205.1, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2, Major COVID-19 Outbreaks. It is recommended that the plan be developed in advance for large or high-risk workplaces.]
- The COVID-19 hazards employees (including other employers and individuals in contact with our

workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures. [Describe how confidentiality requirements for COVID-19 cases will be implemented]

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

## **Training and Instruction**

We provide effective employee 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 (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
  - COVID-19 is an infectious disease that can be spread through the air.
  - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
  - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators. Employees voluntarily using respirators will be trained according to section 5144(c)(2) requirements:
  - How to properly wear them.
  - How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair can interfere with a seal.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
  - The conditions where face coverings musts be worn at the workplace.
  - That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
  - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
- [Describe other aspects of your training being implemented in your workplace].

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

## Exclusion of COVID-19 Cases and Employees who had a Close Contact

Where we have a COVID-19 case or close contact in our workplace, we limit transmission by:

• Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements

are met.

- Excluding employees that had a close contact from the workplace until our return-to-work criteria have been met, with the following exceptions:
  - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms.
  - COVID-19 cases who returned to work per our return-to-work criteria 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.
- For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits. This will be accomplished by [Describe how your workplace will accomplish this, such as by employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights and benefits, where permitted by law and when not covered by workers' compensation. Reference section 3205(c)(9(C) for exceptions].
- Providing employees at the time of exclusion with information on available benefits.

# Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases and outbreaks 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 section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases.
- [Add any additional measure you are taking.]

# **Return-to-Work Criteria**

- COVID-19 cases with symptoms will not return to work until all the following have occurred:
  - At least 24 hours have passed since a fever of 100.4 °F. or higher has resolved without the use of fever-reducing medications, and
  - COVID-19 symptoms have improved, and
  - At least 10 days have passed since COVID-19 symptoms first appeared.
- **COVID-19 cases who tested positive but never developed symptoms** will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an employee to return to work once the requirements for "cases with symptoms" or "cases who tested positive but never developed symptoms" (above) have been met.
- Persons who had a close contact may return to work as follows:
  - Close contact but never developed symptoms: when 10 days have passed since the last known close contact.
  - Close contact with symptoms: when the "cases with symptoms" criteria (above) have been met,unless the following are true:
    - The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
    - At least 10 days have passed since the last known close contact, and
    - The person has been symptom-free for at least 24 hours, without using fever-reducing medications.

- [Reference section 3205(c)(10)(D)(3) should your workplace involve patient care and essential critical structure workers in the categories of health care, emergency response, social service]
- 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. [Reference section 3205(c)(10)(E) and (F) for additional guidance.]

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

# **Appendix A: Identification of COVID-19 Hazards**

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, trainings, 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 stationary work.

### 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

# **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/ 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 the 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			
Ventilation* (amount of fresh air and filtration maximized)			
Additional room air filtration*			
[Add any additional controls your workplace is using]			
Administrative			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
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]			

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
[Add any additional controls			
your workplace is using]			
<b>PPE</b> (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
[Add any additional controls			
your workplace is using]			
*Identify and evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and local health departments related to COVID-19 hazards and prevention have been reviewed, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. We maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.			

# Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Un-redacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/

OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

Date: [enter date COVID-19 case - suspected/confirmed - became known to the employer]

Name of person conducting the investigation: [enter name]

Name of COVID-19 case (employee or non-employee\*) and contact information: [enter information]

Occupation (if non-employee\*, why they were in the workplace): [enter information]

\*If we are made aware of a non-employee COVID-19 case in our workplace

Names of employees/representatives involved in the investigation: [enter information]

Date investigation was initiated: [enter information]

Locations where the COVID-19 case was present in the workplace during the high-risk exposure period, and activities being performed: [enter information]

Date and time the COVID-19 case was last present and excluded from the workplace: [enter information]

Date of the positive or negative test and/or diagnosis: [enter information]

Date the case first had one or more COVID-19 symptoms, if any: [enter information]

Information received regarding COVID-19 test results and onset of symptoms (attach documentation): [enter information]

Summary determination of who may have had a close contact with the COVID-19 case during the highrisk exposure period. Attach additional information, including:

- The names of those found to be in close contact.
- Their vaccination status.
- When testing was offered, including the results and the names of those that were exempt from testing because.
  - They were fully vaccinated before the close contact and do not have symptoms.
  - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.
- The names of those that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements.
- The names of those exempt from exclusion requirements because:
  - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms.
  - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.

