

Construction Industry COVID-19 Prevention Program (CPP)



COVID-19 Prevention Program (CPP)

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It is the policy of the company to provide a safe and healthy work environment for all employees and to abide by all federal, state, and local regulations as they pertain to our operations. Safety is part of each employee's job. Active participation and adherence to this Construction COVID-19 Prevention Program (program) is a condition of each employee's employment. No employee is required to work at a job that he or she knows is unsafe. Therefore, we must work to make every workplace safe by detecting and correcting unsafe working conditions, as well as the detection of unsafe work practices.

Our policy is that safety has equal importance with the company's policies of providing the best quality and most productive service in our industry. The individual with responsibility and authority to implement this program is our Safety Director.

The purpose of this plan is to outline an effective response to a potential exposure event, and to promote preventative workplace habits in order to mitigate transmission of the virus between employees, contractors, etc. This program shall provide direction to implement safety requirements of the company and achieve compliance with the revision of the [Cal/OSHA COVID-19 Prevention Program Emergency Temporary Standards](#) adopted by the California Occupational Safety and Health Standards Board the Centers for Disease Control and Prevention (CDC) and other federal, state and local recommendations for COVID-19 response and prevention.

Authority and Responsibility

The Safety Director has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

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

Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** Form or other inspection forms such as the *Jobsite Safety Audit*.
- Document the vaccination status of our employees by using **Appendix E: Documentation of Employee COVID-19 Vaccination Status**, which is maintained as a confidential medical record.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/ OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for

different or additional controls.

- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections** form and/or the Jobsite Safety Audit as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards. It is the policy of the company that all employees report all workplace hazards to their immediate supervisor. All supervisory personnel shall consider safety of the highest importance when planning work. Conditions that have the potential to cause harm shall be evaluated for seriousness of injury or illness possible as well as likelihood of occurrence.

Correcting Unsafe or Unhealthy Conditions, Work Practices or Procedures

When observed or discovered, and in a timely manner based on the severity of the hazard, the highest jobsite authority has the responsibility to initiate corrective actions necessary. Documentation of the hazard and corrective action must be kept on the Jobsite Safety Audit.

When an immediate hazard exists and cannot be immediately abated without endangering employees or property, any employee may remove all employees from the area except those needed to correct the situation. Employees necessary to correct the situation shall be provided all the necessary safeguards. All such actions taken and dates they were completed shall be documented on the Jobsite Safety Audit.

Employee screening

We screen our employees and respond to those with COVID-19 symptoms by either:

- direct screening employees when they come to work, or
- having them self- screen according to CDPH guidelines and/or CDC

Direct Screening Protocols

To protect personnel seeking access to the workplace, all will need to undergo temperature screening each day before being allowed to report to work. Screening will seek to discover signs of possible COVID-19 infection by way of "fever" as defined by a temperature greater than 100° F [37.8° C]. The CSO or their designee shall conduct temperature screening of all employees prohibiting employees with a temperature of 100 degrees or more from entering the workplace.

- Screener must avoid close contact with others to the extent possible.
- ~~When indoors, e~~ Ensure that face coverings are used during screening by both screeners and employees ~~who are not fully vaccinated~~
- The screening process includes quickly having your temperature taken by an IR(Infrared) non-contact thermometer. If an employee temperature is below 100° F [37.8° C] they will be cleared for access to the site. Temperature screening is "Pass or Fail" and no temperature(s) resulting in a designation of "no fever" will be recorder or documented. Only in the event of a positive "fever" reading will that be documented as the reason for the denial to work.

Exception: Symptom screening (prohibiting employees from entering if they have a cough, shortness of breath or trouble breathing or at least two of the following: fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell) may be used only when a thermometer is not available.

Temperature Screening Protocol

Temperature screening will take place at designated staff entrances that will be site specific. Those awaiting the temperature screening must continue to practice social distancing measures which maintains a distance of 6 feet from all other personnel. Screener will be donning necessary PPE to protect themselves, as well as the personnel they are screening. PPE shall include but is not limited to the following:

- Facial Covering that covers both the nose and mouth
- Gloves
- Eye protection

Personnel who screen positive for “fever” (having a temperature of 100.4° F [37.8° C] or greater) will be checked a second time after a 5-minute grace period in a separate designated isolation area in order to eliminate the possibility of a false positive. The digital IR no-touch thermometer will have a margin of error of +/- 0.1° in both Fahrenheit and Celsius.

