

Injury and Illness Prevention Program (IIPP) Addendum

COVID-19 Infection Prevention Program (CPP)

A. Company Policy

Family Service Association is committed to preventing workplace hazards that could result in employee injury and/or illness; and to complying with all applicable state and local occupational health and safety regulations. The following Infection Prevention Program has been temporarily established to help make sure affected employees understand the dangers of COVID-19 and how to prevent spread of this disease in the workplace. Implementation of our COVID-19 Infection Prevention Program is consistent with our existing IIPP. This program applies to all locations where FSA operates and is available for review by any employee.

B. Definitions

- **COVID-19:** A coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).
- **COVID-19 case:** A person who:
 - Has a positive “COVID-19 test” as defined in this section;
 - Is subject to a COVID-19-related order to isolate issued by a local or state health official; or
 - Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.
 - A person is no longer a “COVID-19 case” in this section when a licensed health care professional determines the person does not have COVID-19, in accordance with recommendations made by the California Department of Public Health (CDPH) or the local health department pursuant to authority granted under the Health and Safety Code or title 17, California Code of Regulations to CDPH or the local health department.
- **COVID-19 exposure:** Means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined in this section. This definition applies regardless of the use of face coverings.
- **COVID-19 hazard:** An exposure to potentially infectious material which may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids, among other things. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.
- **COVID-19 symptoms:** 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, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.
- **COVID-19 test:** A viral test for SARS-CoV-2 which is:
 - Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and
 - Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.
- **Exposed workplace:** Any work location, working area, or common area at work used or accessed by a COVID-19 case during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The exposed workplace does not include buildings or facilities not entered by a COVID-19 case.
 - Effective January 1, 2021, the “**exposed workplace**” also includes but is not limited to the “worksite” of the COVID-19 case as defined by Labor Code section 6409.6(d)(5).
- **Face covering:** A tightly woven fabric or non-woven material with no visible holes or openings, which covers the nose and mouth.
- **High-risk exposure period:** The following time period:
 - For persons who develop COVID-19 symptoms: from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed with no fever, without the use of fever-reducing medications, and symptoms have improved; or

- For persons who test positive who never develop COVID-19 symptoms: from two days before until ten days after the specimen for their first positive test for COVID-19 was collected.

C. Authority and Responsibility

The HR Officer has the overall authority and responsibility for implementing the provisions of the CPP in our workplaces. In addition, department Managers and Supervisors are responsible for implementing and maintaining the CPP in their assigned locations and for ensuring associates receive answers to questions about the program in a language they understand.

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

A copy of this COVID-19 Prevention Program is available from the FSA website at fsaca.org. The CPP can be downloaded and printed from the website.

Employer Responsibilities

Family Service Association follows measures below while *Shelter in Place*, *Stay at Home*, and/or *Employee Health Monitoring* orders recommended by the Centers for Disease Control and Prevention (CDC) and local authorities are in effect, as outlined by local public health department officials.

Family Service Association

- Provides frequent employee training on COVID-19 signs, symptoms, and prevention in a language employees can understand. Frequently cleans and disinfects used work surfaces based on current CDC guidelines.
- Encourages additional spacing of employees to support safe social distancing.
- Considers and, when possible, implements increased workplace ventilation, barriers, and employee work practices that reduce risk.
- Monitors employee symptoms at the beginning of the shift and throughout the work day.
- Encourages, when possible, alternative employee workplace options such as working from home.