[enter 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:

- 1. All employees who were in close contact
- Their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a) (2) and (c))

Names of employees that were notified:	Names of their authorized representatives:	Date

Independent contractors and other employers present at the workplace during the high-risk exposure period.

Names of individuals that were notified:	Date

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure? [enter information]

What could be done to reduce exposure to COVID-19? [enter information]

Was local health department notified? Date? [enter information]

# Appendix D: COVID-19 Training Roster

Date: [enter date]

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

Employee Name	Signature

# Appendix E: Documentation of Employee COVID-19 Vaccination Status - CONFIDENTIAL

Employee Name	Fully or Partially Vaccinated <sup>1</sup>	Method of Documentation <sup>2</sup>

<sup>1</sup>Update, accordingly and maintain as confidential medical record <sup>2</sup>Acceptable options include:

- Employees provide proof of vaccination (vaccine card, image of vaccine card or health care document showing vaccination status) and employer maintains a copy.
- Employees provide proof of vaccination. The employer maintains a record of the employees who presented proof, but not the vaccine record itself.
- Employees self-attest to vaccination status and employer maintains a record of who self-attests.

# Additional Consideration #1

## Multiple COVID-19 Infections and COVID-19 Outbreaks

[This addendum will need to be added to your CPP if three or more employee COVID-19 cases within an exposed group visited the workplace during their high-risk exposure period at any time during a 14-day period. Reference section <u>3205.1</u> for details.]

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

### COVID-19 testing

- We provide COVID-19 testing at no cost to all employees, during paid time, in our exposed group except for:
  - Employees who were not present during the relevant 14-day period.
  - Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.
  - COVID-19 cases who did not develop symptoms after returning to work pursuant to our return-towork criteria, no testing is required for 90 days after the initial onset of symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.
- COVID-19 testing consists of the following:
  - All employees in our exposed group are immediately tested 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, isolation, or exclusion period required by, or orders issued by, the local health department.
  - After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
  - We provide additional testing when deemed necessary by Cal/OSHA.

We continue to comply with the applicable elements of our CPP, as well as the following:

- 1. Employees in the exposed group wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions indicated in our CPP apply).
- 2. We give notice to employees in the exposed group of their right to request a respirator for voluntary use if they are not fully vaccinated.
- 3. We evaluate whether to implement physical distancing of at least six feet between persons, or where six feet of physical distancing is not feasible, the need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

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

We 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 is documented and includes:

- 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 consider:
    - Moving indoor tasks outdoors or having them performed remotely.
    - Increasing outdoor air supply when work is done indoors.
    - Improving air filtration.
    - Increasing physical distancing as much as feasible.
    - Requiring respiratory protection in compliance with section 5144.
    - [Describe other applicable controls].

### 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, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

# Additional Consideration #2

### Major COVID-19 Outbreaks

[This addendum will need to be added to your CPP should 20 or more employee COVID-19 cases in an exposed group visit your workplace during the high-risk exposure period within a 30-day period. Reference section <u>3205.2</u> for details.]

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

We continue to comply with the Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, except that the COVID-19 testing, regardless of vaccination status, is made available to all employees in the exposed group twice a week, or more frequently if recommended by the local health department.

In addition to complying with our CPP and Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, we also:

- Provide employees in the exposed group with respirators for voluntary use in compliance with section 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
- Separate by six feet (except where we can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by us and used in compliance with section 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible. [Describe methods used, such as physical distancing that includes: telework or other remote work arrangements; reducing the number of persons in an area at one time, including visitors; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.]
- Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as cash registers, desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.