- If both 1st and 2nd temperature readings record a temperature of 100° F [37.8° C] or greater the employee will be sent home while the Exposure Control Plan will begin to be implemented. The employee is also responsible for reporting their status to their managers or lead. Employee is also responsible to report positive screening to their own HR department.
- Employees who have symptoms of illness must stay home and not come to work until 10 days have passed since the onset of symptoms, and they are free of fever (defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).
- Employees who, in the last 14 days, have had close contact with a COVID-19 patient or who have traveled to an area with an outbreak or sustained transmission must stay home and not come to work for 10 days since the last exposure and they are fever free for 24 hours without medication.
- Employees should notify their supervisor and stay home if they are sick.
- Do not require a healthcare provider’s note for employees who are sick with illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

Correction of COVID-19 Hazards

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

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

Control of COVID-19 Hazards

Face Coverings

“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 Begin underline. (i.e., fabrics that do not let light pass through when held up to a light source) 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 End underline. . Begin underline. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering ~~has no visible holes or openings and must cover the nose and mouth~~ is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker’s mouth or facial expressions to understand speech or sign language respectively.

We provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH). All ~~unvaccinated~~ employees shall have possession of a face covering and shall wear the face covering whenever they are at work.

Proper use of face covering includes:

- Face coverings can help protect people near the wearer, but do not replace the need for frequent handwashing
- Employees should wash or sanitize hands before and after using or adjusting face coverings
- Avoid touching eyes, nose, and mouth
- Face coverings should be washed after each shift
- Face covering must be worn over the nose and mouth
- Face coverings must be kept clean and undamaged
- Face shields are not a replacement for face coverings, although they may be worn together for additional protection

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

- When an employee is alone in a room or a vehicle.

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

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

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

Supervisors shall implement measures to communicate to non-employees the face coverings requirements on their project or premises.

The supervisor shall develop COVID-19 policies and procedures to minimize employee exposure to COVID-19 hazards originating from any person not wearing a face covering, including a member of the public

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

Engineering controls

For indoor locations, using Appendix B, we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system. We must consider:

- Circumstances where the amount of outside air needs to be minimized due to other hazards, such as heat, wildfire smoke, or when the EPA Air Quality Index is greater than 100 for any pollutant.
- Applicable orders and guidance from the State of California and our local health department related to COVID-19 hazards and prevention, including CDPH's Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.

Cleaning and disinfecting

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

- Ensuring adequate supplies and adequate time for it to be done properly.
- Informing the employees and authorized employee representatives of the frequency and scope of cleaning and disinfection.

Sanitation After Suspected Exposure Event

In the event of a COVID-19 case in the work environment, the following environmental disinfection protocols shall be followed. Employees performing clean up procedures shall either be contracted specialists, or properly trained employees.

Cleaning crews shall wear:

- Disposable nitrile gloves, or reusable rubber gloves
- Eye protection
- Disposable or elastomeric N95 respirators
- Gowns or Tyvek clothing

Exposure Event Clean-up Procedures are as follows:

- Open outside doors and windows to increase air circulation in the area.
- Clean and disinfect all areas used by the person who is sick, such as tools, vehicles, controls, offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, and remote controls.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile's label.
- Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.

Hand sanitizing

To implement effective hand sanitizing procedures, we:

- Evaluate existing handwashing facilities.
- Determining the need for additional facilities.
- Encouraging and allowing time for employee handwashing.
- Providing employees with an effective hand sanitizer
- Encourage employees to wash their hands for at least 20 seconds each time.

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

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by section 3380, and provide and ensure use of such PPE as needed.

Respirator Use by Unvaccinated Employees

Upon request, we provide respirators for voluntary use to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person in accordance with Cal/OSHA Title 8

§5144 and encourage employees to use respirators.

Respirators shall be NIOSH-approved N95 filtering facepiece respirators. Respirators shall be cleaned, stored, maintained, and replaced so that they do not present a health hazard to users.

If an employee chooses to use a respirator voluntarily, the employee and their supervisor must complete the "Request for Voluntary Respirator Usage and Advisory Form" in Appendix D of this program.

