COVID 19 IIPP SUPPLEMENT IMPLEMENTATION GUIDE & CHECK LIST

*REVISED* ***February 2023****, FOLLOWING PASSAGE OF CAL/OSHA’S Non-EMERGENCY COVID REGULATION.*

United Contractors, in partnership with Littler Mendelson P.C., is providing you with a ready-to-implement Cal-OSHA compliant program.

**Important Note:** Your company will need to customize some sections and take specific actions for full compliance.

**Important Note:** Individual county orders may be more stringent than State requirements, so it is advised to monitor those in order to adapt as needed.

Below is implementation guide and checklist. Please confirm and implement these steps before circulating the document or adding it to your IIPP.

* Remove all UCON and Littler logos & footnotes and replace them with your own.
* Identify the key parties responsible for each of the COVID-related tasks, communications, reporting, and similar and insert those names or positions where highlighted in the document.
* Review any content that may impact your current company policies and procedures to assure alignment.
* Determine if your organization has any special requirements, issues, or safety protocols that exceed or conflict with the policies and adapt, as necessary.
* Have the completed document available in electronic form for inspection by Cal-OSHA inspectors, authorized / union employee representatives, or owners and agencies as needed. Only provide PDF (not word versions) upon request. Only provide th Plan, not the appendices and forms.
* Contact United Contractors with any questions.

[EMPLOYER'S NAME] COVID-19 PREVENTION PLAN

**DISCLAIMER:** Please be advised that this toolkit is not intended to provide legal advice or opinion. Such advice may only be given when related to specific fact situations. The materials are for informational purposes only, not for the purpose of establishing an attorney-client relationship, and should not be relied upon as legal advice. This document is a general example. It is not a substitute for experienced legal counsel. For use in practice, it is highly recommended that experienced employment counsel review and revise the example pursuant to the circumstances of each specific employer.

Also note that this is designed for State compliance and does not anticipate individual county requirements that may arise.

[**Section 1: Scope** 1](#_Toc127419796)

[**Section 2: Purpose** 1](#_Toc127419797)

[**Section 3: Definitions** 1](#_Toc127419798)

[**Section 4: COVID-19 Prevention Program** 4](#_Toc127419799)

[**4.1 Communication to Employees.** 4](#_Toc127419800)

[**4.2 Identification and Evaluation of COVID-19 Hazards.** 4](#_Toc127419806)

[**4.3 Investigating COVID-19 Cases.** 5](#_Toc127419807)

[**4.4 Notices to Employees** 6](#_Toc127419808)

[**4.5 Correction of Hazards.** 7](#_Toc127419809)

[**4.6 COVID-19 Testing.** 7](#_Toc127419811)

[**4.7 COVID-19 Training.** 7](#_Toc127419819)

[**4.8 Face Covering Policy.** 9](#_Toc127419822)

[**4.9 Other Engineering Controls.** 11](#_Toc127419823)

[**4.10 Reporting, Recordkeeping and Access.** 12](#_Toc127419826)

[**4.11 Exclusion of COVID-19 Cases and Close Contacts from the Workplace.** 12](#_Toc127419832)

[**4.12 COVID-19 Case Return to Work Criteria.** 12](#_Toc127419833)

[**Section 5: Minor COVID-19 Outbreaks** 13](#_Toc127419834)

[**5.1 Scope.** 13](#_Toc127419835)

[**5.2 Testing** 13](#_Toc127419836)

[**5.3 Additional Protocols** 14](#_Toc127419837)

[**5.4 COVID-19 Investigation, review and hazard correction.** 14](#_Toc127419838)

[**Section 6: Major COVID-19 Outbreak** 15](#_Toc127419839)

[**6.1 Scope.** 15](#_Toc127419840)

[**6.2 Testing** 15](#_Toc127419841)

[**6.3 Reporting to Cal/OSHA** 15](#_Toc127419842)

[**6.4 Additional Protocols** 15](#_Toc127419843)

[**Section 7: COVID-19 Prevention in Employer-Provided Housing** 17](#_Toc127419844)

[**7.1 Scope.** 17](#_Toc127419845)

[**7.2 Assignment of Housing Units.** 17](#_Toc127419846)

[**7.3 Ventilation.** 17](#_Toc127419847)

[**7.4 Face Masks/Face Coverings.** 17](#_Toc127419848)

[**7.5 Reporting Symtpoms.** 17](#_Toc127419849)

[**7.6 Testing.** 18](#_Toc127419850)

[**7.7 Isolation of COVID-19 Cases.** 18](#_Toc127419851)

[**Section 8: COVID-19 Prevention in Employer-Provided Transportation** 19](#_Toc127419852)

[**8.1 Scope.** 19](#_Toc127419853)

[**8.2 Assignment of Transportation.** 19](#_Toc127419854)

[**8.3 COVID Pre-cautions.** 19](#_Toc127419855)

[Employer's Name] 's COVID-19 Prevention Plan

Title 8 Cal. Code of Regs. §§ 3205 *et al.*

1. **Scope**

This COVID-19 Prevention Plan (the "Plan" or "Policy") applies to all employees and places of employment except for places of employment where employees do not have contact with other people, where employees are working remotely from home, or where employers are health care facilities covered under the airborne transmissible disease regulation.

If there is a conflict between a more stringent local health order or this Plan, the local health order should be followed..

1. **Purpose**

The purpose of this Policy and training on this program is to communicate to managers and employees [Insert Company Name] (the “Company”) policies, procedures, and practices to prevent COVID-19 exposures and to limit COVID-19 potential hazards in the workplace, in line with health and safety requirements from the California Occupational Safety and Health Administration (“Cal/OSHA”) and California Department of Public Health (“CDPH”). The purpose of this Policy is to comply with the Cal/OSHA Non-Emergency COVID-19 standard set forth at title 8 Cal. Code of Regs. § 3205 et al. Although a separate document, this plan is incorporated and part of the Company’s Injury Illness and Prevention Plan.

This program incorporates all COVID-19 related policies, trainings, reports, job hazard assessments, notification templates, and any other documents previously created by the Company during the course of the pandemic and pursuant to the Cal/OSHA Temporary COVID-19 ETS.

1. **Definitions**

Several terms below will be used throughout this Policy. The definitions below are included to assist managers and employees in understanding the Company's Policy.

**“Close Contact”** means the following, unless otherwise defined by regulation or order of

the CDPH, in which case the CDPH definition shall apply:

(A) In indoor spaces of 400,000 or fewer cubic feet per floor, a close contact is defined as sharing the same indoor airspace as a COVID-19 case for a cumulative total of 15

minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings.

(B) In indoor spaces of greater than 400,000 cubic feet per floor, a close contact is defined as being within six feet of the COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period during the COVID-19 case’s infectious period, as defined by this section, regardless of the use of face coverings.

(C) Offices, suites, rooms, waiting areas, break or eating areas, bathrooms, or other spaces that are separated by floor-to-ceiling walls shall be considered distinct indoor spaces.

**"COVID-19"** means the disease caused by SARS-CoV02 (severe acute sever respiratory syndrome coronavirus 2).

A **"COVID-19 case"** means a person who:

 (1) Has a positive "COVID-19 test";

 (2) Has a positive COVID-19 diagnosis from a licensed health care provider;

(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 the determination of the local health department or per inclusion in the COVID-19 statistics of a county.

**"COVID-19 hazard"** means potentially infectious material that may contain 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 exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons, which may aerosolize saliva or respiratory tract fluids.

**“COVID-19 symptoms”** means 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. Some common other conditions with similar symptoms include pregnancy, asthma, allergies, etc.

**"COVID-19 test"** means 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);

(2) Administered in accordance with the authorized instructions.

To meet the return-to-work criteria set forth in Section 4.12, a COVID-19 test may be both self-administered and self-read, but only is another means of independent verification of the results can be provided (i.e., the employee provides a time-stamped photograph of the COVID-19 test result.)

**"Exposed workgroup"** means all employees (including employees of third-parties) at a work location, working area, or common area at work where an employee COVID-19 case 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 with the following exceptions:

(1) For the purpose of determining the exposed group, a place where persons momentarily pass through, without congregating.

(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 the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

**"Face covering"** means 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 a single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that otherwise meets this definition which may be used to facilitate communication with people who are deaf or heard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language respectively.

**“Infectious period”** means the following time-period, unless otherwise defined by CDPH regulation or order, in which case the CDPH definition shall apply:

(1) For COVID-19 Cases who develop COVID-19 symptoms: from two days before the date of symptom onset until:

(a) Ten days have passed after symptoms first appeared, or through day five if testing negative on day five or later; and

(b) Twenty-four hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved.