# Additional Consideration #3

# **COVID-19 Prevention in Employer-Provided Housing**

[This addendum will need to be added to your CPP if you have workers in employer-provided housing. Reference section <u>3205.3(a)</u> for details.]

### Assignment of housing units

We, to the extent feasible, reduce employee exposure to COVID-19 by assigning employee residents to distinct groups and ensure that each group remains separate from other such groups during transportation and work. 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 workplace will be housed in the same housing unit without other persons.
- Employees who do not usually maintain a common household, work crew, or workplace will be housed in the same housing unit only when no other housing alternatives are feasible.

### Ventilation

We ensure maximization of the quantity and supply of outdoor air and increase filtration efficiency to the highest level compatible with the existing ventilation system in housing units. If there is not a Minimum Efficiency Reporting Value (MERV) 13 or higher filter in use, portable or mounted HEPA filtration units are used, where feasible, in all sleeping areas in which there are two or more residents who are not fully vaccinated.

### Face coverings

We provide face coverings to all residents and provide information to residents on when they should be used in accordance with state or local health officer orders or guidance.

### **Cleaning and disinfection**

We ensure that:

- Housing units, kitchens, bathrooms, and common areas are effectively cleaned to prevent the spread of COVID-19. Housing units, kitchens, bathrooms, and indoor common areas are cleaned and disinfected after a COVID-19 case was present during the high-risk exposure period, if another resident will be there within 24 hours of the COVID-19 case. [Describe how this will be accomplished]
- Cleaning and disinfecting is done in a manner that protects the privacy of residents.
- Residents are instructed to not share unwashed dishes, drinking glasses, cups, eating utensils, and similar items.

### Screening

We encourage residents to report COVID-19 symptoms to [Enter name of individual, position, or office].

### **COVID-19 testing**

We establish, implement, maintain and communicate to residents' effective policies and procedures for COVID-19 testing of residents who had a close contact or COVID-19 symptoms. [Describe how this will be accomplished]

### **COVID-19 cases and close contacts**

We:

- Effectively quarantine residents who have had a close contact from all other residents. Effective quarantine includes providing residents who had a close contact with a private bathroom and sleeping area, with the following exceptions:
  - Fully vaccinated residents who do not have symptoms.
  - COVID-19 cases who have met our return-to-work criteria and have remained asymptomatic, for 90 days after the initial onset of symptoms, or COVID-19 cases who never developed symptoms, for 90 days after the first positive test.
- Effectively isolate COVID-19 cases from all residents who are not COVID-19 cases. Effective isolation includes housing COVID-19 cases only with other COVID-19 cases and providing COVID-19 case residents with a sleeping area and bathroom that is not shared by non-COVID-19-case residents.
- 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 addendum will need to be added to your CPP if there is employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, facilities, and agricultural fields provided, arranged for, or secured by an employer, regardless of the travel distance or duration involved. Reference section <u>3205.4</u> for details.

This addendum does not apply:

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

### Assignment of transportation

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

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

### Face coverings and respirators

We ensure that the:

- Face covering requirements of our CPP **Face Coverings** are followed for employees waiting for transportation, if applicable.
- All employees who are not fully vaccinated are provided with a face covering, which must be worn unless an exception under our CPP Face Coverings applies.
- Upon request, we provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees in the vehicle who are not fully vaccinated.

### Screening

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

### **Cleaning and disinfecting**

We ensure that:

- All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned to prevent the spread of COVID-19 and are cleaned and disinfected if used by a COVID-19 case during the high-risk exposure period, when the surface will be used by another employee within 24 hours of the COVID-19 case. [Describe how this will be accomplished]
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned to prevent the spread of COVID-19 between different drivers

and are disinfected after use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case. [Describe how this will beaccomplished]

• We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

### Ventilation

We ensure that vehicle windows are kept open, and the ventilation system is 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 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.