COVID 19 IIPP SUPPLEMENT IMPLEMENTATION GUIDE & CHECK LIST

*REVISED JUNE 30, 2021, FOLLOWING CHANGES BY THE CAL/OSHA STANDARDS BOARD*

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

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

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

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

* Remove all UCON and Littler logos & footnotes and replace them with your own.
* Identify the key parties responsible for each of the COVID-related tasks, communications, reporting, and similar and insert those names or positions where highlighted in the document.
* Review any content that may impact your current company policies and procedures to assure alignment.
* Determine if your organization has any special requirements, issues, or safety protocols that exceed or conflict with the policies and adapt, as necessary.
* [Watch a recording](https://we.tl/t-xOoQbEQdOe) of the UCON Implementation Training Webinar, held on Tuesday, December 8, 2020.
* Have the completed document available in electronic form for inspection by Cal-OSHA inspectors, authorized / union employee representatives, or owners and agencies as needed.
* Contact United Contractors with any questions.

[EMPLOYER'S NAME] COVID-19 PREVENTION PLAN

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

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

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

1. Scope

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

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

1. Purpose

California struggles with controlling COVID-19 cases from transmitting. The California Occupational Safety and Health Administration ("Cal/OSHA") requires employers and employees who potentially may be exposed to COVID-19 to comply with title 8 Cal. Code of Regs. § 3205 *et al*. Cal/OSHA's General Duty Clause, title 8 Cal. Code of Regs. § 3203 similarly obligates Employers to create and implement procedures to avoid exposures to COVID-19. The purpose of this Policy and training on this program is to communicate to managers and employees [Employer's Name] 's (the "Company") policies, procedures and practices to prevent COVID-19 exposures and to limit COVID-19 potential hazards in the workplace.

This Plan is consistent with the Company's Injury and Illness Prevention Program ("IIPP") and other safety policies. This program incorporates all COVID-19 related policies, trainings, reports, job hazard assessments, notification templates, and any other documents created by the company in response to any bill, local ordinance, statute, guidance or documents issued by the Center for Disease Control ("CDC"), federal agency, state agency, county agency, city agency or other governmental agency. Nothing in this document supersedes or nullifies the requirements in the Company's IIPP.

1. Definitions

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

**"Close Contact"** means 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."

**"COVID-19"** means coronavirus disease, an infection disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or referred to as the Virus).

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

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

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

(3) Is subject to COVID-19 related order to isolate issued by a local or state health official; or

(4) Has died due to COVID-19 in the determination of the local health department or per inclusion in the COVID-19 statistics of a county.

Once a doctor or licensed health care professional determines the person does not have COVID-19, then the person is no longer considered a COVID-19 case.

**"COVID-19 hazard"** means potentially infectious material that may contain the Virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons, which may aerosolize saliva or respiratory tract fluids, among other things. Surfaces or objects may also be contaminated with the Virus.

**"COVID-19 symptoms"** means a fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, the 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"** means a viral test that is:

(1) 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 Virus; and,

(2) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

**"Exposed workgroup"** means all employees at a work location, working area, or common area at work where an employee COVID-19 case was present at any time during the high-risk period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas with the following exceptions:

(1) A place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.

(2) If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance, a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.

(3) If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the high-risk exposure period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

**"Face covering"** means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or a single layer of fabric.

**"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. Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

**"High-risk exposure period"** means the following time period:

(1) For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared, 24 hours have passed with no fever without the use of fever-reducing medications; and symptoms have improved.

(2) For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

**"Respirator"** means a respiratory protection device approved by the National Institute for Occupational Safety and Health (NIOSH) to protect the wearer from particulate matter, such as an N95 filtering facepiece respirator.

**"Worksite"** means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the high-risk exposure period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter.