(2) For COVID-19 Cases who never develop COVID-19 symptoms: from two days before, until ten days (or through day five if testing negative on day five or later) after, the specimen for their first positive test for COVID-19 was collected.

**"Respirator"** means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator. A respirator that is not required by the employer and subject to a mandatory use respiratory protection program will not be considered a “respirator” pursuant to this definition.

**“Returned case”** means a COVID-19 case who was excluded from work but returned pursuant to the return-to-work criteria set forth in Section 4.11 and did not develop COVID-19 symptoms after returning. A person is only considered a “returned case” for 30 days after the initial onset of COVID-19 symptoms associated with the positive diagnosis or, if the person never developed COVID-19 symptoms, for 30 days after the first positive test. If CDPH order or regulation sets forth a period other than 30 days, that time-period shall apply.

**"Worksite"** means the 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 worker 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.

1. **COVID-19 Prevention Program**
	1. **Communication to Employees.**
		1. Employees should immediately report to their [**supervisor/manager/human resources**] if they are experiencing any signs or symptoms of the Virus, or if they believe they have been exposed to someone with COVID-19. Employees should also similarly immediately inform their [**supervisor/manager/human resources**] if they believe they have possibly been exposed to any COVID-19 hazard in the workplace. A failure to report may be considered a safety violation, subject to the discretion of the Company. The Company will not retaliate or discriminate against any employee that reports any of the items above. The Company has a strict non-retaliation and non-discrimination policy and will not tolerate anyone retaliating against, discriminating against, or harassing any employee for informing the Company about any of the information in this paragraph.
	2. **Identification and Evaluation of COVID-19 Hazards.**
		1. The Company has conducted a hazard assessment to determine measures to prevent COVID-19 transmission and to identify and correct COVID-19 hazards. The Company has and will continue to review applicable orders and guidance related to COVID-19 from the State of California and the local health department with jurisdiction over the workplace and shall treat COVID-19 as an airborne infectious disease. In conducting this and any future assessment, the Company will consider all persons to be potentially infectious regardless of symptoms, vaccination status, or negative COVID-19 test results.
		2. The Company welcomes employees [**and union representatives**] to identify COVID-19 hazards that may or may not have been identified by the Company. In order to beat the Virus, we need to work together to identify potential hazards that may be undetected. This includes informing [**supervisors/managers/human resources**] of unidentified potential COVID-19 hazards that are new to the workplace or existing hazards that are created by those employees who fail to follow guidelines. The Company encourages all employees to actively engage in COVID-19 hazard identification to prevent COVID-19 exposure in the workplace. Employees can identify COVID-19 hazards by [**insert here how employees can identify hazards**].
		3. Self-Assessment Before Entry: Employees will be required to self-screen before entering the workplace, including by confirming they did not test positive for or are diagnosed with COVID-19, and do not display any COVID-19 symptoms.
		4. Exclusion: Isolation of COVID-19 Cases or Symptomatic Employees: COVID-19 cases and employees experiencing COVID-19 symptoms , regardless of vaccination status, will immediately be excluded from the workplace. Additionally, employees who experience a close contact will follow current CDPH and Cal/OSHA requirements, including potential testing and exclusion.
		5. The Company has assigned [**supervisors/managers/human resources**] to conduct periodic inspections to identify violations of policy or protocol, additional hazards, or any unknown unhealthy work practices relating to COVID-19 to identify deficiencies in its program.
	3. **Investigating COVID-19 Cases.**
		1. [**Name of people/group/person**] will be conducting two separate investigations into a COVID-19 positive case.
			1. During the first investigation, the Company will identify the date and time the COVID-19 case was last present at the worksite, the date of the positive COVID-19 test or diagnosis (if possible), the date the specimen was collected which resulted in the positive test (i.e., when the test was taken), and/or the date of the onset of symptoms. If the COVID-19 case was present in the workplace during their infectious period, the Company will determine all locations the COVID-19 case visited and whether they were wearing a face covering. The first investigation will also include an inquiry into how the individual contracted COVID-19, including evaluating previous cases at the facility, close contacts and exposure to other COVID-19 cases or COVID-19 hazards, and obtaining information from the employee COVID-19 case about the source of the transmission of the virus from locations, activities and individuals outside the workplace, including but not limited to, outdoor gatherings, weekends, lunch breaks, etc. The first investigation will also include contacting the employee COVID-19 case (and/or their family members when appropriate) to determine COVID-19 case status, and receive information regarding test results, onset of symptoms, and any additional information to assist with recording COVID-19 cases. The Company will only ask if the employee has been exposed to anyone with COVID-19 in the home. The Company will not ask if a member of the family has recently tested positive.
			2. The second investigation includes a contact tracing analysis. Contact tracing includes identifying close contacts. The Company will identify close contacts by collecting some or all of the following information and documents: information from the COVID-19 positive employee regarding their contacts, time clock data, schedules, lunch break/meal break data, video surveillance, interviews of COVID-19 Case, and access control data. The Company’s evaluation will also include evaluating common areas and commonly used items (such as equipment and materials), or places people congregated or visited in the workplace (such as the bathroom, hallways, aisles, walkways, elevators, break areas, etc.) associated with the COVID-19 Case during the infectious Period. Once the information and data are assembled and analyzed, the Company will create a list of Close Contacts and will notify those people immediately and provide instructions in line with current CDPH and Cal/OSHA guidance for close contact testing, exclusion, and masking, as applicable. that they have been identified as Close Contacts pursuant to the applicable CDPH definition of close contact exposure.
		2. As part of the contact tracing investigation, the Company will also identify all persons, which includes employees, subcontractors and other employer, who were on the premises at the same time as the COVID-19 case during the infectious period. This list will be used to identify individuals who require notification under California Labor Code § 6409.6.
	4. **Notices to Employees**

Upon completion of its investigation, the Company will provide notice as follows:

* + 1. All close contacts will be notified as soon as possible and provided instructions in accordance with CDPH guidelines regarding testing, masking and exclusion requirements, as applicable.
		2. Within one business day of learning that a confirmed COVID-19 case was on the premises the Company will provide the notice required by Labor Code Section 6409.6 to all employees, independent contractors and other employers that were on the premises at the same time as the COVID-19 case during the infectious period. Written notice will either be provided to each affected person or posted for 15 days on a bulletin board where notices to employees are regularly posted. Personal identifying information or the protected health information of COVID-19 cases will not be provided on this notification and will never be provided without proper consent or unless otherwise required by law.
		3. The Company will provide the notice required by Labor Code Section 6409.6 to the exclusive representative, if any, of the COVID-19 case and of any employee who had a close contact. The employer shall also provide notice in accordance with the applicable law to the exclusive representative, if any, of all employees on the premises at the same worksite as the COVID-19 case within the infectious period. The notice will contain the same information as would appear on a Log 300.
	1. **Correction of Hazards.**

(a) The Company will correct any previously unidentified COVID-19 hazards as they are discovered, including but not limited to any hazards or deficiencies identified during periodic inspections or investigations conducted in response to positive COVID-19 cases in the workplace.

* 1. **COVID-19 Testing.**

(a) If there is an event that requires the Company to provide employees with testing, the Company will provide employees with access to testing. Affected employees will be informed as to why testing is being offered.

(b) All tests will be conducted during work hours, if possible. Affected employees are expected to inform [**COMPANY CONTACT**] if they will be going to take a test while working on site. If the test is taken off-site, non-exempt employees must document any/all times they leave to take the test and return from taking the test and complete a mileage/time request form as provided by the Company. Exempt employees must document any mileage to/from the testing location. For non-exempt employees, the time spent taking a Company-mandated test (including travel time) will be considered working hours. Any testing related expenses will be reimbursed, although the Company will direct the employee to preferred testing locations.

(c) While taking a COVID-19 test, non-exempt employees are expected to comply with the Company’s meal and rest break and overtime policies, if applicable, located in the Company’s **Employee Handbook**. Non-exempt employees taking a Company-mandated test are required to immediately contact their manager before missing any meal or rest break, or before working overtime. The employee’s manager is to either authorize a premium meal period, rest period or overtime, or may ask the employee to leave the testing facility and return at a later time.

(d) The Company will make testing available, at no cost and during paid time, to:

(i) All employees who are experiencing COVID-19 symptoms, regardless of exposure or vaccination status;

(ii) All employees who had a close contact in the workplace, regardless of vaccination status, with the exception of returned cases (defined above);

(iv) All employees during a minor or major outbreak, regardless of vaccination status, with the exception of returned cases (defined above).