The following precautions shall be taken:

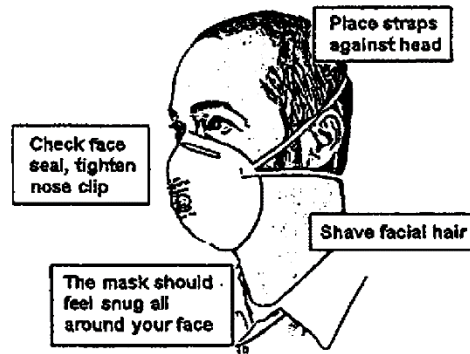
1. The Company shall select respirators certified for protection against the specific air contaminants at the workplace. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Center for Disease Control and Prevention certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will list what the respirator is designed for (particulates, for example). Surgical masks or items worn over the nose and mouth such as scarves, T-shirts, and bandannas will not provide protection against wildfire smoke. An N95 filtering facepiece respirator, shown in the image below, is the minimum level of protection for wildfire smoke.
2. Read and follow the manufacturer's instructions on the respirator's use, maintenance, cleaning and care, along with any warnings regarding the respirator's limitations. The manufacturer's instructions for medical evaluations, fit testing, and shaving should also be followed, although doing so is not required by Title 8 §5141.1 for voluntary use of filtering facepiece respirators.
3. Do not wear respirators in areas where the air contains contaminants for which the respirator is not designed. A respirator designed to filter particles will not protect employees against gases or vapors, and it will not supply oxygen.
4. Employees should keep track of their respirator so that they do not mistakenly use someone else's respirator.
5. Employees who have a heart or lung problem should ask their doctor before using a respirator.
6. Employees who choose to voluntarily use a respirator should understand how to properly put on, use, and maintain the respirators provided by the company (refer to the following section).

How to Properly Put On, Use, and Maintain the Respirators Provided by the Company

To get the most protection from a respirator, there must be a tight seal around the face. A respirator will provide much less protection if facial hair interferes with the seal. Loose-fitting powered air purifying respirators may be worn by people with facial hair since they do not have seals that are affected by facial hair.

The proper way to put on a respirator depends on the type and model of the respirator. For those who use an N95 or other filtering facepiece respirator mask that is made of filter material:

1. Place the mask over the nose and under the chin, with one strap placed below the ears and one strap above.
2. Pinch the metal part (if there is one) of the respirator over the top of the nose so it fits securely.



Drawing Showing Proper Fitting of a Filtering Facepiece Respirator (shaving is not required for voluntary respirator use)

For a respirator that relies on a tight seal to the face, check how well it seals to the face by following the manufacturer's instructions for user seal checks. Adjust the respirator if air leaks between the seal and the face. The more air leaks under the seal, the less protection the user receives.

Respirator filters should be replaced if they get damaged, deformed, dirty, or difficult to breathe through. Filtering facepiece respirators are disposable respirators that cannot be cleaned or disinfected. A best practice is to replace filtering facepiece respirators at the beginning of each shift.

If you have symptoms such as difficulty breathing, dizziness, or nausea, go to an area with cleaner air, take off the respirator, and get medical help.

Testing of symptomatic employees

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

Investigating and Responding to COVID-19 Cases

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

We also ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, ~~excluding:~~
 - ~~Employees who were fully vaccinated before the close contact and do not have symptoms.~~
 - ~~COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.~~
- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to employees.
- Written notice within 1 day of your knowledge of a COVID-19 case that people at the worksite

may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers at the worksite during the high-risk exposure period. These notifications must meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.

In order to conduct a proper investigation, the investigator(s) will collect and verify the information by interviewing the individual(s) reporting the exposure, that is, they must speak directly to the person who is reporting a confirmed case.

The investigation is to be limited only to the person who has self-disclosed information that indicates such person is a “potentially infected person.” The Investigation team needs to decide on remedial measures to be taken in the workplace or the jobsite, including partial or total temporary suspension of the workplace or project. Remember the following:

- Remain calm and objective.
- Limit the potentially infected employee’s contact with other individuals while information is being gathered.
- Focus on obtaining facts, make only factual statements.

If a potential exposure incident occurs while the employee is in a work setting or while working, the following steps should be taken:

- Employees shall notify their supervisor (as applicable) as soon as possible following a potential exposure incident.
- The supervisor shall immediately notify the Safety Manager and/or Human Resources Manager and members of the company’s management team in accordance with the incident response procedure.
- In the event of a Confirmed or Symptomatic / Presumed COVID-19 case in the work environment refer to the Sanitation Section for further information regarding cleaning.