1. **COVID-19 Prevention Program.** 
   1. **Communication to Employees**
      1. Employees should immediately report to their [**supervisor/manager/human resources**] if they are experiencing any signs or symptoms of the Virus, or if they believe they have been exposed to someone with COVID-19. Employees should also similarly immediately inform their [**supervisor/manager/human resources**] if they believe they have possibly been exposed to any COVID-19 hazard in the workplace. A failure to report may be considered a safety violation, subject to the discretion of the company. The company will not retaliate or discriminate against any employee that reports any of the items above. The company has a strict non-retaliation and non-discrimination policy and will not tolerate anyone retaliating against, discriminating against, or harassing any employee for informing the company about any of the information in this paragraph.
      2. The company has an accommodation policy in its [Employee Handbook/Employee Policy], which outlines the procedures by which an employee with medical or other conditions may request an accommodation to perform the essential functions of their job during the pandemic. Please review this Policy and contact [enter name of person] for more information.
      3. If there is an event that requires the company to provide employees with testing (e.g., potential exposure or multiple COVID-19 cases at the workplace), the company will provide employees with access to testing through [Name of facility/truck/medical center/county testing location/etc.]. Affected employees will be informed as to why testing is being offered. All tests will be conducted during work hours, if possible. [Optional: Employees that work during the night shift/graveyard shift, may not be able to take tests during working hours. In those circumstances, employees will be paid for the time spent taking the test.] Affected employees are expected to inform their [supervisor/manager/Human Resources] that they will be going to take a test. Affected employees must document any/all times they leave to take the test and return from taking the test on [Form 4.] For non-exempt employees, the time spent waiting for a Company-mandated test will be considered working hours. While awaiting testing, affected employees are expected to comply with the company's meal and rest break and overtime policies, located in the company's [**Handbook/Employee Guide**]. Affected employees waiting for a Company-mandated test are required to immediately contact their [**supervisor/manager/human resources**] before missing any meal or rest break or before working overtime. [**Supervisor/Manager**] 's are to either authorize a premium meal period, rest period, or overtime or may ask the employee to leave the testing facility and return at a later time.
      4. The company will provide employees with notification in accordance with [AB 685/California Labor Code § 6409.6] and this Policy. Each employee that may have had COVID-19 exposure during a high-risk period will receive notification of the exposure. Personal identifying information of the COVID-19 positive case will not be provided to the employee or any other person unless specifically required by law or regulation. [Authorized representatives including [union representatives, attorneys, etc.] will also receive notice of the COVID-19 exposure in accordance with this Policy and AB 685/California Labor Code § 6409.6] The Company will also contact independent contractors or subcontractors that were at the workplace during the high-risk exposure period, who may have had COVID-19 exposure. See Appendix A.
   2. **Identification and Evaluation of COVID-19 hazards**
      1. The company welcomes employees [and union representatives] to identify COVID-19 hazards that may or may not have been identified by the company. In order to beat the Virus, we need to work together to identify potential hazards that may be undetected. This includes informing [supervisors/managers/human resources] of unidentified potential COVID-19 hazards that are new to the workplace or existing hazards that are created by those employees who fail to follow guidelines. The company encourages all employees to actively engage in COVID-19 hazard identification to prevent COVID-19 exposure in the workplace.
      2. Employees [and subcontractors/third parties/clients/guests] will be required to complete health screenings before entering the workplace. Health screenings include: [insert checklist/temperature screening/etc.]. See [Appendix D.] for more information on the company's health screening protocols. Any employee who falsifies information on their health screening certification will be disciplined, up to and including termination of employment.
         1. [Include information about who will be conducting the health screening and the process. If an employee is conducting health screening, then they need to be provided will full PPE, and this should be addressed in this section, including what PPE is provided (gloves, coveralls, respirator (including fit testing and medical testing), face coverings, or masks, etc.). Temperature checks must be conducted by no-contact thermometers.]
      3. Employees who test positive for COVID-19 or show any signs or symptoms of the Virus, or have had any exposure to COVID-19 will immediately be asked to isolate.
         1. Employees who test positive:
            1. Without symptoms, will not be permitted to return to work until 10 days have passed since the first positive test;
            2. With symptoms will not be permitted to return to work until 10 days have passed since the onset of symptoms, their symptoms have improved, and 24 hours have passed since their last fever without the use of fever-reducing medication.
         2. Employees who show signs or symptoms of the Virus will not be permitted to return to work until 10 days have passed since the onset of their signs or symptoms of the Virus first appeared their symptoms have improved, and 24 hours have passed since their last fever without the use of fever-reducing medication, or if cleared by a doctor prior to this period.
      4. The company will evaluate measures on how to maximize ventilation with outdoor air; whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system; and whether the use of portable or mounted High-Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission.
      5. The company will review the State and local department of public health orders relating to COVID-19 hazards and prevention.
      6. The company will evaluate existing COVID-19 prevention controls at the workplace and the need for additional controls.
      7. The company will assign [a designee(s)] to conduct periodic inspections to identify violations of policy or protocol, additional hazards, or any unknown unhealthy work practices relating to COVID-19 to identify deficiencies in its program.
   3. **Investigating COVID-19 cases**
      1. [Name of people/group/person] will be conducting two separate investigations into a COVID-19 positive case. The company will first identify the date and time the COVID-19 case was last present at the worksite, the date of the positive COVID-19 test or diagnosis (if possible), and/or the date of the onset of symptoms.
         1. The first investigation will include an inquiry into how the individual contracted COVID-19, including evaluating previous cases at the facility, exposure to other COVID-19 cases or COVID-19 hazards, and obtaining information from the employee about the source of the transmission of the Virus from locations, activities, and individuals outside the workplace, including but not limited to, outdoor gatherings, weekends, lunch breaks, etc. The first investigation will include contacting the COVID-19-positive employee and/or his or her family to determine COVID-19 case status, receiving information regarding test results, onset of symptoms, and any additional information to assist with recording COVID-19 cases.
         2. The second investigation includes a contact tracing analysis. Contact tracing includes identifying individuals who were in close contact (6 feet for a cumulative total of more than 15 minutes within any 24-hour period) with the COVID-19 case during the high-risk exposure period. The company will identify people with close contact by collecting the following information and documents including: [insert information: time clock data, schedules, lunch break/meal break data, video surveillance, interviews of COVID-19 case, etc.]. The company's evaluation will also include evaluating common areas and commonly used items (such as equipment and materials), or places people congregated or visited in the workplace (such as the bathroom, hallways, aisles, walkways, elevators, break areas, etc.) associated with the COVID-19 case during the infectious period. Once the information and data are assembled and analyzed, the company will create a list of close contacts and will notify those people of potential COVID-19 exposure. The company will also provide notification compliant with [AB 685/California Labor Code § 6409.6] to all individuals who were on the premises during the high-risk exposure period, even if less than for 15 minutes or beyond distances greater than 6 feet.
         3. As part of the contract tracing investigation, the company will also identify people who may have come in contact with a COVID-19 case but may not have had close contact. This list will be used to identify individuals who require notification under [AB 685/California Labor Code § 6409.6]. Employees, subcontractors, third parties, and union representatives will receive notification within 24 hours in accordance with [AB 685/California Labor Code § 6409.6]. Personal identifying information or the protected health information ("PHI") of COVID-19 cases will not be provided on this notification and will never be provided without proper consent or unless otherwise required by law. See Appendix A.
         4. The company will make testing available at no cost during paid time for those employees who were identified as having potential COVID-19 exposure through close contact except (1) employees who were fully vaccinated before the close contact and do not have COVID-19 symptoms; and (2) COVID-19 cases who returned to work pursuant to 8 Cal. Code Regs. § 3205(c)(10)(A) or (B) and have remained free of COVID-19 symptoms for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed symptoms, for 90 days after the first positive test. Records for these tests will be kept in accordance with title 8 Cal. Code Regs. § 3204.
   4. **Correction of Hazards**
      1. The company will conduct a review of its policies and procedures after each COVID-19 exposure incident to determine if there were any additional measures that could have been taken to reduce exposure to COVID-19. The company will review its investigation and inspection records to determine if any other correcting hazards could have taken place to reduce the risk of COVID-19 exposure.
   5. **Training**
      1. The company will provide training and/or information to all employees, including on the following subjects:
         1. Employees will be trained on the policies and procedures outlined in this COVID-19 Prevention Plan and how to participate in the identification and evaluation of COVID-19 hazards
         2. Employees will be provided with information on types of benefits to which the employee may be entitled under applicable federal, state, or local laws and how an employee can obtain information regarding whether they are entitled to those benefits or how to request those benefits. Some benefits that an employee may be entitled to include the following: [workers compensation, COVID-19 leave pursuant to the Families First Coronavirus Response Act, Supplemental COVID-19 leave as required under state or local law, Paid Sick Leave, Family Medical Leave Act, California Family First Rights Act, contract, Short term disability, etc.]
         3. Employees will be provided training on COVID-19, including how the Virus can be spread (such as through the air when a person talks, vocalizes, sneezes, coughs, or exhales), how the Virus can be transmitted (such as on contaminated objects when the person then touches their eyes, nose or mouth), and that a person can be asymptomatic with the Virus. Employees will also be instructed that in some situations, virus particles can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 but are most effective when used in combination.
         4. Employees will be trained on the company's policies for providing respirators and the right of employees who are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation and at no cost to employees. Whenever respirators are provided for voluntary use, employees will be trained on (1) how to properly wear the respirator provided; and (2) how to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair interferes with a seal.
         5. The importance of frequent handwashing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or handwashing facility, and that hand sanitizer does not work if the hands are soiled.
         6. Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. N95's and more protective respirators protect the users from airborne disease while face coverings primarily protect people around the user.
         7. . COVID-19 symptoms and the importance of not coming to work and obtaining a COVID-19 test if the employee has COVID-19 symptoms.
         8. Information on the employer's COVID-19 policies; how to access COVID-19 testing and vaccination; and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.

(ix) Conditions under which face coverings must be worn at the workplace, and that face coverings are additionally recommended outdoors if people are not fully vaccinated if six feet of distance between people cannot be maintained.