* 1. **COVID-19 Training.**
		1. The Company will provide training and/or information to all employees, including on the following subjects:
			1. Employees will be trained on the policies and procedures outlined in this COVID-19 Prevention Plan and how to participate in the identification and evaluation of COVID-19 hazards.
			2. Employees will be provided with information on types of benefits to which the employee may be entitled under applicable federal, state, or local laws and how an employee can obtain information regarding whether they are entitled to those benefits or how to request those benefits.
			3. Employees will be provided training on COVID-19, including how the Virus can be spread (such as through the air when a person talks, vocalizes, sneezes, coughs, or exhales), how the Virus can be transmitted (such as on contaminated objects when the person then touches their eyes, nose or mouth), and that a person can be asymptomatic with the Virus. Employees will also be instructed that in some situations, virus particles 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.
			4. Employees will be trained on the Company's policies for providing respirators and the right of all employees, regardless of vaccination status, to request a respirator for voluntary use, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use, employees will be trained on (1) how to properly wear the respirator provided; and (2) how to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and (3) the fact that facial hair interferes with a seal.
			5. Employees will be trained on 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.
			6. Employees will be trained on proper use of face coverings and the fact that face coverings are not respiratory protective equipment. N95's and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
			7. Employees will be trained on COVID-19 symptoms and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
			8. Employees will receive information on the employer's COVID-19 policies; 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.

(ix) Employees will be trained on conditions under which face coverings must be worn at the workplace.

(x) Employees will be informed that they can request a face covering from the Company at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

* 1. **Face Covering Policy.**
		1. The Company will provide face coverings when required by local, state, or federal requirement, including orders from CDPH and Cal/OSHA.[[1]](#footnote-1) The Company will ensure that anyone who enters the facility, employee, third-party, customer, client, vendor, or otherwise is wearing a face covering when required by local, state, or federal mandate, including the CDPH or Cal/OSHA. The Company may impose a universal face covering requirement or take other measures as required or recommended by federal, state, and local authorities. When face coverings are required, they will be provided by the Company.
		2. Face coverings may be required if an employee is returning to work before the maximum quarantine/isolation period and during an outbreak.
		3. The Company will not prevent an employee from wearing a face covering when not otherwise required to do so by this Policy (or by law), unless it would create a safety hazard, such as interfering with the safe operation of equipment or the ability to safely perform one’s job duties.
		4. When employees are required to wear a face covering, the following exceptions apply:
			1. When an employee is alone in a room or vehicle.
			2. While eating or drinking, provided the employee is at least six feet from others and outside air has been maximized.
			3. When an employee is wearing a respirator required by the employer (i.e., the employee has undergone training, been fit tested and has a medical clearance).
			4. Employees who cannot wear a face covering due to a medical or mental health condition or disability, or are hearing-impaired or communicating with a hearing-impaired person. Employees exempted from the face covering requirement under this subsection shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition or disability permits. If the condition or disability does not permit a non-restrictive alternative, the Company will perform a hazard assessment and implement protective measures, as appropriate.
			5. Specific tasks which cannot be feasibly performed with a face covering (limited to when the task is actually being performed). If this exception applies, the Company will perform a hazard assessment and implement protective measures, as appropriate.

 (e) These face coverings are not considered personal protective equipment (“PPE”) or a substitute for physical distancing, personal hygiene, and additional cleaning and disinfecting.

(f) Rules of Use for all Employees Using Face Coverings.

* + - 1. Employees must follow the instructions provided for in the "Fitting/Removing/Reusing of Face Covering" section described below.
			2. At the end of shift employees must properly dispose of used/soiled face coverings as instructed.
			3. Failure to follow these rules may result in discipline, up to and including termination.

(iv) Employees must not wear a face covering if doing so will adversely affect their health. If an employee believes the use of a face covering will affect his or her health, the associate should speak with a manager or Human Resources. Employees who are not fully vaccinated will be exempted from wearing face coverings if they have a medical condition, mental health condition, or disability, are hearing-impaired or communicating with a hearing-impaired person, or are performing a specific task that cannot be performed with a face covering. They will be provided with a non-restrictive alternative such as a face shield with a drape on the bottom, if their condition or disability permits.

(v) Employees must not wear a face covering if doing so will inhibit job functions. Employees should check with their supervisors to ensure which job functions can and cannot be performed while wearing a face covering

* + 1. Instructions on Fitting/Removing/Reusing Face Covering for all Employees
			1. In order to properly use the face covering, Employees must ensure that:
				1. The covering fits snugly but comfortably against the sides of their face and covers their nose and mouth;
				2. The covering is secured either by ties or ear loops; and,
				3. Employees can breathe without restrictions.
			2. When removing the face covering, Employees must:
				1. Avoid touching their eyes, nose, and mouth; and
				2. Wash their hands with soap and water for at least 20 seconds following the removal of the face covering. When soap and running water are unavailable, use an alcohol-based hand rub product with at least 60% alcohol. Employees should not use hand sanitizer with methyl alcohol.
		2. Additionally, if an employee removes their face covering during the workday (e.g., to drink or eat) they must:
			1. Avoid touching the inside of the covering;
			2. Account for the whereabouts of the removed covering at all times;
			3. Wash their hands with soap and water for at least 20 seconds after putting the covering back on. When soap and running water are unavailable, use an alcohol-based hand rub product with at least 60% alcohol; and
			4. At the end of shift, properly dispose of the used/soiled covering as instructed by the Company and wash their hands for at least 20 seconds or use an alcohol-based hand rub product with at least 60% alcohol.
	1. **Other Engineering Controls.**
		1. Ventilation
			1. The Company will review CDPH and the Division guidance regarding ventilation, including “Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.”
			2. The Company will implement one or more of the following:
				1. The Company will maximize the supply of outside air 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.
				2. In buildings and structures with mechanical ventilation, the Company will filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.
				3. The Company will use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers’ recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
			3. The Company has implemented the procedures above by contacting building management and confirming that they are maximizing the supply of outside air and/or using the highest compatible filtration possible.
		2. Respirators: Upon request, Company shall provide respirators for voluntary use in compliance with subsection Cal. Code of Regulations §5144(c)(2) to all employees who are working indoors or in vehicles with more than one person. When a respirator is made available, the Company will encourage their use and provide a respirator of the correct size. All employees using a respirator must review, sign and return to [Insert Name] the Appendix D: Cal. Code of Reg. §5144: Voluntary Use of Respirators Acknowledgement Form. The Company will inform employees of their right to make this request.
		3. Aerosolizing procedures are not performed at the worksite.
	2. **Reporting, Recordkeeping and Access.**
		1. The Company will maintain a copy of each Labor Code § 6409.6 notice it provides and/or posts and will maintain a log showing the dates such notices were posted as required by Labor Code § 6409.6.
		2. Training and inspection records will be maintained as required by the IIPP.
		3. A copy of this Policy will be available on the intranet to employees and to the Cal/OSHA’s Division of Enforcement upon request.
		4. The Company will maintain a record of all employee COVID-19 positive cases including the name of the employee, contact information, job title, locations where the employee worked, the date of the last day worked, and the date of the positive test. See form 2. The Company will maintain these records for two years after the time necessary to comply with the Cal/OSHA COVID regulation.
	3. **Exclusion of COVID-19 Cases and Close Contacts from the Workplace.**
		1. COVID-19 cases will immediately be excluded from the workplace until the return-to-work criteria in Section 4.12 are met.
		2. Employees who experience close contact exposure will be excluded, if at all, based on current CDPH guidance.
		3. Employees will be informed 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 leave, if applicable, workers' compensation law, local governmental requirements, the employer's own leave policies, and leave guaranteed by contract.
	4. **COVID-19 Case Return to Work Criteria.**
		1. Employees excluded from the workplace either because they test positive for COVID-19 are excluded under the outbreak rules (See Sec. 5 below) shall return to work as follows:
			1. COVID-19 cases who do not develop COVID-19 symptoms shall not return to work during the infectious period.
			2. COVID-19 cases who develop COVID-19 symptoms shall not return to work during the shorter of the following: (1) the infectious period; or (2) through 10 days after the onset of symptoms and at least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without use of fever-reducing medication.
			3. These requirements 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.
		2. 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. If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall not return to work until the period of isolation or quarantine is completed or order lifted. If a period is not specified, then the period should be in accordance with those set forth above. .
1. **Minor COVID-19 Outbreaks**
	1. **Scope.**
		1. If three or more employee COVID-19 cases within an Exposed Group visit the workplace during their Infectious Period at any time during a 14-day period, the Company will enact enhanced procedures. These policies will apply until there are one or fewer COVID-19 cases detected in the Exposed Group for a 14-day period.
	2. **Testing**
		1. The Company will make COVID-19 testing available at no cost to all employees, regardless of vaccination status, within the Exposed Group excluding Returned Cases and those who were not present at the workplace during the relevant 14-day period(s).
		2. Employees will be paid for time spent taking the test. Employees should continue to follow the Company’s policies, including the timekeeping, meal and rest break, and Overtime policies, while they are getting tested. Non-exempt employees should record time spent waiting and/or taking a COVID-19 test as work time.
		3. The Company will continue COVID-19 testing of all employees in the Exposed Group who remain at the workplace at once per week until these policies no longer apply.
		4. Close contacts must have a negative COVID-19 test taken within 3-5 days after the close contact or must be excluded from work and follow the return-to-work criteria set forth in Section 4.12.
	3. **Additional Protocols**
		1. Employees shall continue to comply with all applicable provisions of this Policy, and shall also do the following:
			1. Employees in the Exposed Group shall wear Face Coverings when indoors, or when outdoors and less than six feet from another person, unless an applicable exception applies.
			2. The Company will give notice to Employees that they may request a respirator for voluntary use.
	4. **COVID-19 Investigation, review and hazard correction.**
		1. Company shall perform a review of potentially its relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19 when this section initially applies and periodically thereafter. The investigation, review, and changes shall be documented and include:
			1. Investigation of new or unabated COVID-19 Hazards including leave policies and practices; the employer’s COVID-19 testing policies; sufficiency of outdoor air; sufficiency of air filtration; insufficient physical distancing; and whether employer’s leave policies and practices discourage employees from remaining home when sick.
			2. The review shall be updated every 30 days that there is an outbreak as defined here, in response to new information or to new or previously unrecognized COVID-19 Hazards, or when otherwise necessary.
			3. Company shall implement changes to reduce the transmission of COVID-19 based on the investigation and review. At its discretion, the Company shall also 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, and other applicable controls.
		2. Ventilation. Check the air quality, filtration and ventilation to increase air circulation and ventilation as is feasible for the ventilation system. Company will ensure to filter recirculated air with Minimum Efficiency Reporting Value {MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, the Company will seek to ensure use filters with the highest compatible filtering efficiency. The Company shall use portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
2. **Major COVID-19 Outbreak**
	1. **Scope.**
		1. If 20 or more employee COVID-19 cases in an Exposed Group visited the workplace during their Infectious Period within a 30-day period, the following enhanced procedures will apply. These policies will apply until there are 1 or fewer COVID-19 cases detected in the exposed group for a 14-day period.
	2. **Testing**
		1. The Company will continue the COVID-19 testing as set forth in Section 5, but COVID-19 testing will be required at no cost to all employees twice a week, or more frequently as recommended by the local health department, to all employees within the Exposed Group. Employees in the exposed group shall be tested or shall be excluded and follow the return-to-work criteria of Section 4.11, starting the date the outbreak begins.
		2. The testing will be required at no cost to employees and employees will be paid for time spent taking the test. Employees should continue to follow the Company’s policies, including Timekeeping, Meal and Rest Break, and Overtime policies in the Company’s Employee Handbook, while they are getting tested. Non-exempt employees should record time spent waiting and/or taking a COVID-19 test as work time.
	3. **Reporting to Cal/OSHA**