Associate Expectations

Associates must adhere to following expectations:

- Stay at home when sick and avoid close contact with others.
- Refrain from shaking hands, hugging, or touching others.
- Clean surfaces before and after use in common areas, and when using shared equipment
- Avoid touching mouth, nose, and eyes.
- Wash hands with soap and water for at least 20 seconds. Use hand sanitizer with at least 60% alcohol if soap and water are not available.
- Wash/sanitize hands multiple times daily, including before and after work; during breaks; before and after eating; after coughing, sneezing, or blowing nose; and before and after going to the restroom.
- Cover mouth and nose with a tissue when coughing or sneezing and immediately discard it after use and wash hands. If no tissues are available, cover mouth with shoulder or elbow and then wash hands.
- Avoid sharing personal items with coworkers (e.g., food, dishes, lunch boxes, gloves, etc.).
- Keep a minimum distance of 6 feet from others when possible.
- When choosing to cover mouth and nose with a cloth face covering, follow CDC and local health department guidelines on use, removal, cleaning, and disinfection

D. Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplaces:

- Documented workplace specific evaluations will be conducted using the **Appendix A: Identification of COVID-19 Hazards** form or a similar form.
- Evaluate associates' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders, general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.

- Evaluate existing COVID-19 prevention controls in our workplace and the need for revised, or additional controls.
- Monthly documented inspections using the **Appendix B: COVID-19 Inspections form or similar form** will be conducted to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures. Identified hazards will be corrected by the supervisor in control of the work area.

Associate Participation

Associates are encouraged to participate in the identification and evaluation of COVID-19 hazards. The inspections will be conducted on the first Monday of each month and begin at the outside entrance of each location. Check with your supervisor for the start time.

Associates can submit suggestions or concerns in writing or verbally. They may anonymously report by calling and leaving a voice mail message for the Human Resources Department and/or the Safety Coordinator or submitting them in the mail.

Associate Health Monitoring

Supervisors monitor associate attendance and watch for associates showing COVID-19 symptoms. Our procedures for health monitoring include:

- Observation of associates when they arrive at work and inquiry to learn if they have experienced fever, cough, or difficulty breathing according to local public health department guidelines.
 - If ill, associate is sent home immediately and instructed to contact a medical professional by phone before going to a medical facility
- Monitoring associates throughout the day:
 - Associates who develop COVID-19 or other flu-like symptoms at work are sent home immediately.
 - Sick associates are instructed to follow CDC guidelines, local public health department recommendations and to contact their healthcare professional as needed.

E. Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered.
- Hazards will be corrected by the supervisor in control of the work area. The supervisor will notify the Safety Coordinator of any hazards they are not able to correct.
- When an imminent hazard exists which cannot be immediately abated without endangering associates and/or property, we will remove all exposed associates from the area except those necessary to correct the existing condition. The appropriate supervisor must be contacted immediately.
- All actions taken and dates they are completed shall be documented on the **Appendix B: COVID-19 Inspection form** or similar form.
- Associates who are required to correct the hazardous condition shall be provided with the necessary protection.

F. Control of COVID-19 Hazards

Physical/Social Distancing

Family Service Association practices social distancing of at least 6 feet of separation to the extent possible in all work areas including outdoors, vehicles, structures, facilities, and offices. This includes:

- Before work shift
- While working
- After work shift
- Coming and going from vehicles
- Entering, working, and exiting buildings and structures
- During breaks and lunch periods
- When performing work activities, including use of tool and equipment

Where possible, we ensure 6 feet of physical distancing in our workplace by:

- Implementing remote work arrangements for the job positions where it is possible.
- Reducing the number of individuals in an area at one time.
- Utilizing visual cues such as signs and floor markings.

Access to Family Service Association property and/or facilities is limited to our associates. Vendors and other non-employee visitors must adhere to the following expectations:

- Vendors must be approved before arriving. Sick individuals will not be allowed to access the property.
- Personal interaction with vendors and other non-employees is limited to the extent possible.
- Visitors who must enter the facility are expected to follow hygiene and social distancing practices outlined in section D. Employee Expectations.
- To the extent possible, outside deliveries are dropped off at a designated area away from associates and high-traffic areas.

Individuals will be kept as far apart as possible when there are situations where 6 feet of physical distancing cannot be achieved.

Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. Face coverings are provided at all sites and are disposable. Signs are posted at all FSA sites requiring face covering prior to entering our establishment. If someone tries to enter the workplaces without a face covering they will be advised by a supervisor that a face covering is required.

The following are exceptions to the use of face coverings in our workplace:

- When an associate is alone in a room.
- While eating and drinking at the workplace, provided associates are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Associates who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.

Any associate not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked associate is tested at least twice weekly for COVID-19.

Engineering Controls

Family Service Association will implement the following measures for situations where we cannot maintain at least six feet between individuals:

- In the event that a minimum of 6-feet of space cannot be maintained between employees for extended periods of time, physical barriers such as clear plexiglass barriers have been installed to block airborne transmission of particles.

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

- Building air ventilation varies based on the desired temperature set by the staff working in each individual facility. To reduce distribution of airborne particles the HVAC systems have circulation fans set to turn on only when actively heating or cooling the area controlled by each thermostat.
- Building air filters have been changed to MERV-13 which allows maximum filtration without damaging existing HVAC systems by limiting output and straining motors, condensers, and heat exchangers. MERV 13 air filters provide close to 90% efficiency for filtering particles (mold, pollen, spores, dust, smoke, smog, bacteria, airborne germs).
- An exception to the increased ventilation will be made if circumstances arise where the amount of outside air needs to be minimized due to other hazards, such as heat and wildfire smoke.

Expectations to clean and disinfect the workplace

Family Service Association has a routine schedule to clean and disinfect common surfaces, areas, and objects in the workplace in accordance with current CDC guidelines. This cleaning and disinfecting includes but is not limited to:

- Work surfaces including tools, work stations, machinery, containers, counters, tables, chairs, benches, door handles, and knobs.
- Handwashing areas and surfaces, including re-stocking with soap and paper towels.
- Fixed and portable restrooms, including re-stocking toilet paper and cleaning and sanitizing as necessary.
- Common areas including break room tables, chairs, drinking fountains, refrigerators, vending machines, and trash cans.
- Contact areas on vehicles, forklifts, and other equipment such as stick shift, control levers, steering wheel, doors, seat belts, air conditioner, radio buttons, glove box, mirrors, armrests, and vehicle keys.

Disinfection procedures adhere to CDC guidelines. Employees assigned to sanitize and disinfect surfaces are trained on hazards and manufacturer's recommended safety precautions of all cleaners and disinfectants. Employees assigned to perform sanitation and disinfection are expected to use cleaners and disinfectants in a safe manner, follow label directions, and wear proper personal protective equipment. Family Service Association will maintain Safety Data Sheets on all disinfectants used at each location.

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

- If it has been less than 7 days since the associate has been in the workplace, Family Service Association will temporarily close the area where the associate worked until cleaning is completed. We will wait 24 hours or as long as practical before conducting deep cleaning of an area where the associate worked and may have been (breakrooms, restrooms, travel areas) with EPA approved cleaning agents. Family Service Association will ensure cleaning personnel are equipped with appropriate personal protective equipment (PPE).
- If it has been more than 7 days since the associate has been in the workplace, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection.

Shared Tools, Equipment and Personal Protective Equipment (PPE)

PPE must not be shared, e.g., gloves, goggles, and face shields.

Items which associates come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by the associate using the disinfectant provide to them by their supervisor before and after each use. Associates will receive training on how to clean and sanitize the shared resources.

Hand Sanitizing

In order to implement effective hand sanitizing procedures, we:

- Evaluated the existing handwashing facilities.
- Determined the need for additional facilities and hand sanitizing options.
- Encourage and allow adequate time for associate handwashing.
- Provide associates with effective hand sanitizer, and prohibit hand sanitizers which contain methanol (i.e. methyl alcohol). Hand sanitizer should contain a minimum of 60% ethanol or 70% isopropanol.
- Continually encourage associates to wash their hands for at least 20 seconds each time.