(x) Employees can request face coverings from the employer at no cost to the employee and can wear them at work, regardless of vaccination status, without fear of retaliation.

* 1. **Face Covering Policy**
     1. The company will provide face coverings for all employees.[[1]](#footnote-1) The company will also ensure that anyone who enters the facility, employee, third party, customer, client, vendor, or otherwise is wearing a face covering in accordance with state or local guidance. These face coverings are not considered personal protective equipment ("PPE") or a substitute for physical distancing, personal hygiene, and additional cleaning and disinfecting protocols discussed in this document.

(i) Face coverings are not required outdoors (except during outbreaks), regardless of vaccination status, though workers must be trained on California Department of Public Health (CDPH) recommendations for outdoor use of face coverings.

(ii) Employers may allow fully vaccinated employees to not wear face coverings indoors, but must document that they are fully vaccinated prior to doing so. In some settings, CDPH requires face coverings regardless of vaccination status, such as during outbreaks.

(iii) Employers must provide unvaccinated employees with approved respirators for voluntary use when indoors or in a vehicle with others, upon request.

* + 1. Use of Face Coverings
       1. Each employee will receive a face covering at the beginning of their shift. Depending on supply and as needed, employees may be provided additional face coverings throughout the day. The company will provide receptacles for used/soiled face coverings and will provide clean face coverings each day.
    2. Rules of Use for all Employees
       1. Employees must follow the instructions provided for in the "Fitting/Removing/Reusing of Face Covering" section described below.
       2. At the end of shift employees must properly dispose of used/soiled face coverings as instructed.
       3. Employees must not wear a face covering if doing so will adversely affect their health. If an employee believes the use of a face-covering will affect his or her health, s/he should speak with [INSERT HR CONTACT]. Employees will be exempted from wearing face coverings if they have a medical condition, mental health condition, or disability and will be provided with a non-restrictive alternative such as a face shield with a drape on the bottom if their condition or disability permits.
       4. Employees must not wear a face covering if doing so will inhibit job functions. Employees should check with their supervisors to ensure which job functions can and cannot be performed while wearing a face covering.
       5. Failure to follow these rules may result in discipline, up to and including termination.
    3. Instructions on Fitting/Removing/Reusing Face Covering for all Employees
       1. In order to properly use the face covering, Employees must ensure that:
          1. The covering fits snugly but comfortably against the sides of their face and covers their nose and mouth;
          2. The covering is secured either by ties or ear loops; and,
          3. Employees can breathe without restrictions.
       2. When removing the face covering, Employees must:
          1. Avoid touching their eyes, nose, and mouth; and
          2. Wash their hands with soap and water for at least 20 seconds following the removal of the face covering. When soap and running water are unavailable, use an alcohol-based hand rub product with at least 60% alcohol. Employees should not use hand sanitizer with methyl alcohol.
    4. Additionally, if an employee removes their face covering during the workday (e.g., to drink or eat) they must:
       1. Avoid touching the inside of the covering;
       2. Account for the whereabouts of the removed covering at all times;
       3. Wash their hands with soap and water for at least 20 seconds after putting the covering back on. When soap and running water are unavailable, use an alcohol-based hand rub product with at least 60% alcohol; and,
    5. At the end of shift, properly dispose of the used/soiled covering as instructed by the company and wash their hands for at least 20 seconds or use an alcohol-based hand rub product with at least 60% alcohol.
  1. **Other Engineering Controls, Administrative Controls, and Personal Protective Equipment**
     1. For buildings with mechanical or natural ventilation or both, the company has maximized the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold
     2. The company has implemented cleaning procedures including:
        1. Regularly cleaning frequently touched surfaces and objects, such as doorknobs, elevator buttons, tools, handrails, handles, commonly used equipment, bathroom surfaces [add or modify with other things like steering wheels, remote controls, computer screens, monitors, computer mice, keyboards, printers, copiers, etc.] The company has a strict cleaning protocol, which is included in this Plan as [Appendix E].
        2. Employees are forbidden from sharing PPE.
     3. The company will evaluate its handwashing facilities to determine if additional facilities are needed. The company will also provide additional breaks for employees to allow them to wash their hands for at least 20 seconds. [Alt: Company will provide a break once an hour to allow employees to wash their hands for a minimum of 20 seconds.]
     4. Through its job hazard assessment, the company will evaluate whether there is a need for PPE, such as gloves, goggles, and face shields, to reduce or prevent exposure to COVID-19 hazards. The company will provide such PPE as needed. (See Form 6.)
     5. Upon request, the company will 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. Whenever a respirator is made available for voluntary use, the company will encourage their use and ensure the employee is provided with a respirator of the correct size.
     6. The company will make COVID-19 testing available at no cost to employees with COVID-19 symptoms who are not fully vaccinated, during the employees' paid time
  2. **Reporting, Recordkeeping and Access**
     1. The company will report all COVID-19 cases as required by the local department of health whenever required by law.
     2. The company will report any COVID-19 serious illness or death in accordance with title 8 Cal. Code of Reg. § 330(h).
     3. The company will maintain records of steps taken to implement this Policy, including its job hazard assessment.
     4. A copy of this Policy will be available at the workplace [on the intranet, or other medium] to employees, [authorized employee representatives] and to the Cal/OSHA's Division of Enforcement (the "Division") upon request.
     5. The company will maintain a record of all employee COVID-19 positive cases, including the name of the employee, contact information, job title, locations where the employee worked, the date of the last day worked, and the date of the positive test. (See Form 2.)
  3. **Exclusion of COVID-19 Cases in the Workplace**
     1. The company will maintain benefits for an employee who is out on COVID-19 leave in accordance with law.
  4. **Return to Work Criteria**
     1. The company will return employees to the workplace as follows:
        1. Employees will not be returned if they have signs or symptoms until:
           1. At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medication;
           2. COVID-19 symptoms have improved; and,
           3. At least 10 days have passed since COVID-19 symptoms first appeared.
        2. Employees who tested positive but were asymptomatic will not return to work until:
           1. A minimum of 10 days have passed since the collection of the specimen of the first positive COVID-19 test.
        3. If the Employee is quarantined or isolated by a local or state health official, the employee will not return to work until:
           1. The period of isolation or quarantine is completed or the order is lifted; or
           2. 10 days from the time the order to isolate was effective; or
           3. 14 days from the time, the order to quarantine was effective.
        4. Employees who have been exposed to COVID-19 and are asymptomatic will not be permitted to return to work for 10 days from the last date of exposure except (1) employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms and (2) COVID-19 cases who returned to work and have remained free of COVID-19 symptoms for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, for 90 days after the first positive test

(v) Employees who had a close contact and developed any COVID-19 symptom cannot return to work until they meet the above criteria under subsection 4.10(a)(i) or 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 they remain symptom-free for at least 24 hours without the use of fever-reducing medications

* + 1. The company will not require a negative test result as a condition to return any employee to work.