The employer shall report the major outbreak to Cal/OSHA. The report to Cal/OSHA should be made as soon as the major outbreak rules are triggered. This reporting does not replace any obligation to report work related fatalities and hospitalization.

* 1. **Additional Protocols**
		1. Employees shall continue to comply with all applicable provisions of this Policy, and shall also do the following:
			1. All employees in the Exposed Group will be provided with a respirator for voluntary use , shall encourage their use, and shall train employees on their voluntary use.. In addition, Company shall determine the need for a respiratory protection program or changes to the existing respiratory protection program under Cal. Code of Reg. §5144 to address COVID-19 Hazards.
		2. All employees who are not wearing respirators and in compliance with Section 4.7(d) of this Policy shall be separated from other persons by at lest six feet, except where six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing can include: teleworking; reducing the number of persons in an rea 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 for 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.
1. **COVID-19 Prevention in Employer-Provided Housing**
	1. **Scope.**
		1. Company-provided housing is defined as 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, and includes “labor camp,” when used by Title 8 regulations. 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. Company provided housing is housing that is arranged for and provided for by an employer, other person or entity to workers, and in some cases to workers and persons in their households, in connection with the workers' employment, whether or not rent or fees are paid or collected. This does not apply to housing for emergency response, if the employer is a government entity, or if it is temporarily provided by a private employer for emergency response. This does not apply to employer-provided housing used exclusively to house COVID-19 cases or where a housing unit houses one employee or to housing in which all residents maintained a household together prior to being provided employer housing.
	2. **Assignment of Housing Units.**
		1. The Company will assign units in accordance with title 8 Cal Code of Regs. 3205.2.
	3. **Ventilation.**
		1. The Company will 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 in which there are two or more residents who are not fully vaccinated.
	4. **Face Masks/Face Coverings.**
		1. The Company will offer to provide face masks/face coverings to residents and provide information and training to residents on when they should be used in accordance with orders or guidance from the CDPH or local health department.
	5. **Reporting Symtpoms.**
		1. The Company shall encourage residents to report COVID-19 symptoms to the employer.
	6. **Testing.**
		1. The Company will provide information to residents on where they can get tested in the event of a close contact or COVID-19 symptoms. Testing will be provided in the event of an outbreak.
	7. **Isolation of COVID-19 Cases.**
		1. The Company will quarantine residents who have had a close contact from all other residents as required, which means providing residents with close contact a private bathroom and sleeping area.

(b) The Company will isolate COVIC-19 cases from all other resident who are not COVID-19 cases, which means providing COVID-19 cases with a private bathroom and sleeping area not shared by non-COVID-19 cases. Isolation can end when the individual meets the requirements of Section 4.12 and any applicable local or state health orders.

1. **COVID-19 Prevention in Employer-Provided Transportation**
	1. **Scope.**
		1. This section applies to employer-provided motor vehicle transportation, which is any transportation for an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, or facilities, provided, arranged for, or secured by an employer, regardless of the travel distance. This does not include drivers and passengers from the same household outside of work, if the driver is alone in the vehicle, if the transportation is necessary for emergency response, or if the transportation is public transportation.
	2. **Assignment of Transportation.**
		1. To the extent feasible, employers shall assign transportation such that cohorts travel and work together, separate from other workers. To the extent feasible, employees who usually maintain a household together shall travel together.
	3. **COVID Pre-cautions.**
		1. The Company’s COVID-19 policies will apply to employeers covered by this section.

Appendices

**Appendix A**

**ADDITIONAL RESOURCES, LINKS, AND INFORMATION**

1. Code of California Regulations, Title 8, Section 3205 "COVID-19 Prevention" - full text of the Non-emergency regulation

[California Code of Regulations, Title 8, Section 3205. COVID-19 Prevention.](https://www.dir.ca.gov/title8/3205.html)

1. COVID-19 Non-emergency Standard - Frequently Asked Questions

[COVID-19 Prevention Non-Emergency Regulations (ca.gov)](https://www.dir.ca.gov/DOSH/Coronavirus/Covid-19-NE-Reg-FAQs.html)

1. Recording and Reporting Requirements for COVID-19 Cases <https://www.dir.ca.gov/dosh/coronavirus/Reporting-Requirements-COVID-19.html>
2. Cal/OSHA COVID-19 Online Training Video <https://trainingacademy.dir.ca.gov/page/on-demand-training-covid19>
3. Centers for Disease Control webpage – COVID-19 Community Check <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>
4. California Department of Public Health webpage on Coronavirus – 2019 <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
5. California Department of Public Health Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public, Last Updated April 6, 2022. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>

****

**CRITICAL TAILGATE TOPIC:**

**CORONAVIRUS (COVID-19)**

Tailgate safety meetings are required by Cal/OSHA regulations every 10 working days. Given the significance of this emerging threat, it is recommended for the duration of the coronavirus pandemic that each work shift begin with a short tailgate on this topic with an emphasis on all items in #7 below.