Personal protective equipment (PPE) used to control associates' exposure to COVID-19

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

G. Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form. Associates who had potential COVID-19 exposure in our workplace will be:

- Offered COVID-19 testing at no cost during their working hours.
- Associates will be tested through our local occupational health clinic.
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, will be provided to the associate by the Human Resources Department.

H. System for Communicating

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

- Associates should report COVID-19 symptoms and possible hazards to their supervisors immediately.
- They can report symptoms and hazards without fear of reprisal.
- Associates are also encouraged to submit suggestions or concerns through our safety suggestion process. These can be made anonymously.
- Our procedures or policies for accommodating associates with medical or other conditions which put them at increased risk of severe COVID-19 illness.
- Where testing is not required, associates can access Covid-19 testing through their health plan or local testing centers. *The purpose is to give associates the tools to get tested when they have symptoms to reduce the likelihood of bringing the virus to work. This type of voluntary testing does not have to be provided by the employer.*
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected associates of the reason for the testing and the possible consequences of a positive test.
- Information about COVID-19 hazards associates (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.
- Potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case, to the following:
 - All associates who may have had COVID-19 exposure and their authorized representatives.
 - Independent contractors and other employers present at the workplace during the high-risk exposure period.
 - Including information about COVID-19 hazards and the policies and procedures to associates and to other employers, persons, and entities within or in contact with the employer's workplace.
- Cleaning and disinfection protocols, including the planned frequency and scope of regular cleaning and disinfection.
- Placing posters which encourage associates to stay home when sick, use face coverings, practice physical distancing, not to touch their face, cough and sneeze etiquette, and hand hygiene at the entrance to the workplace and in other areas where they are likely to be seen.

I. Training and Instruction

We will provide effective training and instruction to include:

- Our COVID-19 policies and procedures to protect associates from COVID-19 hazards.
- Information regarding COVID-19-related benefits to which the associate may be entitled from Family Service Association or under applicable federal, state, or local laws.
- Information such as:
 - COVID-19 is an infectious disease which can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
- Facts about the particles containing the virus which can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.

- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when associates do not have immediate access to a sink or hand washing facility, and the information that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the knowledge that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test when required and not coming to work if the associate has COVID-19 symptoms.

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

J. Exclusion of COVID-19 Cases

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

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding associates with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure to a COVID-19 case.
- Providing associates at the time of exclusion with information on available benefits.
- Continuing and maintaining an associate's earnings, seniority, and all other associate rights and benefits whenever we've demonstrated the COVID-19 exposure is work related. This will be accomplished by the following process:
 - All associates who believe they have been exposed to COVID-19, display symptoms of COVID-19, or who have taken a COVID-19 test and are pending results, and or those who have received a positive COVID-19 test result are required to report such information to their supervisor immediately.
 - Supervisors must complete an associate incident report pertaining to the situation.
 - The Human Resources Department will track lost time. Associates are notified in writing of their rights to benefits including the new CA supplemental COVID-19 sick pay (up to 80 hours) and informed that all employer sponsored benefits will continue.

K. Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases at our workplaces to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 Section 330(h), of an associate occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 Section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to associates, authorized associate representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form or similar form to keep a record of and track all COVID-19 cases. The information will be made available to associates, authorized associate representatives, or as otherwise required by law, with personal identifying information removed.

L. Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100°F/37.8°C or higher has resolved without the use of fever-reducing medications.
 - COVID-19 symptoms have improved.
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an associate to return to work.
- If an order to isolate or quarantine an associate is issued by a local or state health official, the associate will not return to work until the period of isolation or quarantine is completed or the order is lifted. If no

period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.

M. Program Evaluation

Family Service Association:

- Conducts daily workplace inspections to ensure COVID-19 Prevention Program procedures are followed.
- Takes corrective action to correct any deficiencies discovered.
- Documents corrective actions.
- Ensures CDC, state and local health department, and other applicable authorities' guidelines are incorporated into the COVID-19 Prevention Program and followed.