1. **Multiple COVID-19 Infections and COVID-19 Outbreaks**
   1. **Scope**
      1. If the local department of health has identified the facility as an outbreak or there are three or more COVID-19 cases in an exposed workplace within a 14-day period, the company will enact enhanced procedures. These policies will apply until there are no new COVID-19 cases detected in a workplace for a 14-day period.
   2. **Testing**
      1. The company will provide COVID-19 testing to all employees within the exposed workgroup except employees who were fully vaccinated before this section became applicable and who do not have COVID-19 symptoms and/or those employees who had COVID-19 within 90 days of this section becoming applicable. The testing will be provided at no cost to employees, and employees will be paid for time spent taking the test. Employees should continue to follow the company's policies, including meal and rest break policies and overtime policies in the company's handbook, while they are getting tested. If an employee must miss a meal or rest break or exceeds an 8-hour workday, the employee must immediately contact their [manager/supervisor] for permission. The company will either ask the employee to return for a test at another time or provide premium pay for the missed meal or rest break and/or overtime pay for the time spent waiting for the test. The company has specific procedures for employees to monitor and track the time they spend waiting for a test. See [Form 3].
      2. The company will provide testing to all employees who were in the exposed workplace during the relevant period of the exposure. All employees will be offered testing once, and then one week later.
      3. The company will continue COVID-19 testing of employees who remain at the workplace at least once per week or more frequently if recommended by the local health department until there are no more positive COVID-19 cases at the workplace within a 14-day period.
   3. **COVID-19 Multiple Infection Cases**
      1. The company will ensure positive COVID-19 cases and COVID-19 exposures are excluded from the workplace.
      2. The company will investigate all COVID-19 illnesses relating to an Outbreak.
      3. The company will also investigate and correct any new or unidentified hazards for any Outbreaks and will review its policies to implement any changes relating to its investigation. The company will also review its policies to ensure it is offering all available and required leave to its employees. The company will re-review all policies and procedures every 30 days that the Outbreak continues. The company will also evaluate other feasible options for reducing COVID-19 hazards.
      4. The company will promptly report to the local health department within 48 hours after the employer knows or with a diligent inquiry would have known of the three positive COVID-19 cases. The notification should include the name of each positive individual, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status (if any), the North American Industry Classification System ("NAICS") code of the workplace, and any other information requested by the local health department. The duty to report continues for every case until the Outbreak is resolved. After January 1, 2021, the employer shall notify the local health department in accordance with [AB 685/California Labor Code § 6409.6].
      5. All employees in the exposed group will be required to wear face coverings when indoors, or when outdoors and less than six feet from another person, unless an exception applies.
      6. The company will give notice to employees in the exposed group of their right to request a respirator for voluntary use, if they are not fully vaccinated.
      7. In buildings or structures with mechanical ventilation, the company shall filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV 13 or higher filters are not compatible with the ventilation system, the company will use filters with the highest compatible filtering efficiency. The company will evaluate whether portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of transmission and, if so, will implement their use to the degree feasible.

(h) Employers shall evaluate whether to implement physical distancing of at least six feet between persons, or, where six feet of physical distancing is not feasible, the use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

1. **Major COVID-19 Outbreak**
   1. **Scope**
      1. If there are 20 or more COVID-19 cases in an exposed workplace within a 30-day period, the following enhanced procedures will apply. These policies will apply until there are no new COVID-19 cases detected in a workplace for a 14-day period.
   2. **Testing**
      1. The company will provide COVID-19 testing twice a week, or more frequently as recommended by the local health department, to all employees present in the exposed workgroup, regardless of vaccination status, twice a week.. The testing will be provided at no cost to employees, and employees will be paid for time spent taking the test. Employees should continue to follow the company's policies, including meal and rest break policies and overtime policies in the company's handbook, while they are getting tested. If an employee must miss a meal or rest break, or exceeds an 8-hour workday, the employee must immediately contact their [manager/supervisor] for permission. The company will either ask the employee to return for a test at another time or provide premium pay for the missed meal or rest break and/or overtime pay for the time spent waiting for the test. The company has specific procedures for employees to monitor and track the time they spend waiting for a test. See [Form 4].
   3. **COVID-19 Major Multiple Infection cases**
      1. The company will ensure positive COVID-19 cases and COVID-19 exposures are excluded from the workplace.
      2. The company will investigate all COVID-19 illnesses relating to an Outbreak.
      3. The company will provide a respirator for voluntary use to every employee in the exposed workgroup and shall determine the need for a respiratory protection program.
      4. The company will separate any employees not wearing respirators from other persons by at least six feet, except where six feet of separation is not feasible or for momentary exposure while persons are in movement. When it is not feasible to maintain a distance of at least six feet, individuals shall be placed as far apart as feasible.
      5. At work stations where an employee in the exposed group is assigned to work for an extended period of time and where physical distancing is not maintained at all times, the company will install cleanable solid partitions that effectively reduce transmission between the employee and other persons.
      6. The company will also investigate and correct any new or unidentified hazards for any Outbreaks and will review its policies to implement any changes relating to its investigation. The company will also review its policies to ensure it is offering all available and required leave to its employees. For the duration of the Outbreak, the company will re-review all policies and procedures every 30 days. The company will also evaluate other feasible options for reducing COVID-19 hazards, including whether it can recirculate air with Minimum Efficiency Reporting Value ("MERV") 13 or higher efficiency filters, or other comparable air filtration, whether they could add portable or mounted High-Efficiency Particulate Air ("HEPA") filtration units, or other air cleaning systems to reduce risk, whether a respirator protection program or changes to the respiratory protection program would address the COVID-19 hazards, whether the company should stop some operations until the exposure is under control and any other measure deemed necessary by the Division.
      7. The company will promptly report to the local health department within 48 hours after the employer knows or with a diligent inquiry would have known of the three positive COVID-19 cases. The notification will include the name of the positive individual, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status (if any), the NAICS code of the workplace, and any other information requested by the local health department. The duty to report continues for every case until the Outbreak is resolved. After January 1, 2021, the employer shall notify the local health department in accordance with [AB 685/California Labor Code § 6409.6].
2. **[Optional Section: COVID-19 Prevention in Employer-Provided Housing]**
   1. **Scope**
      1. Company-provided housing is defined as any place or area of land, any portion of any housing accommodation, or property upon which a housing accommodation is located, consisting of: living quarters, dwelling, boardinghouse, tent, bunkhouse, maintenance-of-way car, mobile home, manufactured home, recreational vehicle, travel trailer, or other housing accommodations. Company provided housing is housing that is arranged for and provided for by an employer, other person or entity to workers, and in some cases to workers and persons in their households, in connection with the workers' employment, whether or not rent or fees are paid or collected. This does not apply to housing for emergency response, if the employer is a government entity, or if it is temporarily provided by a private employer for emergency response. This does not apply to employer-provided housing used exclusively to house COVID-19 cases or where a housing unit houses one employee or to housing in which all residents are fully vaccinated.
   2. **Assignment of Housing Units**
      1. The company will assign units in accordance with title 8 Cal Code of Regs. 3205.3.
   3. **Ventilation**
      1. The company will maximize the quantity and supply of outdoor air and increase filtration efficency to the highest level compatible with the existing ventilation system. If there is not a Minimum Efficiency Reporting Value (MERV) 13 or higher filter in use, portable or mounted High Efficiency Particulate Air (HEPA) filtration units shall be used, to the extent feasible, in all sleeping areas in which there are two or more residents who are not fully vaccinated.
   4. **Face Masks/Face Coverings**
      1. The company will offer to provide face masks/face coverings to residents and provide information to residents on when they should be used in accordance with state or local orders or guidance.
   5. **Cleaning and disinfecting.**
      1. The company will ensure that housing units ,kitchens, bathrooms, and common areas are effectively cleaned to prevent the spread of COVID-19. Housing units, kitchens, bathrooms, and indoor common areas will be 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 will be done in a manner that protects the privacy of residents.
   6. **Screening**
      1. The company will encourage residents to report COVID-19 symptoms and positive diagnoses.
   7. **Testing**
      1. The company will provide information to residents on where they can get tested in the event of a close contact or COVID-19 symptoms.
   8. **Isolation of COVID-19 case**
      1. The company will quarantine residents who have had a close contact from all other residents unless the resident is fully vaccinated and does not have COVID-19 symptoms or has had COVID-19 within the past 90 days and do not have COVID-19 symptoms.
3. **[Optional Section: COVID-19 Prevention in Employer-Provided Transportation** 
   1. **Scope**
      1. This section applies to employer-provided motor vehicle transportation, which is any transportation for an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, or facilities, provided, arranged for, or secured by an employer, regardless of the travel distance. This does not include drivers and passengers from the same household outside of work, if the driver is alone in the vehicle, if the transportation is necessary for emergency response, if all employees in the vehicles are fully vaccinated, or if the transportation is public transportation.
   2. **Assignment of Transportation**
      1. The company will assign units in accordance with title 8 Cal Code of Regs. 3205.4.
   3. **Face Coverings**
      1. The vehicle operator and passengers who are not fully vaccinated are to wear face coverings at all times.
   4. **Cleaning and disinfecting.**
      1. The company will ensure that the transportation vehicle is cleaned on a regular basis, potentially multiple times a day. The company will clean all high-touch surfaces used by passengers in between every trip and all high-touch driver surfaces in before driver change out. The company will disinfect all high-contact surfaces used by drivers or passengers if the vehicle was 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. The company will provide drivers and riders with additional sanitizing materials.
   5. **Screening**
      1. The company will screen drivers and riders to ensure they have not had any COVID-19 exposure within the previous 10 days, are not exhibiting signs or symptoms of the Virus, and have not tested positive.
   6. **Ventilation**
      1. The company will ensure that vehicle windows are kept open (if possible and practicable) and the ventilation system is set to maximize outdoor air flow and not set to recirculate air. The windows will be closed if the vehicle has functioning air conditioning in use and 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;, there is rain or snow, the or where the vehicle has a cabin air filter in use and the air quality for any pollutant is determined to be greater than 100.
4. Appendices