1. **Coronavirus (COVID-19) – What is it?**
	1. Coronaviruses are a large group of viruses that are common among animals and humans. This novel coronavirus that causes COVID-19 is a newly discovered coronavirus not previously detected.
	2. The source of the virus is not yet known.
2. **What are the symptoms?** Typically, human coronaviruses cause mild-to-moderate respiratory illness. Symptoms include:
	1. Fever of 100.4 degrees Fahrenheit or higher
	2. Chills
	3. Cough, sore throat, congestion, or runny nose
	4. Shortness of breath or difficulty breathing
	5. Fatigue, muscle or body aches, headache
	6. New loss of taste or smell
	7. Nausea, vomiting, or diarrhea
	8. COVID-19 can cause more severe respiratory illness
3. **How is it spread?**
	1. The virus is thought to spread mainly from person to person between people who are in close contact with one another (within 6’).
	2. Close personal contact, such as touching or shaking hands, or touching an object with the virus on it, followed by touching your mouth, nose, or eyes before washing your hands, can spread the virus.
	3. This occurs through respiratory droplets produced when an infected person talks or vocalizes, exhales, coughs or sneezes.
	4. 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.
	5. The droplets can land in the mouths or noses of people who are nearby or possibly inhaled into the lungs.
4. **Vaccination**
	1. There are three Food and Drug Administration-approved vaccines to protect against COVID-19 (Pfizer, Moderna, and Johnson & Johnson). It is recommended to receive the Moderna or Pfizer vaccine if possible, rather than the Johnson & Johnson and vaccine based on the FDA.
	2. Contractors are advised to encourage all employees to avail themselves of a vaccine.
5. **What you should do if you are ill (whether or not diagnosed with COVID-19)?**
	1. **Notify your employer immediately.**
	2. Stay home except to get medical care – don’t go to work, school, or public areas.
	3. Wear a surgical mask when around other people or when visiting a health care provider.
	4. Call ahead before visiting your doctor.
	5. Clean all “high touch” surfaces frequently with an EPA-approved disinfectant.
	6. Avoid sharing personal household items like drinking glasses, utensils, or bedding. Wash these items thoroughly with soap and water after each use.
	7. Seek medical attention if your conditions worsen.
	8. Sick employees should follow CDPH and Cal/OSHA [guidelines](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx).
	9. Employees should not return to work until the criteria to discontinue home isolation are met as determined by Cal/OSHA requirements, CDPH guidelines, and, in some cases, in consultation with the local health department/a health care professional.
6. **Who is at higher risk?**
	1. Older adults (65+)
	2. Individuals with compromised immune systems
	3. Individuals who have serious chronic medical conditions like:
		1. Heart disease
		2. Diabetes
		3. Lung disease
7. **How can people protect themselves?**
	1. Wash hands with soap and water (at least 20 seconds) and using hand sanitizer when you do not have immediate access to a sink or hand washing facility. Hand sanitizer does not work if the hands are soiled.
	2. Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection.
	3. *CRITICALLY IMPORTANT: DO NOT TOUCH EYES, MOUTH, OR NOSE WITH UNWASHED HANDS.*
	4. Cover your cough or sneeze with a tissue or your elbow, then wash your hands thoroughly.
	5. Avoid close contact with people who are sick.
	6. Stay away from work, school, or other people if you have COVID-19 symptoms.
	7. Do not share eating utensils or beverage containers with anyone.

**For more information:**

* California Department of Public Health

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>

* Cal/OSHA

[https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html](https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html%20)

* CDPH Isolation Guidance. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>



**TEMA CRÍTICO EN EL PORTÓN:**

**EL CORONAVIRUS (COVID-19)**

Las reuniones de seguridad en el portón son requeridas cada diez días de trabajo, bajo los reglamentos de Cal/OSHA. Dada la importancia de esta amenaza emergente, se recomienda que durante la duración de la pandemia del Coronavirus cada turno de trabajo comience con una corta reunión de portón sobre este tema y haciendo énfasis en todos los puntos en el #7 a continuación.

#  El Coronavirus (COVID-19) – ¿Qué es?

1. Los coronavirus son un grupo grande de virus que son comunes en animales y humanos. Este nuevo virus que causa el COVID-19 es un coronavirus que ha sido descubierto recientemente y no había sido detectado previamente.
2. La fuente del virus aún no se conoce.

# ¿Cuáles son los síntomas?

Típicamente, los coronavirus en humanos causan enfermedades respiratorias leves a moderadas. Los síntomas incluyen:

1. La fiebre de 100.4 grados Fahrenheit o más
2. Escalofríos
3. Tos, dolor en la garganta, congestión, moqueo nasal
4. La falta de aire o dificultad para respirar
5. Cansancio, dolor en el cuerpo o dolor muscular, dolor de cabeza
6. Nausea, vomito, o diarrea
7. Nueva perdida de gusto o olfato
8. El COVID-19 puede causar enfermedades respiratorias más graves.

# ¿Cómo se contagia?

1. Se piensa que el virus se contagia principalmente persona a persona y entre personas que están en contacto cercano (dentro de seis pies ó 1.8 metros).
2. El contacto personal cercano como tocar, dar un apretón de manos o tocar un objeto que alguien con el virus haya tocado, seguido de tocarse la boca, la nariz, o los ojos antes de lavarse sus manos y puede propagar el virus.
3. Esto ocurre a través de las gotas respiratorias producidas cuando una persona infectada tose o estornuda.
4. Las gotas respiratorias pueden caer en las bocas o las narices de las personas que se encuentran alrededor o pueden ser inhaladas posiblemente en los pulmones.

# La Vacunación

* 1. Hay tres vacunas aprobadas por la Administración de Alimentos y Medicamentes (FDA) para proteger contra el COVID-19 (de Pfizer, Moderna y Johnson & Johnson). Se aconseja a los contratistas que alienten a todos los empleados para que se beneficien de una vacuna.
	2. Alentamos a los contratistas a que animen a sus trabajadores a que se vacunen.

# Si usted está enfermo (Ya sea que esté diagnosticado o no con el COVID-19)

* 1. Notifíquele a su empleador de inmediato.
	2. Quédese en casa excepto para recibir atención médica – no vaya al trabajo, a la escuela o a las áreas públicas.
	3. Utilice una máscara quirúrgica cuando está cerca de otras personas o cuando visita a un proveedor de atención médica.
	4. Llame antes de visitar a su doctor.
	5. Limpie todas las superficies de "alto contacto" frecuentemente con un desinfectante aprobado por la EPA.
	6. Evite compartir los artículos personales de uso doméstico como los vasos, los cubiertos o la ropa de cama. Lave estos artículos con agua y jabón después de cada uso.
	7. Busque atención médica si su condición se empeora.
	8. Los empleados enfermos deben seguir las [pautas](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/Translations/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing--es.pdf) del CDPH y de Cal/OSHA.
	9. Los empleados no deben regresar al trabajo hasta que [cumplan](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html) con los criterios para suspender el aislamiento domiciliario como dictan los requisitos de Cal/OSHA y el departamento de salud publica estatal (“CDPH” por sus siglas en inglés.)

# ¿Quién tiene un mayor riesgo?

* 1. Los adultos mayores (65+)
	2. Las personas con sistemas inmunológicos comprometidos.
	3. Las personas que tienen condiciones médicas graves como:
		1. Las enfermedades cardíacas
		2. La diabetes
		3. Las enfermedades pulmonares

# ¿Cómo pueden protegerse las personas a sí mismas?

* 1. Lavándose las manos con agua y jabón (al menos durante 20 segundos).
	2. Limpiando y desinfectando las superficies de "alto contacto" diariamente. Si las superficies están sucias, límpielas con detergente, o jabón, y agua antes de desinfectarlas.
	3. *CRÍTICAMENTE IMPORTANTE: NO SE TOQUE LOS OJOS, BOCA O NARIZ SIN LAVERSE LAS MANOS.*
	4. Cúbrase su toz o estornudo con un pañuelo de papel, y después lávese bien las manos.
	5. Evite el contacto cercano con las personas que están enfermas.
	6. Manténgase alejado del trabajo, de la escuela o de las otras personas si usted está enfermo con síntomas respiratorios como la fiebre o la tos.
	7. No comparta los utensilios para comer ni los envases de las bebidas con nadie.

# Para obtener más información consulte:

## El Departamento de Salud Pública de California

[https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx%20)

## Cal/OSHA

<https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>

**Note: This Labor Code** 6409.6 **notice is for employees who may have been in contact with the COVID Case during the infectious period (i.e., two days before symptom onset or positive test if asymptomatic). This is a broader group than close contacts and includes anyone on the premises at the same time as the COVID-19 Case during the infectious period. This notice must be delivered within 24 hours of the company learning of a positive case for each positive case it has at the facility. This document should be put on Company letterhead. If the employer should reasonably know that an employee has not received the notice, or has limited literacy in the language used in the notice, the employer shall provide verbal notice, as soon as practicable, in a language understandable by the employee.**

**DATE: [DATE]**

**TO: [Employees]**

**FROM: [COMPANY REP]**

This notice is to inform you that an individual working at [NAME OF LOCATION] (“the Premises”) has received a positive diagnosis of COVID-19. The individual was on the Premises on [DATE(s)], which falls within the individual’s infectious period. Based on our investigation, you have been identified as someone who may have been on the Premises at the same time as the positive COVID-19 Case. We are providing you this notice as a legal requirement under Labor Code Section 6409.6.