Identify Worker Cases & Close Contacts to Control Further Spread in the Workplace

The employer shall take the following actions when there has been a COVID-19 case at the place of employment:

- Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
- Determine who may have had a COVID-19 exposure. This requires an evaluation of the activities 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. Note: See Exclusion Requirements for employees with COVID-19 exposure.
- Give notice of the 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 employees 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.

- Offer COVID-19 testing at no cost to employees during their working hours to all employees who had potential COVID-19 exposure in the workplace and provide them with the information on benefits as required.
- Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.
- Interview workers with laboratory-confirmed COVID-19 by phone to determine when their symptoms began, the shifts they worked during their infectious period, and to identify other workers with whom they had close contact during their infectious period.
- Use employment records to verify shifts worked during the infectious period and other workers who may have worked closely with them during that time period.
- While at home, close contacts should self-monitor daily for COVID-19 symptoms (e.g., subjective or measured fever (>100.4°F or 38°C), chills, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea).
- Consider whether to temporarily suspend operations due to COVID-19 infection in the workplace.
- Businesses may elect to voluntarily suspend operations when a case of COVID-19, exposure to COVID-19, or an outbreak has occurred in the workplace. This would allow investigation of the exposure and thorough cleaning and disinfection. Businesses may elect to do this if the exposure is in a worker, customer, or visitor of the workplace. To understand more about if this decision is right, contact your local health department (LHD) for guidance.
- The LHD in the jurisdiction where the workplace is located has the authority to close business operations while an exposure is being investigated or an outbreak is being managed. Cal/OSHA also has authority to prohibit use and access of affected areas of a workplace if it identifies an imminent hazard to workers.
- Criteria for deciding for closure may include the size of the workforce, the number or percentage of the workforce impacted, the vulnerability of consumers who visit the business to severe COVID-19 infection, or many other local factors, including the epidemiology of disease spread in the community at large.
- LHDs may vary in their specific requirements for workplace outbreak investigations, reporting, and suspension of operations.

Privacy Protection for COVID-19 Case(s)

Personal identifying information of COVID-19 cases or persons with COVID-19 symptoms shall be kept confidential. All COVID-19 testing or related medical services provided by the company shall be provided in a manner that ensures the confidentiality of employees. The company shall ensure that all employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace.

EXCEPTION 1: Unredacted medical records shall be provided to the local health department, CDPH, the Division, NIOSH, or as otherwise required by law immediately upon request.

EXCEPTION 2: This provision does not apply to records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Notify and Provide Instruction to Workers

- Employers must maintain confidentiality of workers with suspected or confirmed COVID-19 infection when communicating with other workers.
- Employers should notify all workers who were potentially exposed to the individuals with COVID-19. Employers should provide any healthcare consultations needed to advise workers regarding their exposure, which may be especially important for those with high-risk medical conditions (e.g., immune compromise or pregnancy).
- Close contacts of cases should be given instructions on home quarantine, symptom monitoring, and COVID-19 testing.
- Provide any workers who are sent home before or during a shift with information about what to expect after they are sent home (e.g., instructions about testing, sick leave rights under federal, state, and local laws and company policies, return-to-work requirements, etc.).
- In some outbreaks, but not all, workers who were never symptomatic and did not have close contact with any of the laboratory confirmed cases may continue to work, as long as the employer has implemented all control measures as recommended by public health authorities, Cal/OSHA, or other regulatory bodies. The LHD may make this determination based on strategies being used to control the outbreak and identify new cases.

Incident Reporting

A potential exposure incident must be immediately reported. Each essential business and reopened business shall take all the following actions if an employer becomes aware that an employee is diagnosed with COVID-19:

- Promptly notify the Local Health Department (LHD) that there is an employee diagnosed with COVID-19, together with the name, date of birth, and contact information of the employee.
- Cooperate with the County Department of Public Health's COVID-19 response team to identify and provide contact information for any persons exposed by the employee at the workplace.
- County Department of Public Health and Cal/OSHA require employers to report cases of COVID-19 to the LHD in the jurisdiction in which they are located and the LHD where the infected workers reside. Employers must use the reporting threshold of three or more laboratory-confirmed cases of COVID-19 among workers who live in different households within a two-week period to notify the LHDs.
- Employers should be proactive and keep in mind that identification of even a single positive case among workers may quickly develop into a large outbreak. As outbreak circumstances and work practices vary, employers may need assistance from their LHD to plan and coordinate a response that meets the needs of the workplace.
- Communicate with the LHD on how frequently the LHD expects updates from the employer on newly identified cases and symptomatic workers in the workplace.
- Determine how this information will be shared (e.g., telephone, fax directed to a specified person, secure e-mail).