**Appendix A**

**ADDITIONAL RESOURCES, LINKS AND INFORMATION**

1) Code of California Regulations, Title 8, Section 3205 "COVID-19 Prevention" - full text of the emergency temporary standard

<https://www.dir.ca.gov/oshsb/documents/COVID-19-Prevention-Emergency-apprvdtxt.pdf>

1) Safety and Health Guidance - "COVID-19 Infection Prevention in Construction"

<https://www.dir.ca.gov/dosh/coronavirus/COVID-19-Infection-Prevention-in-Construction.pdf>

2) COVID-19 Emergency Temporary Standard - Frequently Asked Questions

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

3) Recording and Reporting Requirements for COVID-19 Cases

<https://www.dir.ca.gov/dosh/coronavirus/Reporting-Requirements-COVID-19.html>

4) Cal/OSHA COVID-19 Online Training

<https://trainingacademy.dir.ca.gov/page/on-demand-training-covid19>

5) Centers for Disease Control webpage - Coronavirus Disease 2019

<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>

6) California Department of Public Health webpage on Coronavirus - 2019

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

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**CRITICAL TAILGATE TOPIC:**

**CORONAVIRUS (COVID-19)**

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

1. **Coronavirus (COVID-19) – What is it?**
   1. Coronaviruses are a large group of viruses that are common among animals and humans. This novel coronavirus that causes COVID-19 is a newly discovered coronavirus not previously detected.
   2. The source of the virus is not yet known.
2. **What are the symptoms?** Typically, human coronaviruses cause mild-to-moderate respiratory illness. Symptoms include:
   1. Fever
   2. Cough
   3. Shortness of breath
   4. COVID-19 can cause more severe respiratory illness
3. **How is it spread?**
   1. The virus is thought to spread mainly from person to person between people who are in close contact with one another (within 6’).
   2. Close personal contact, such as touching or shaking hands, or touching an object with the virus on it, followed by touching your mouth, nose, or eyes before washing your hands, can spread the virus.
   3. This occurs through respiratory droplets produced when an infected person coughs or sneezes.
   4. The droplets can land in the mouths or noses of people who are nearby or possibly inhaled into the lungs.
4. **Vaccination**
   1. There are three Food and Drug Administration-approved vaccines to protect against COVID-19 (Pfizer, Moderna, and Johnson & Johnson). Contractors are advised to encourage all employees to avail themselves of a vaccine.
5. **If you’re ill (whether or not diagnosed with COVID-19)**
   1. **Notify your employer immediately.**
   2. Stay home except to get medical care – don’t go to work, school, or public areas.
   3. Wear a surgical mask when around other people or when visiting a health care provider.
   4. Call ahead before visiting your doctor.
   5. Clean all “high touch” surfaces frequently with an EPA-approved disinfectant.
   6. Avoid sharing personal household items like drinking glasses, utensils, or bedding. Wash these items thoroughly with soap and water after each use.
   7. Seek medical attention if your conditions worsen.
   8. Sick employees should follow CDC [guidelines](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsteps-when-sick.html). Employees should not return to work until the criteria to discontinue home isolation [are met](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html) in consultation with healthcare providers and state and local health departments
6. **Who is at higher risk?**
   1. Older adults (65+)
   2. Individuals with compromised immune systems
   3. Individuals who have serious chronic medical conditions like:
      1. Heart disease
      2. Diabetes
      3. Lung disease
7. **How can people protect themselves?**
   1. Wash hands with soap and water (at least 20 seconds).
   2. Clean and disinfect frequently touched surfaces daily. If surfaces are dirty, clean them using detergent or soap and water prior to disinfection.
   3. *CRITICALLY IMPORTANT: DO NOT TOUCH EYES, MOUTH, OR NOSE WITH UNWASHED HANDS.*
   4. Cover your cough or sneeze with a tissue or your elbow, then wash your hands thoroughly.
   5. Avoid close contact with people who are sick.
   6. Stay away from work, school, or other people if you are sick with respiratory symptoms like fever or cough.
   7. Do not share eating utensils or beverage containers with anyone.