Receiving this notice does not mean that you are a close contact of the COVID-19 Case. We have separately notified all individuals that were in close contact with this COVID-19 case.

Your health is our top priority and we are continuing to ensure your health and safety with enhanced deep cleaning and sanitization of affected areas in compliance, and as recommended, by the CDC. For additional information please contact [INSERT Name/DEPARTMENT] For more information.

If you are experiencing COVID-19 symptoms, such as a 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, please stay home, seek medical attention, and immediately contact [insert Company representative].

Any individual experiencing COVID-19 symptoms will not be disciplined under the attendance policy for not coming into work and will be provided COVID-19 testing at no cost. Again, your health is our top priority and we remain committed to providing a safe environment for all of our employees.

In the event you need to take time away from work, you may be entitled certain benefits including, but not limited to: [list all available COVID-19 benefits here, i.e., California COVID-19 Supplemental Paid Sick Leave, California sick leave, vacation/paid time off, personal leave, workers’ compensation, disability, etc.] Please contact [COMPANY CONTACT] for more information. You may contact [INSERT Name/DEPARTMENT] For more information.

The Company will continue to review and reevaluate return to work procedures, in accordance with Cal/OSHA, CDC and federal, state and local health authorities. Please also be reminded of the Company’s commitment to preventing discrimination and/or retaliation. For additional information about these protections, please contact [COMPANY CONTACT].

Thank you,

[Name]

[Title]

**Note: This Labor Code** 6409.6 **notice is for subcontractors or third parties whose employees may have been in contact with a COVID Case during the infectious period (i.e., two days before symptom onset or positive test if asymptomatic). This is a broader group than close contacts and includes anyone on the premises at the same time as the COVID-19 Case during the infectious period. This notice must be delivered within 24 hours of the company learning of a positive case for each positive case it has at the facility. This document should be put on Company letterhead.**

Dear [Name of Subcontractor],

This notice is to inform you that we have been informed by one of our [team members/employees/subcontractors etc.] that an individual received a positive diagnosis of COVID-19 who was present at [name of location and address] ("the Premises") on [date]. The individual was on the premises on [date(s)], which falls within the individual’s infectious period.

Based on our investigation, you may have had employees who may have been on the Premises at the same time as the positive COVID 19 Case. We are providing you this notice as a legal requirement under Labor Code Section 6409.6.

Receiving this notice does not mean that your employees were in close contact with the COVID-19 Case. We have separately notified all employees and subcontractors, as applicable, whose employees were in close contact with this COVID-19 case.

Your employees' health is our top priority, and we are continuing to ensure their health and safety with enhanced deep cleaning and sanitization of affected areas in compliance, and as required, by CDC and requirements in Cal/OSHA’s Emergency Temporary Standard. For additional information about these

Please ensure that if any of your employees are experiencing COVID-19 symptoms, such as a 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, they stay home and seek medical attention. Everyone's health is our top priority, and we remain committed to providing a safe environment for all of our employees. If you have any questions, please reach out to [Company contact] at xxx-xxx-xxxx or via e-mail at xxx@\_\_\_\_.

The Company will continue to review and reevaluate return to work procedures, in accordance with Cal/OSHA, CDPH, CDC and federal, state and local health authorities. Please also be reminded of the Company’s commitment to preventing discrimination and/or retaliation.

Thank you,

[Name][Title]

**Note: This Labor Code** 6409.6 **notice is for union or other representatives of employees. This notice must be delivered within 24 hours of the company learning that a union member was a close contact of a confirmed positive case and/or a positive case.**

Dear [Name of Union Rep],

This notice is to inform you that we have been informed by one of our [team members/employees/subcontractors etc.] that an individual received a positive diagnosis of COVID-19 who was present at [name of location and address] ("the Premises") on [date]. The individual was on the premises on [date(s)], which falls within the individual’s infectious period.

[If the COVID-19 positive was a untion member, state:

The individual who tested positive was:

* [Employee name], [job title], [date of positive test], [location where inidividaul worked] ]

Additionally, the following members have been identififed as close contacts:

* [Employee name], [job title], last close contact with COVID-19 Case on [date] at [location where close contact worked].

[List all close contacts.]

Our employee's health is our top priority, and we remain committed to providing a safe environment for all of our employees.

Thank you,

[Name]

[Title]

**APPENDIX B**

**Contact Tracing Assessment:**

**The process of determining which employees have come into close contact with a COVID-19 positive employee in the 2 days prior to the onset or positive test, if the COVID-19 Case is asymptomatic. Employees who have been in close contact with the COVID-19 can remain at work, regardless of vaccination status, so long as they do not have symptoms, wear a mask for 10 days following close contact and test on days 3-5. In order to properly contact trace you should:**

1. Determine when the COVID-19 employee was in the workplace during their highly infectious period, i.e., 2 days before symptom onset or date of positive test (when the specimen was collected), whichever is sooner, until date excluded from work.

2. Identify who the COVID-19 employee was in close contact with (within 6 feet for a cumulative of 15 minutes or more within a 24 hour period) at work during the COVID-19 employee’s highly infectious period.

3. Review the areas of the workplace the COVID-19 employee would have accessed and determine if there are any other employees that the COVID-19 positive employee would likely have had close contact.

4. Determine the work location the COVID-19 employee visited for purposes of sending out the required written notice pursuant to Labor Code section 6409.9. Labor Code 6409.6 requires written notice to all employees who may have been exposed to the COVID-19 employee (broader than close contact) within one business day.

**CONTACT TRACING SCRIPT**

**Preliminary Notes**

**•** The purpose of contact tracing is to determine if any employees were in close contact with the COVID-19 positive employee 2 days prior to the COVID-19 positive employee becoming symptomatic or date of test, which is sooner, through the date of exclusion. ***Contact tracing need not be performed if the COVID-19 positive employee was not in the workplace within 2 days of the onset of symptoms or positive test, whichever is sooner.***

• Begin contact tracing by speaking with the COVID-19 positive employee.

• DO NOT DISCLOSE THE NAME OF THE COVID-19 POSITIVE EMPLOYEE TO OTHERS.

**Script to COVID-19 Positive Employee**

**•** Because you informed us that you were COVID-19 positive, we have a legal obligation to our employees to inform those that were in close contact (6 feet for 15 minutes or more within a 24 hour period) with, that they may have been exposed to the virus. We will not disclose your identity to your coworkers unless you have signed a consent. We also have an obligation to disclose that individuals who were working at the same location as you, but not in close contact, may have been exposed to the virus. Again, we will not disclose your identity to your coworkers unless you have signed a consent.

* + When did you test positive, i.e., the date you took the test, nor when you received the result?

• When did you become symptomatic?

• Who do you recall being in close contact with 2 days prior to becoming symptomatic or testing positive, if asymptomatic?

• In the 2 days before becoming symptomatic (or testing positive if asymptomatic), do you recall being in any areas of the workplace that you would not ordinarily frequent? Where did you go during the time you were at work during this time?

* Has anyone in your household tested positive for COVID-19 in the last 10 days (do not ask information relating to family members)?
* Have you been in contact with anyone who has tested positive for COVID-19 in the last 10 days (do not ask information relating to family members)?
* Have you been informed that you were exposed to anyone with COVID-19 in the last 10 days? If so, when? Did the individual test positive for COVID-19.

• Did you participate in any external activities (lunch, happy hour, etc.) with any employees outside of work without facemasks?

**Script to Potentially Exposed Employees**

• We have been informed by one of our employees that the employee is COVID-19 positive based on a diagnosis obtained on [DATE].

• Based on our investigation we believe that you may have come into close contact (within 6 feet for a cumulative of 15 minutes or more within a 24 hour period) with the employee on [DATE].

• Pursuant to Company policy and California Department of Public Health (CDPH) guidelines, you can remain at work so long as you (1) wear a tight fitting mask for 10 days after the last known close contact; (2) do not have symptoms; and (3) take a COVID test that is negative (paid for by the Company) on days 3-5. If you do not test on days 3-5, you will not be permitted on the worksite.