N. Multiple COVID-19 Infections and COVID-19 Outbreaks

This section will be implemented in any of our workplaces which are identified by a local health department as a location of a COVID-19 outbreak, or when there are three or more COVID-19 cases at the site within a 14-day period. (See Cal/OSHA Section 3205.1)

These policies and procedures will stay in effect until there are no new COVID-19 cases detected at the workplace for a 14-day period.

COVID-19 Testing

- We will provide COVID-19 testing to all associates in our exposed workplace except for associates who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to associates during associates' working hours.
- COVID-19 testing consists of the following:
 - All associates in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of associates with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
 - After the first two COVID-19 tests, we will continue to provide COVID-19 testing of associates who remain at the workplace at least once per week, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
 - We will provide additional testing when deemed necessary by Cal/OSHA.

Exclusion of COVID-19 Cases

We will ensure COVID-19 cases and associates who had COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria** requirements, and local health officer orders if applicable.

Investigation of Workplace COVID-19 Illness

We will immediately investigate and determine possible workplace related factors which contributed to the COVID-19 outbreak in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 Investigation, Review and Hazard Correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review will be documented and include:

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices, and ensuring associates are encouraged to remain home when sick.
 - Our COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.

- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review.
We will consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing as much as possible.
 - Respiratory protection.
 - Physical barriers.
 - Changes in cleaning and disinfecting protocols.

Notifications to the local health department

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department:
 - The total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status.
 - North American Industry Classification System code of the workplace of the COVID-19 case.
 - Any other information requested by the local health department.
- We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

O. Major COVID-19 Outbreaks

This section will be implemented in any of our workplaces which experience 20 or more COVID-19 cases within a 30-day period. (See Cal/OSHA Section 3205.2)

These policies and procedures will stay in effect until there are no new COVID-19 cases detected in the workplace for a 14-day period.

COVID-19 Testing

We will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all associates present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to associates during associates' working hours.

Exclusion of COVID-19 Cases

We will ensure COVID-19 cases and associates with COVID-19 exposure are excluded from the workplace in accordance with our CPP **Exclusion of COVID-19 Cases** and **Return to Work Criteria**, and any relevant local health department orders.

Investigation of Workplace COVID-19 Illnesses

We will comply with the requirements of our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 Hazard Correction

In addition to the requirements of our CPP **Correction of COVID-19 Hazards**, we will take the following actions:

- In buildings or structures with mechanical ventilation, we will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems would reduce the risk of transmission and implement their use to the degree feasible.
- We will determine the need for a respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
- We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.

Notifications to the Local Health Department

We will comply with the requirements of our **Multiple COVID-19 Infections** and **COVID-19 Outbreaks Notifications to the Local Health Department**.

Appendix B: COVID-19 Inspections

Associate conducting the inspection:			Date:
Additional attendee(s):			
Workplace inspected:			
	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
Signage encouraging associates to following COVID-19 prevention protocols			
PPE (not shared, available and being worn)			
Face coverings (cleaned/replaced sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection (as required)			

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner which ensures the confidentiality of associates, with the exception of unredacted information on COVID-19 cases which will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All associates' medical records will also be kept confidential and not disclosed or reported without the associate's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Workplace investigated:		Date:	
Associate(s) conducting the investigation:			
Associate (or non-associate*) name:		Occupation (if non-associate, why they were in the workplace):	
Location where associate worked (or non-associate was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	

Results of the evaluation of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:

All associates who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of associates that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals who were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	

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

Appendix D: COVID-19 Training Roster and Acknowledgment

SAFETY MEETING RECORD		
Date of meeting:		Name of person conducting meeting:
		Guest speaker if applicable:
Attendees: Print Name	Signature	Title or Department
Topics discussed and materials utilized:		
Action items to be taken (including names of persons responsible):		