**For more information:**

* California Department of Public Health

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

* Cal/OSHA

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

* COVID-10 Prevention Emergency Temporary Standards

Fact sheets, model written program, and other resources

<https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

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**TEMA CRÍTICO EN EL PORTÓN:**

**EL CORONAVIRUS (COVID-19)**

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

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

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

# ¿Cuáles son los síntomas?

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

1. La fiebre
2. La tos
3. La falta de aire
4. El COVID-19 puede causar enfermedades respiratorias más graves.

# ¿Cómo se contagia?

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

# La Vacunación

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

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

## Notifíquele a su empleador de inmediato.

* 1. Quédese en casa excepto para recibir atención médica – no vaya al trabajo, a la escuela o a las áreas públicas.
  2. Utilice una máscara quirúrgica cuando está cerca de otras personas o cuando visita a un proveedor de atención médica.
  3. Llame antes de visitar a su doctor.
  4. Limpie todas las superficies de "alto contacto" frecuentemente con un desinfectante aprobado por la EPA.
  5. Evite compartir los artículos personales de uso doméstico como los vasos, los cubiertos o la ropa de cama. Lave estos artículos con agua y jabón después de cada uso.
  6. Busque atención médica si su condición se empeora.
  7. Los empleados enfermos deben seguir las [pautas de los CDC](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fsteps-when-sick.html). Los empleados no deben regresar al trabajo hasta que [cumplan](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html) con los criterios para suspender el aislamiento domiciliario en consulta con los proveedores de atención médica y los departamentos de salud estatales y locales.

# ¿Quién tiene un mayor riesgo?

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

# ¿Cómo pueden protegerse las personas a sí mismas?

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

# Para obtener más información consulte:

## El Departamento de Salud Pública de California

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

## Cal/OSHA

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

* Hojas Informativas de las Normas Temporales de Emergencia para la Prevención del COVID-19, el Modelo del Programa Escrito, y Otros Recursos

<https://www.dir.ca.gov/dosh/coronavirus/ETS.html>

**AB 685 Notice**

**Note: This AB 685 notice is for employees who may have been in contact with the COVID Case during the high-risk period. This notice must be delivered within 24 hours of the company learning of a positive case for each positive case it has at the facility. This document should be put on Company letterhead.**

Dear [Name of Employee],

This notice is to inform you that we have been informed by one of our [team members/employees/subcontractors etc.] that they [had/have been diagnosed as] a confirmed case of COVID-19 at [name of location] ("the Premises") on [date]. Based on our investigation, you have been identified as someone who may have been on the Premises at the same time as the positive COVID 19 Case. As part of our investigation, we do not believe you have been in close or direct contact with this individual, however, we are providing you this notice as a legal requirement under Labor Code 6409.6. The [team members/employees/subcontractors etc.] went home on [xx] date and has not been on the company's property since that time. The affected [team members/employees/subcontractors etc.] remains in quarantine and we are supporting them as they recover.

We have notified the [team members/employees/subcontractors etc.] that were in close or direct contact with this team member. Close contact is defined as being closer than 6 feet over a prolonged period of time for more than 15 minutes in a 24-hour period.

Your health is our top priority and we are continuing to ensure your health and safety with [enhanced deep cleaning and sanitization/alternative] of areas [including office / work station] and any common spaces at the Premises. [Optional: We will also provide enhanced deep cleaning and sanitization of any [truck/vehicle/equipment/etc.] that the [team members/employees/subcontractors etc.] may have been using at the time of, or in the two days prior to, their positive diagnosis.

When a [team members/employees/subcontractors etc.] that either tested positive or was presumed positive, is released to return to work, the company will follow all Cal/OSHA, CDC, federal, state and local guidelines to maintain the health and well-being of all of our [team members/employees/subcontractors], before returning a [team members/employees/subcontractors] back to work. This includes but is not limited to the employee being in isolation for at least 10 days from the first sign of COVID-19 symptoms, and no fever within 24 hours prior to returning to work without the use of a fever reducing drug, and a signed attestation form from the [team members/employees/subcontractors etc.] confirming they have no ongoing symptoms.

If you are experiencing COVID-19 symptoms, such as a fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, please stay home and seek medical attention. Any [team member/employee/subcontractors etc.] experiencing COVID-19 symptoms will not be disciplined under the attendance policy for not coming into work. Your health is our top priority and we remain committed to providing a safe environment for all of our employees.

As an employee of the company, you may be entitled to several different types of leave or benefits including the following:

* Workers' Compensation
* Family First Coronavirus Relief Act Leave
* COVID-19 paid sick leave
* Supplemental Paid Sick Leave
* State Disability Insurance
* Long Term Disability
* Family Medical Leave Act or California Family Rights Act
* California Paid Sick Leave
* [Add Additional]

[You can learn more about the leaves/benefits you are entitled to by looking at these policies [on our intranet/in our employee handbook/etc.] or You can learn more about these leave/benefits through the information provided in the attachment to this [text message/email/letter] or [alternate language]. Please contact [HR/Supervisor/Manager/Person] to find out which leaves/benefits you are entitled to.

[Optional: As part of this notification, [you will be receiving $\_\_\_\_.\_\_ per notification as a business expense because you are receiving this via text message on your personal phone you will receive $\_\_\_\_\_.\_\_ for time spent on the clock for reading this message.]

The company will continue to review and reevaluate return to work procedures, in accordance with Cal/OSHA, CDC and federal, state and local health authorities. If you have any questions, please reach out to your [EH&S Manager/Supervisor/HR/ [Name]], via phone at xxx-xxx-xxxx or via e-mail at xxx@\_\_\_\_\_\_\_.

Thank you,

[Name]

[Title]

**Note: This AB 685 notice is for subcontractors or third parties whose employees may have been in contact with a COVID Case during the high-risk period. This notice must be delivered within 24 hours of the company learning of a positive case for each positive case it has at the facility. This document should be put on Company letterhead.**

Dear [Name of Subcontractor],

This notice is to inform you that we have been informed by one of our [team members/employees/subcontractors etc.] that they [had an employee/subcontractor/etc.] that received a positive diagnosis of COVID-19 at [name of location] ("the Premises") on [date]. Based on our investigation, you may have had employees who may have been on the Premises at the same time as the positive COVID 19 Case. As part of our investigation, we do not believe your [subcontractor/employee/etc.] was in close or direct contact with this individual, however, we are providing you this notice as a legal requirement under Labor Code 6409.6. The COVID-19 positive case went home on [xx] date and has not been on the company's property since that time. The affected team member remains in quarantine and we are supporting them as they recover.

We have notified [team members/employees/subcontractors etc.] that were in close or direct contact with this team member. Close contact is defined as being closer than 6 feet over a prolonged period of time for more than 15 minutes in a 24-hour period.