* Because you were a close contact, we are offering you the opportunity to obtain a free test. [Inform employee how that will be handled. Employees who recovered from COVID-19 in the last 30 days and are asymptomatic do not need to be tested].

• If you experience symptoms, or are diagnosed positive, please inform [CONTACT].

• Paid leave may be available if you need to take time away from work.

**DOCUMENTS TO REVIEW FOR CONTACT TRACING**

Employers should collect documents and information in order to conduct contact tracing. The employer can review the following to create a list of which employees have been exposed. The information should be used to create a list of potential people exposed, which can be narrowed by asking the infected employee or using other mechanisms to determine which of these people had exposure with the infected employee within 6 feet for more than 15 minutes within any 24 hour period.

1. Timesheets or time clock records to determine who was on shift at the same time

2. Meal and rest break records to determine who was on break at the same time

3. Employee's assignment records to determine whom the employee worked with

4. Employees data entries to determine whom the employee was working with

5. Records of meetings and conference to determine who the employee may have been in close contact with.

6. Records of where the employee has been (rooms where the employee worked, calendar invites, meeting room invites, phone records, etc.)

 **APPENDIX C**

**COVID-19 BUSINESS TRAVEL POLICY**

**I. Purpose**

This COVID-19 Business Travel Policy (the "Policy") provides general requirements for employees conducting business travel on behalf of the company. These requirements are being implemented to reduce the risk of employee exposure to COVID-19 while conducting business.

Failure to follow the Policy may result in discipline, up to and including, termination.

All questions regarding this Policy should be directed to **[INSERT APPROPRIATE COMPANY CONTACT]**.

**II. Prior to Business Travel**

* Business travel must only be utilized when essential and business cannot reasonably be conducted without face-to-face interaction or visits to specific locations.
* Business travel will only be conducted on a voluntarily basis. If an employee is unwilling to travel, the company will work with the employee and his/her **[DEPARTMENT/SUPERVISOR]** to find an alternative option.
* Business travel must be requested and approved by **[INSERT APPROPRIATE COMPANY CONTACT]**. Any business travel request must include the following information:
	+ Explanation as to why the business travel is essential and cannot be conducted via teleconference or videoconference.
	+ Location(s) to be visited during business travel.
	+ Company (ies)/individual(s) to be visited.
	+ Confirmation that the company (ies)/individual(s) have granted permission for employee to travel there.
	+ Confirmation that employee has reviewed any applicable state/local travel restrictions (including whether there are any quarantine requirements for travelers) and/or required protocols for each of the jurisdictions being visited.
	+ Mode of transportation and any hotel lodgings.
	+ Confirmation that the employee is voluntarily participating in this business travel.
* Employees engaging in business travel must review and follow the Company's Travel Guidelines, wherever possible.

**Travel by Airplane**

Follow CDC guidelines, which can be found at:

* <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>

for domestic travel; and

* <https://www.cdc.gov/coronavirus/2019-ncov/travelers/international-travel/index.html>

for international travel.

**Travel by Automobile**

If traveling by automobile for personal or work reasons, employees should consider travel-related activities that may place them in potential contact with the virus, such as, gas stations, hotels, restaurants, and large gatherings, in determining whether a self-quarantine is necessary upon return.

If an employee has taken all the protective measures, including but not limited to, frequently washing hands (i.e., every 30 minutes), using hand sanitizer, etc., then an employee should consider whether those steps were sufficient to eliminate the risk of exposure.  Various states have required or recommended that visitors and residents returning from other states quarantine. Before you travel, determine if you will be subject to any state or local restrictions during or after your trip.

**SEPCIAL NOTE: State and Local Travel Restrictions**

* + NOTE THAT THERE MAY BE VARIOUS COUNTY TRAVEL RESTRICTION IMPACTING ALL TRAVEL, NOT EXCLUSIVELY BUSINESS.
	+ For up-to-date information and travel guidance, check the [state or local health department](https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html). While the employee is traveling, it is possible a state or local government will put into place travel restrictions, such as stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures.
	+ Plan to keep checking for updates, as employees are travel.

**APPENDIX D**

**HEALTH SCREENING QUESTIONNAIRE**

**[This document must not be shared with anyone except employees authorized to receive the information, must be filed separately from any personnel files, and may be accessed by the COVID-19 Human Resources and Safety Committee Team. For visitors the questionnaire can be used to determine if people enter the facility. The questionnaire can then be shredded and discarded.]**

**CONFIDENTIAL**

**Employee and Visitor COVID-19 Questionnaire**

We at [COMPANY] are focused on the health and well-being of our employees. In view of the novel COVID-19 outbreak, we are taking precautionary measures to keep the workplace safe for everyone. Please help us maintain a safe environment by completing this Questionnaire.

Pursuant to the Company's COVID-19 Safety and Health Policy, in the event you answer "Yes" to any of the below questions, you will either be immediately excluded or asked to contact [COMPANY REPRESENTATIVE]

**Questionnaire**

**Question# 1: Within the last 10 days, have you been in close contact with anyone who has been diagnosed as infected with, or is being screened for, COVID-19?**

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you must immediately contact [COMPANY REPRESENTATIVE] at [contact]. If you are not experiencing COVID-19 symptoms, you will be permitted to remain at the work site so long as: (1) you wear a tight-fitting mask for 10 days following last known close contact; (2) do not have COVID-19 symptoms; and (3) test negative for COVID-19 on days 3-5.

If you are a visitor, you will be excluded from the facility you are not permitted to enter the facility.

**Question# 2: Within the last 10 days, have you been in close contact with anyone who has been advised to self-quarantine by a healthcare provider?**

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you must immediately contact [COMPANY REPRESENTATIVE] at [contact]. If you are not experiencing COVID-19 symptoms, you will be permitted to remain at the work site so long as: (1) you wear a tight-fitting mask for 10 days following last known close contact; (2) do not have COVID-19 symptoms; and (3) test negative for COVID-19 on days 3-5.

If you are a visitor, you will be excluded from the facility you are not permitted to enter the facility.

**Question# 3: Have you tested positive for COVID-19 or been diagnosed as COVID-19 positive by a healthcare provider?**

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you cannot report to work and must immediately contact [COMPANY REPRESENTATIVE] at [contact]. You may be able to return before the 10 day isolation period if your symptoms are resolving, you are fever free without the use of fever-reducing medication for 24-hours, and test negative for COVID-19 on day 5 or later. The company encourages you to continue to seek medical care.

If you are a visitor, you will be excluded from the facility you are not permitted to enter the facility.

**Question# 4: Are you currently experiencing symptoms of COVID-19 which include, but are not limited to, 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?**

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you cannot report to work. The company encourages you to seek medical care. The company will assess a return to work strategy once you obtain a medical diagnosis.

If you are a visitor, you will be excluded from the facility you are not permitted to enter the facility.

**Question# 5: Have you had a temperature of over 100.4 degrees in the past 24 hours or from the last time you have filled this form?**

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you cannot report to work. The company encourages you to seek medical care. The company will assess a return to work strategy once you obtain a medical diagnosis.

If you are a visitor, you will be excluded from the facility you are not permitted to enter the facility.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CUESTIONARIO DE VERIFICACIÓN DE SALUD**

**[Este documento no debe ser compartido con nadie excepto con los empleados autorizados para recibir la información, debe archivarse por separado de cualquier expediente personal y puede ser accedido por el Equipo del Comité de COVID-19 de Recursos Humanos y Seguridad. Para los visitantes, el cuestionario se puede utilizar para determinar si pueden entrar o no a las instalaciones. Posteriormente, el cuestionario puede ser destruido y desechado.]**

**CONFIDENCIAL**

**Cuestionario COVID-19 para empleados y visitantes**

En [Compañía], estamos enfocados en la salud y el bienestar de nuestros empleados. En vista del nuevo brote de COVID-19, estamos tomando medidas de precaución para mantener un lugar de trabajo seguro para todos. Por favor, ayúdenos a mantener un entorno seguro llenando este cuestionario.

De conformidad con la Política de COVID-19 de Seguridad y Salud de la Compañía, en caso de responder “Sí” a cualquiera de las siguientes preguntas, no podrá ingresar al lugar de trabajo, y se le excluirá de inmediato o se le pedirá que contacte a [REPRESENTANTE DE LA EMPRESA].