Reporting Worker Cases to Cal/OSHA

Any serious injury, illness, or death occurring in any place of employment or in connection with any employment must be reported by the employer to the local Cal/OSHA district office immediately but not longer than 8 hours after the employer knows. For COVID-19, this includes inpatient hospitalizations and deaths among workers.

Employers must report serious injury, illness, and death, including hospitalization and death from COVID-19, even if work-relatedness is uncertain.

Cal/OSHA prefers calls by phone but will also accept email reports (caloshaaccidentreport@tel-us.com). Details on reporting www.dir.ca.gov/dosh/coronavirus/Reporting-Requirements-COVID-19.html contact information for district offices www.dir.ca.gov/dosh/districtoffices.htm and the Title 8 section 342 requirement www.dir.ca.gov/title8/342.html are available online.

System for Communicating

See Training and Instruction Section for further information on requirements regarding communication. In accordance with the Cal/OSHA regulations, the company will ensure the following is communicated to employees and authorized employee representatives (if applicable and requested):

- They must report to the company, without fear of reprisal, COVID-19 symptoms, possible COVID-19 exposures, and possible COVID-19 hazards at the workplace.
- Our procedures or policies for accommodating employees with medical or other conditions that put them at increased risk of severe COVID-19 illness.
- Information about access to COVID-19 testing (if required), the reason for the testing and the possible consequences of a positive test.
- 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 employees 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 employees 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.
- Place posters that encourage employee(s) stay home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.

Training and Instruction

We provide effective employee training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.

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

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

“Close contact” 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 by this section. This definition applies regardless of the use of face coverings.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk exposure period.

“COVID-19 case” means a person who:

- Has a positive “COVID-19 test” as defined in this section; or
- Has a positive COVID-19 diagnosis from a licensed health care provider

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

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met (see below).
- Excluding employees that had a close contact from the workplace until our return-to-work criteria have been met, unless one of the exceptions applies with the following exceptions:
 - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms do not need to be excluded if they wear a face covering and maintain six feet of distance from others at the workplace for 14 days following the last date of close contact. “Fully vaccinated” means the employer has documented that the person received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine.
 - COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms, do not need to be excluded from the workplace, for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test. This exception only applies if these employees wear a face covering and maintain six feet of distance from others while at the workplace for 14 days following the last date of close contact.
 - COVID-19 cases who returned to work pursuant to subsection (c)(10)(B) who never developed COVID-19 symptoms do not need to be excluded from the workplace for 90 days after the first positive test. This exception only applies if these employees wear a face covering and maintain six feet of distance from others while at the workplace for 14 days following the last date of close contact.
- If we do not exclude an employee who had a close contact as permitted by exceptions above, we shall provide the employee with information about any applicable precautions recommended by CDPH for persons with close contact.
- For employees excluded from work, continuing, and maintaining employees’ earnings, wages, seniority, and all other employees’ rights and benefits unless the employee receives disability benefits, workers’ compensation benefits and received temporary disability benefits or where it can be determined that the close contact is not work related.
- Providing employees at the time of exclusion with information on available benefits.

Return-to-Work Criteria

- **COVID-19 cases with symptoms** will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 °F. or higher has resolved without the use of fever-reducing medications, and
 - COVID-19 symptoms have improved, and
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- **COVID-19 cases who tested positive but never developed symptoms** will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” (above) have been met.

- Persons who had a close contact may return to work as follows:
 - Close contact but never developed symptoms: when ~~14~~ 10 days have passed since the last known close contact and the person wears a face covering and maintains six feet of distance from others while at the workplace for 14 days following the last date of close contact.
 - Seven days have passed since the last known close contact; the person tested negative for COVID-19 using a COVID-19 test with the specimen taken at least five days after the last known close contact; and the person wears a face covering and maintains six feet of distance from others while at the workplace for 14 days following the last date of close contact.
 - Close contact with symptoms: when the “cases with symptoms” criteria (above) have been met, ~~unless the following are true:~~
 - ~~The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and~~
 - ~~At least 10 days have passed since the last known close contact, and~~
 - ~~The person has been symptom-free for at least 24 hours, without using fever-reducing medications.~~
- If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases.