Your employees' health is our top priority and we are continuing to ensure your health and safety with [enhanced deep cleaning and sanitization/alternative] of areas [including office / workstation] and any common spaces at the Premises. [Optional: We will also provide enhanced deep cleaning and sanitization of any [truck/vehicle/equipment/etc.] that the [team members/employees/subcontractors etc.] may have been using at the time of, or in the two days prior to, their positive diagnosis.

When a [team members/employees/subcontractors etc.] that either tested positive or was presumed positive, is released to return to work, the company will follow all Cal/OSHA, CDC, federal, state and local guidelines to maintain the health and well-being of all of our [team members/employees/subcontractors], before returning a [team members/employees/subcontractors] back to work. This includes but is not limited to the employee being in isolation for at least 10 days from the first sign of COVID-19 symptoms, and no fever within 24 hours prior to returning to work without the use of a fever reducing drug, and a signed attestation form from the [team members/employees/subcontractors etc.] confirming they have no ongoing symptoms.

Please ensure if any of your employees are experiencing COVID-19 symptoms, such as a fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, they stay home and seek medical attention. Everyone's health is our top priority and we remain committed to providing a safe environment for all of our employees. If you have any questions, please reach out to your [EH&S Manager/supervisor/HR [Name]], via phone at xxx-xxx-xxxx or via e-mail at xxx@\_\_\_\_..

Thank you,

[Name][Title]

**AB 685 Notice**

**Note: This AB 685 notice is for union or other representatives of employees. This notice must be delivered within 24 hours of the company learning of a positive case for each positive case it has at the facility. This document should be put on Company letterhead.**

Dear [Name of Union Rep],

This notice is to inform you that we have been informed by one of our [team members/employees/subcontractors etc.] that they [had/have been diagnosed as] a confirmed case of COVID-19 at [name of location] ("the Premises") on [date]. We are providing you this notice as a legal requirement under Labor Code 6409.6. The [team members/employees/subcontractors etc.] went home on [xx] date and has not been on the company's property since that time. The affected [team members/employees/subcontractors etc.] remains in quarantine and we are supporting them as they recover.

We have notified the [team members/employees/subcontractors etc.] that were in close or direct contact with this team member. Close contact is defined as being closer than 6 feet over a prolonged period of time for more than 15 minutes in a 24-hour period.

Our employee's health is our top priority and we are continuing to ensure their health and safety with [enhanced deep cleaning and sanitization/alternative] of areas [including office / workstation] and any common spaces at the Premises. [Optional: We will also provide enhanced deep cleaning and sanitization of any [truck/vehicle/equipment/etc.] that the [team members/employees/subcontractors etc.] may have been using at the time of, or in the two days prior to, their positive diagnosis.

When a [team members/employees/subcontractors etc.] that either tested positive or was presumed positive, is released to return to work, the company will follow all Cal/OSHA, CDC, federal, state and local guidelines to maintain the health and well-being of all of our [team members/employees/subcontractors], before returning a [team members/employees/subcontractors] back to work. This includes but is not limited to the employee being in isolation for at least 10 days from the first sign of COVID-19 symptoms, and no fever within 24-hours prior to returning to work without the use of a fever reducing drug, and a signed attestation form from the [team members/employees/subcontractors etc.] confirming they have no ongoing symptoms.

If any employee is experiencing COVID-19 symptoms, such as a fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, they are directed to stay home and seek medical attention. Any [team member/employee/subcontractors etc.] experiencing COVID-19 symptoms will not be disciplined under the attendance policy for not coming into work. Our employee's health is our top priority and we remain committed to providing a safe environment for all of our employees.

Employees of the Company may be entitled to several different types of leave or benefits including the following:

* Workers' Compensation
* Family First Coronavirus Relief Act Leave
* COVID-19 paid sick leave
* Supplemental Paid Sick Leave
* State Disability Insurance
* Long Term Disability
* Family Medical Leave Act or California Family Rights Act
* California Paid Sick Leave
* [Add Additional]

[Information regarding these leaves and benefits is available at/on [our intranet/in our employee handbook/etc.] or You can learn more about these leave/benefits through the information provided in the attachment to this [text message/email/letter] or [alternate language]. Please contact [HR/Supervisor/Manager/Person] for any questions regarding these leaves or benefits.

The company will continue to review and reevaluate return to work procedures, in accordance with Cal/OSHA, CDC and federal, state and local health authorities. If you have any questions, please reach out to your [EH&S Manager/Supervisor/HR/ [Name]], via phone at xxx-xxx-xxxx or via e-mail at xxx@\_\_\_\_\_\_\_.

Thank you,

[Name]

[Title]

**APPENDIX B**

**Contact Tracing Assessment:**

**The process of determining which employees have come into close contact with a COVID-19 positive employee in the 2 days prior to the onset of the COVID-19 positive employee's symptoms. Employees who have been in close contact with the COVID-19 positive employee should be directed to self-quarantine for 14 days from the last date of close contact with the COVID-19 positive employee. In order to properly contact trace you should:**

1. Ask the COVID-19 employee to identify who s/he was in close contact with in the 2 days prior to the onset of his/her symptoms; and

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

Contact tracing need not be performed if the COVID-19 positive employee was not in the workplace within 2 days of the onset of symptoms.

**CONTACT TRACING SCRIPT**

**Preliminary Notes**

**•** The purpose of contact tracing is to determine if any employees were in close contact with the COVID-19 positive employee 2 days prior to the COVID-19 positive employee becoming symptomatic. Therefore, you only need to contact trace if a COVID-19 positive individual was in the workplace within 2 days of the onset of his/her symptoms.

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

• Recent guidance from California's Department of Health has stated if the employee is wearing a mask, they do not need to be identified as someone with close contact.

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

**Script to COVID-19 Positive Employee**

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

• When did you become symptomatic? [If onset of symptoms was more than 14 days ago, nothing further to ask].

• Who do you recall being in close contact with 2 days prior to becoming symptomatic?

• In the 2 days before becoming symptomatic, do you recall being in any areas of the workplace that you would not ordinarily frequent?

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

**Script to Potentially Exposed Employees**

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

• Based on our investigation we believe that you may have come into close contact with the employee on [DATE].

• Pursuant to Company policy, we are requiring you to remain away from work until [14 days from the last close contact with the confirmed case].

• If you are not diagnosed as COVID-19 positive, or are not experiencing COVID-19 symptoms by [14 days from last contact with the COVID-19 positive employee], you may return to work after completing a Self-Certification Form.

• If during your time away from work you experience symptoms, or are diagnosed positive please inform [CONTACT].

**DOCUMENTS TO REVIEW FOR CONTACT TRACING**

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

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

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

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

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

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

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

**APPENDIX C**

**COVID-19 BUSINESS TRAVEL POLICY**

**I. Purpose**

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

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

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

**II. Prior to Business Travel**

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

1. Employees should review and be advised of the following before travel:

**Travel by Airplane**

Limited business travel by airplane may need to be available for a mandatory business need and should require executive approval. If traveling for business or personal, it is recommended to ask that employees recommend quarantining work from home for a minimum of 14 days after they return from their trip. The employees should monitor their health during the quarantine period for signs of COVID-19 symptoms including: fever or 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.