**Cuestionario**

**Pregunta# 1: En los últimos 10 días, ¿ha estado en contacto cercano con alguien que ha sido diagnosticado como infectado o que está pendiente de recibir resultados de una prueba de COVID-19?**

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, debe contactar de inmediato a [RESENTANTE DE LA EMPRESA] llamando al [contacto]. Si no tiene síntomas de COVID-19, se le permitirá quedarse en el trabajo siempre y cuando: (1) use un tapabocas ajustado por 10 días después de la ultima vez que estuvo en contacto cercano de una persona infectada; (2) no tiene síntomas de COVID-19; y (3) de negativo para el COVID-19 del tercer (3) al quinto (5) día. Si usted es un visitante, no se le permitirá entrar a las instalaciones.

**Pregunta# 2: En los últimos 10 días, ¿ha estado en contacto cercano con alguien a quien un proveedor de atención médica le ha aconsejado mantenerse en cuarentena?**

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, debe contactar de inmediato a [REPRESENTANTE DE LA EMPRESA] llamado al [contacto]. Si no tiene síntomas de COVID-19, se le permitirá quedarse en el trabajo siempre y cuando: (1) use un tapabocas ajustado por 10 días después de la última vez que estuvo en contacto cercano de una persona infectada; (2) no tiene síntomas de COVID-19; y (3) de negativo para el COVID-19 del tercer (3) al quinto (5) día. Si usted es un visitante, no se le permitirá entrar a las instalaciones.

**Pregunta# 3: ¿Ha dado positivo a COVID-19 o ha sido diagnosticado como COVID-19 positivo por un proveedor de atención médica?**

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, no puede presentarse a trabajar y debe contactar de inmediato a [RESENTANTE DE LA EMPRESA] llamado al [contacto]. Puede regresar al trabajo antes del periodo de aislamiento de 10 días si sus síntomas están mejorando, está sin fiebre sin usar medicamentos para reducir la fiebre por 24 horas, y da negativo al COVID-19 al quinto (5º) dia o después. La compañía les alienta a que sigan buscando atención médica. Si usted es un visitante, no se le permitirá entrar a las instalaciones.

**Pregunta# 4: ¿Está experimentando actualmente síntomas de COVID-19 que incluyen, pero no se limitan a, fiebre de 100.4 grados Fahrenheit o superior, escalofríos, tos, falta de aire o dificultad para respirar, fatiga, dolores musculares o corporales, dolor de cabeza, nueva pérdida de sabor u olor, dolor de garganta, congestión o escurrimiento nasal, náuseas o vómitos, o diarrea?**

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, no puede presentarse a trabajar. La Compañía le invita a buscar atención médica. La Compañía evaluará una estrategia de retorno al trabajo una vez que obtenga un diagnóstico médico.

Si usted es un visitante, no se le permitirá entrar a las instalaciones.

**Pregunta# 5: ¿Ha tenido una temperatura de más de 100,4 grados en las últimas 24 horas o desde la última vez que llenó este formulario?**

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, no puede presentarse a trabajar. La Compañía le invita a buscar atención médica. La Compañía evaluará una estrategia de retorno al trabajo una vez que obtenga un diagnóstico médico.

Si usted es un visitante, no se le permitirá entrar a las instalaciones.

**Firma: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nombre: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fecha: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. FORMS

**FORM 1**

[This document, as well as any attachments, must not be shared with anyone except employees authorized to receive the information, must be filed separately from any personnel files, and may be accessed by the COVID-19 Human Resources and Safety Committee Team.]

**CONFIDENTIAL**

**EXPOSURE INCIDENT/INVESTIGATION REPORT**

**Employee Info**

Date: Enter Date.

Name: Enter Name.

Employee Number: Enter Employee Number.

Location: Enter Street, City, State, Zip Code.

Department: Enter Name of Department.

**Exposure Info**

Date Employee Reported: Enter Date.

Was Employee Present at Work?

 [ ]  Yes [ ]  No

Who Received Report? Enter Name.

Employee Is:

[ ]  Positive Test

[ ]  Diagnosed Positive

[ ]  Symptomatic

Date of Positive Test or Diagnosis (when employee took test): Enter Date.

Date of Onset of Symptoms: Enter Date.

Leave Available?

 [ ]  Yes [ ]  No

If yes, type of leave taken: Enter Type of Leave.

Information Provided by Employee Regarding COVID-19 Exposure (Where was the employee exposed? Did any family members have it? Etc.)

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

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

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

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

**Contact Tracing**

Was Employee at Worksite Within 2 days of Onset of Symptoms or positive test

[ ]  Yes – complete remainder of section

[ ]  No – do not complete remainder of section

For Each Employee in Close Contact

Name: Enter Name.

Employee Number: Enter Employee Number.

Location: Enter Street, City, State, Zip Code.

Department: Enter Name of Department.

Date of Last Close Contact: Enter Date.

Date Employee Notified: Enter Date.

Who Notified? Enter Name.

Is Close contact symptomatic?

Instructions provided to close contact regarding face coverings, testing, and symptom check:

Leave Available?

 [ ]  Yes [ ]  No

If yes, type of leave taken: Enter Type of Leave.

**Cleaning**

Was Employee at Worksite Within 2 days of Onset of Symptoms or positive test?

[ ]  Yes – complete remainder of section

[ ]  No – do not complete remainder of section

Areas Symptomatic Employee Accessed

Enter Detailed Description.

Areas of Worksite Cleaned

Enter Detailed Description.

Date Each Site Cleaned

Enter Date.

Enter Date.

Enter Date.

Who Performed Each Cleaning?

Enter Name.

Enter Name.

FORM 2

**Exposure Log**

[This document, as well as any attachments, must not be shared with anyone except employees authorized to receive the information, must be filed separately from any personnel files, and may be accessed by the COVID-19 Human Resources and Safety Committee Team. All Information is to be kept confidential.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Contact Information | Job Title | Symptoms? If so, onset date | Date positive test was taken | Dates employee was at work site 2 days before test or symptom onset (if symptomatic)  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**FORM 3**

**Minor/Major Outbreak Testing Log**

[This document, as well as any attachments, must not be shared with anyone except employees authorized to receive the information, must be filed separately from any personnel files, and may be accessed by the COVID-19 Human Resources and Safety Committee Team. All Information is to be kept confidential.]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Department | Job Title | Date of First Test | Date of Second Test | Date of Positive Test |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**FORM 4**

**TIME OUT FORM FOR TESTING**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME OUT FOR TEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TIME BACK FOR TEST: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEAL PERIOD MISSED □ YES □ NO

REST PERIOD MISSED □ YES □ NO

AMOUNT OF OVERTIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF LEAVE PROVIDED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM 5**

**Employee Acknowledgement Form**

[Employer’s Name] COVID-19 \_\_\_\_\_\_\_\_\_\_\_\_\_ Prevention Policy

|  |
| --- |
| I certify that I have received, reviewed and read a copy of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prevention Policy and I have been trained on all of the following items:* What is Sars CoV-2 (aka COVID-19)
* The symptoms of COVID-19
* How COVID-19 is transmitted
* Prevention tips for COVID-19, including frequent hand washing and COVID-19 vaccination
* Face Coverings and Personal Protective Equipment. Including, that I can wear a face covering, even if not required, and can request a respirator (i.e., an N95) for voluntary use.
* That I am not to come to work if I have any signs or if I have been asked to quarantine or isolate by the Department of Public Health.
* I should contact [Company Contact] immediately if I test positive for COVID-19 or have been in close contact with someone who tested positive for COVID-19 (at work or otherwise)
* That I may be entitled to leave and or other benefits such as supplemental pay, paid sick leave, or workers compensation
* That if I am hospitalized for COVID-19 that I am to immediately notify [Company Contact]
* That I can ask my employer to provide me with testing if I have been exposed at work.
* Training on use of, obtaining, maintenance of and safe donning and doffing practices for face coverings and personal protective equipment
* General employee risk reduction of COVID-19
* Engineering controls adopted by the company
* Anti-retaliation and discrimination policy
* That I have the right to remove myself from work situations that I believe present an imminent threat or serious danger to my safety or health or the safety or the safety and health of others
* How to file an internal retaliation claim if I believe I am facing retaliation for anything relating to COVID-19
* How to notify management of any safety violation or issue and the process management will take to investigate the matter
 |
| ***Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Signature:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

**Keep the original Employee Acknowledgement Form in Personnel File**

1. This Policy does not cover the use of a filtering face piece respirator (“FFR”) (*e.g.*, N95), nor are the face coverings described in this Policy intended to replicate the protections provided by FFRs and/or surgical masks. Additionally, face coverings as described in this Policy are not meant as a replacement for work assignments that require the use of an FFR. Employees who must use an FFR to perform a work assignment must continue to follow the Company’s respirator use procedures. [↑](#footnote-ref-1)