Multiple COVID-19 Infections and COVID-19 Outbreaks

This section is applicable if three or more employee COVID-19 cases within an exposed group visited the workplace during their high-risk exposure period at any time during a 14-day period. Reference section [3205.1](#) for details.

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

COVID-19 testing

We provide COVID-19 testing at no cost to all employees, during paid time, in our exposed group except for:

- Employees who were not present during the relevant 14-day period.
- ~~Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.~~
- COVID-19 cases who did not develop symptoms after returning to work pursuant to our return-to-work criteria, no testing is required for 90 days after the initial onset of symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.

COVID-19 testing consists of the following:

- All employees in our exposed group are immediately tested and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by, the local health department.
- After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
- We provide additional testing when deemed necessary by Cal/OSHA.

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

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

COVID-19 investigation, review, and hazard correction

We immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.

The investigation and review is documented and includes:

Investigation of new or unabated COVID-19 hazards including:

- Our leave policies and practices and whether employees are discouraged from remaining homewhen sick.
- Our COVID-19 testing policies.
- Insufficient outdoor air.
- Insufficient air filtration.
- Lack of physical distancing.

Updating the review:

- Every thirty days that the outbreak continues.
- In response to new information or to new or previously unrecognized COVID-19 hazards.
- When otherwise necessary.

Implementing changes to reduce the transmission of COVID-19 based on the investigation and review.

We consider:

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

Buildings or structures with mechanical ventilation

We will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

Major COVID-19 Outbreaks

This section is applicable if 20 or more employee COVID-19 cases in an exposed group visit your workplace during the high-risk exposure period within a 30-day period. Reference section [3205.2](#) for details.

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

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

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

- Provide employees in the exposed group with respirators for voluntary use in compliance with section 5144(c)(2) and Appendix D and determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
- Separate by six feet (except where we can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by us and used in compliance with section 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible.
- Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.

COVID-19 Prevention in Employer-Provided Housing

This is applicable when workers in employer-provided housing.

Assignment of housing units

We, to the extent feasible, reduce employee exposure to COVID-19 by assigning employee residents to distinct groups and ensure that each group remains separate from other such groups during transportation and work. Shared housing unit assignments are prioritized in the following order:

- Residents who usually maintain a household together outside of work, such as family members, will be housed in the same housing unit without other persons.
- Residents who work in the same crew or work together at the same workplace will be housed in the same housing unit without other persons.
- Employees who do not usually maintain a common household, work crew, or workplace will be housed in the same housing unit only when no other housing alternatives are feasible.

Ventilation

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

Face coverings

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

Cleaning and disinfection

We ensure that:

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

Screening

We encourage residents to report COVID-19 symptoms to their supervisor or the Safety Director.

COVID-19 testing

We establish, implement, maintain and communicate to residents' effective policies and procedures for COVID-19 testing of residents who had a close contact ~~or COVID-19 symptoms~~ in accordance with this program.

COVID-19 cases and close contacts

We:

- Effectively quarantine residents who have had a close contact from all other residents. Effective quarantine includes providing residents who had a close contact with a private bathroom and sleeping area, with the following exceptions:
 - Fully vaccinated residents who do not have symptoms.
 - COVID-19 cases who have met our return-to-work criteria and have remained asymptomatic, for 90 days after the initial onset of symptoms, or COVID-19 cases who never developed symptoms, for 90 days after the first positive test.
- Effectively isolate COVID-19 cases from all residents who are not COVID-19 cases. Effective isolation includes housing COVID-19 cases only with other COVID-19 cases and providing COVID-19 case residents with a sleeping area and bathroom that is not shared by non-COVID-19-case residents.
- Keep confidential any personal identifying information regarding COVID-19 cases and persons with COVID-19 symptoms, in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.
- End isolation in accordance with our CPP **Exclusion of COVID-19 Cases and Return to Work Criteria**, and any applicable local or state health officer orders.

COVID-19 Prevention in Employer-Provided Transportation

This applies when employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores and facilities, arranged for, or secured by an the company, regardless of the travel distance or duration involved. Reference section [3205.4](#) for details.