**Travel by Automobile**

If traveling by automobile for personal or work reasons, the company should ask employees to consider the activities of the travel that may place them in potential contact with the virus, such as, gas stations, hotels, restaurants, and large gatherings, in determining whether they should work from home for 14 days after returning to enable them to monitor for signs of COVID-19. If employees have taken all the protective measures of washing hands frequently (i.e., every 30 minutes), using hand sanitizer, adhering to physical distancing (i.e., no contact within 6 feet for more than 15 minutes within any 24 hour period), etc., then employees should consider whether those steps were sufficient to eliminate the risk of exposure. Various states have required or recommended that visitors and residents returning from other states quarantine for 14 days. Before you travel, determine if the employee will be subject to any state or local restrictions during or after his/her trip.

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

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

**APPENDIX D**

**HEALTH SCREENING QUESTIONNAIRE**

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

**CONFIDENTIAL**

**Employee and Visitor COVID-19 Questionnaire**

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

Pursuant to the Company's COVID-19 Safety and Health Policy, in the event you answer "Yes" to any of the below questions, you will be excluded from the workplace.

**Questionnaire**

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

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you must self-quarantine away from work for 10 days since your last close contact with the individual who was diagnosed as infected with, or is being screened for, COVID-19. If you develop symptoms of COVID-19, please consult with a medical provider. If you are diagnosed with COVID-19 during your period of self-quarantine, immediately contact [INSERT CONTACT].

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

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

**Yes □ No □**

If you are an employee and you answered "Yes" to this question, you must self-quarantine away from work for 10 days since your last close contact with the individual who was advised to self-quarantine by a healthcare provider. If you develop symptoms of COVID-19, please consult with a medical provider. If you are diagnosed with COVID-19 during your period of self-quarantine, immediately contact [INSERT CONTACT].

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

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

**Yes □ No □**

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

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

**Question# 4: Are you currently experiencing symptoms of COVID-19 which include, but are not limited to, fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea?**

**Yes □ No □**

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

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

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

**Yes □ No □**

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

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

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

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

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

**CUESTIONARIO DE VERIFICACIÓN DE SALUD**

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

**CONFIDENCIAL**

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

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

De conformidad con la Política de COVID-19 de Seguridad y Salud de la Compañía, en caso de responder “Sí” a cualquiera de las siguientes preguntas, no podrá ingresar al lugar de trabajo.

**Cuestionario**

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

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, debe estar en cuarentena fuera del lugar de trabajo durante 10 días desde su último contacto cercano con la persona que fue diagnosticada como infectada o pendiente de recibir resultados de una prueba de COVID-19. Si presenta síntomas de COVID-19, consulte con un proveedor médico. Si se le diagnostica COVID-19 durante su período de cuarentena, póngase en contacto inmediatamente con [INSERTAR CONTACTO].

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

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

**Sí □ No □**

Si usted es un empleado y respondió “Sí” a esta pregunta, debe estar en cuarentena fuera del lugar de trabajo durante 10 días desde su último contacto cercano con la persona a la que un proveedor de atención médica le aconsejó estar en cuarentena. Si presenta síntomas de COVID-19, consulte con un proveedor médico. Si se le diagnostica COVID-19 durante su período de cuarentena, póngase en contacto inmediatamente con [INSERTAR CONTACTO].

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

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

**Sí □ No □**

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

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

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

**Sí □ No □**

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

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

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

**Sí □ No □**

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

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

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

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

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

1. FORMS

**FORM 1**

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

**CONFIDENTIAL**

**EXPOSURE INCIDENT/INVESTIGATION REPORT**

**Employee Info**

Date: Enter Date.

Name: Enter Name.

Employee Number: Enter Employee Number.

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

Department: Enter Name of Department.

**Exposure Info**

Date Employee Reported: Enter Date.

Was Employee Present at Work?

Yes  No

Who Received Report? Enter Name.

Employee Is:

Positive Test

Diagnosed Positive

Symptomatic

Date of Positive Test or Diagnosis: Enter Date.

Date of Onset of Symptoms: Enter Date.

Leave Available?

Yes  No

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

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

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**Contact Tracing**

Was Employee at Worksite Within 2 days of Onset of Symptoms

Yes – complete remainder of section

No – do not complete remainder of section

For Each Employee in Close Contact

Name: Enter Name.

Employee Number: Enter Employee Number.

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

Department: Enter Name of Department.

Date of Last Close Contact: Enter Date.

Date Employee Notified: Enter Date.

Who Notified? Enter Name.

Date Employee Can Return if Asymptomatic: Enter Date.

Leave Available?

Yes  No

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

**Cleaning**

Was Employee at Worksite Within 2 days of Onset of Symptoms?

Yes – complete remainder of section

No – do not complete remainder of section

Areas Symptomatic Employee Accessed

Enter Detailed Description.

Areas of Worksite Cleaned

Enter Detailed Description.

Date Each Site Cleaned

Enter Date.

Enter Date.

Enter Date.

Who Performed Each Cleaning?

Enter Name.

Enter Name.

FORM 2

**Exposure Log**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Contact Information | Job Title | Location Where Worked | Date of Last Day Worked | Date of Positive Test |
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**FORM 3**

**Minor/Major Outbreak Testing Log**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Department | Job Title | Date of First Test | Date of Second Test | Date of Positive Test |
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**FORM 4**

**TIME OUT FORM FOR TESTING**

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

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

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

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

MEAL PERIOD MISSED □ YES □ NO

REST PERIOD MISSED □ YES □ NO

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

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

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

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

**FORM 5**

**Employee Acknowledgement Form**

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

|  |  |  |
| --- | --- | --- |
| I certify that I have received, reviewed and read a copy of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prevention Policy and I have been trained on all of the following items:   * What is Sars CoV-2 (aka COVID-19) * The symptoms of COVID-19 * How COVID-19 is transmitted * Prevention tips for COVID-19 * Physical Distancing * Face Coverings and Personal Protective Equipment * That I am not to come to work if I have any signs or symptoms or believe I have been exposed to COVID-19 or if I have been asked to quarantine or isolate by the Department of Public Health * That I may be entitled to leave and or other benefits such as supplemental pay, paid sick leave, or workers compensation * That if I am hospitalized for COVID-19 that I am to immediately notify [Title] * That I can ask my employer to provide me with testing if I have been exposed at work * That I must complete health screening and temperature checks before entering the workplace * Training on use of, obtaining, maintenance of and safe donning and doffing practices for face coverings and personal protective equipment * General employee risk reduction of COVID-19 * Engineering controls adopted by the company * Anti-retaliation policy * That I have the right to remove myself from work situations that I believe present an imminent threat or serious danger to my safety or health or the safety or the safety and health of others * How to file an internal retaliation claim if I believe I am facing retaliation for anything relating to COVID-19 * How to notify management of any safety violation or issue and the process management will take to investigate the matter | | |
| ***Date:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ***Signature:***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ***Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |

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

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