This section does not apply:

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

Assignment of transportation

To the extent feasible, we reduce exposure to COVID-19 hazards by assigning employees sharing vehicles to distinct groups and ensuring that each group remains separate from other such groups during transportation, during work activities, and in employer-provided housing. We prioritize shared transportation assignments in the following order:

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

Face coverings and respirators

We ensure that the:

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

Screening

We develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation in accordance with the applicable section of this program.

Cleaning and disinfecting

We ensure that:

COVID-19 Prevention Program

- All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned to prevent the spread of COVID-19 and are cleaned and disinfected if used by a COVID-19 case during the high-risk exposure period, when the surface will be used by another employee within 24 hours of the COVID-19 case.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned to prevent the spread of COVID-19 between different drivers and are disinfected after use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

Ventilation

We ensure that vehicle windows are kept open, and the ventilation system is set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

- The vehicle has functioning air conditioning in use and excessive outdoor heat would create a hazard to employees.
- The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.
- Protection is needed from weather conditions; such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

Hand hygiene

We provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.

Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, trainings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.

Person conducting the evaluation:

Date:

Name(s) of employee and authorized employee representative that participated:

| Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards | Places and times | Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers | Existing and/or additional COVID-19 prevention controls |
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Appendix B: COVID-19 Inspections

Date: _____ Name of person conducting the inspection: _____
 Work location evaluated: _____

| Exposure Controls | Status | Person Assigned to Correct | Date Corrected |
|---|--------|----------------------------|----------------|
| Engineering | | | |
| Ventilation* (amount of fresh air and filtration maximized) | | | |
| Additional room air filtration* | | | |
| [Add any additional controls your workplace is using] | | | |
| Administrative | | | |
| Surface cleaning and disinfection (frequently enough and adequate supplies) | | | |
| Hand washing facilities (adequate numbers and supplies) | | | |
| Disinfecting and handsanitizing solutions being used according to manufacturer instructions | | | |
| [Add any additional controls your workplace is using] | | | |
| PPE (not shared, available and being worn) | | | |
| Face coverings (cleaned sufficiently often) | | | |
| Gloves | | | |
| Face shields/goggles | | | |
| Respiratory protection | | | |
| [Add any additional controls your workplace is using] | | | |

*Identify and evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and local health departments related to COVID-19 hazards and prevention have been reviewed, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. We maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Un-redacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when requires by law.

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

Name of person conducting the investigation: [enter name]

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

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

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

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

Date investigation was initiated: [enter information]

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

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

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

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

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

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

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

[enter information]

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

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

| Names of employees that were notified: | Names of their authorized representatives: | Date |
|--|--|------|
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Independent contractors and other employers present at the workplace during the high-risk exposure period.

| Names of individuals that were notified: | Date |
|--|------|
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What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?

[enter information]

What could be done to reduce exposure to COVID-19?

[enter information]

Was local health department notified?

[enter information]

Date: [enter date]

Appendix D: Request for Voluntary Respirator Usage and Advisory Form

Respirators protect against airborne hazards when properly selected and used. In certain cases, respirator usage may be required by Cal/OSHA or the Company and is not considered voluntary (e.g. as required by pesticide label). If a respirator is required, the Company will provide further training and meet additional requirements including a medical examination.

Respirator use is encouraged even when exposures are below permissible exposure limits (PEL) because respirators can provide you an additional level of comfort and protection. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker.

If you are provided a respirator for voluntary use (or if you decide to bring in your own), you need to take certain precautions to be sure that the respirator itself does not present a hazard.

If you choose to use a respirator / dust mask, you should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirator’s limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH (the National Institute for Occupational Safety and Health of the U.S. Dept. of Health and Human Services) certifies respirators. A label or statement of certification should appear on the respirator or respirator’s packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which the respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else’s respirator.

By signing this form, I verify that I am using a respirator on a voluntary basis and understand the above information.

| | | |
|----------------------|------|---------------------------|
| Employee’s Signature | Date | Employee’s Name (printed) |
|----------------------|------|---------------------------|

| | | |
|------------------------|------|-----------------------------|
| Supervisor’s Signature | Date | Supervisor’s Name (printed) |
|------------------------|------|-----------------------------|

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

| Employee Name | Fully or Partially Vaccinated ¹ | Method of Documentation ² |
|---------------|--|--------------------------------------|
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¹Update, accordingly and maintain as confidential medical record

²Acceptable options include:

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