

YCSC COVID-19 Prevention Program (CPP) (June 2021 Cal/OSHA Template)

***Note: The following Covid-19 Prevention Program (CPP) is Part 1 of the CDE/CDPH mandated 2 part Covid-19 Safety Plan for all K-12 schools. Part 2 is the Covid-19 School Guidance Checklist.**

Both documents will be posted on the YCSC website prior to the return to in person instructions and submitted to CDPH at K12csp@cdph.ca.gov as well as to the Inyo County Office of Education.

COVID-19 Prevention Program (CPP) for YouthBuild Charter School of California

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

Date: **July 22, 2021**

Authority and Responsibility

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

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

Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations using the Appendix A: Identification of COVID-19 Hazards form.
- Document the vaccination status of our employees by using Appendix E: Documentation of Employee COVID-19 Vaccination Status, which is maintained as a confidential medical record.

YCSC has the option to incorporate a vaccination verification process as per the following CDPH guidance from July 12, 2021:

Vaccination verification considerations

a. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), refer to the [CDC vaccine verification recommendations](#) which are included below:

July 9th, 2021 CDC guidance for K-12 schools.

Vaccination Verification

Existing laws and regulations require certain vaccinations for children attending school. K-12 administrators regularly maintain documentation of people's immunization records. Since recommended prevention strategies vary by COVID-19 vaccination status, K-12 administrators who maintain documentation of students' and workers' COVID-19 vaccination status can use this information, consistent with applicable laws and regulations, including those related to privacy, to inform masking and physical distancing practices, testing, contact tracing efforts, and quarantine and isolation practices. Schools that plan to request voluntary submission of documentation of COVID-19 vaccination status should use the same standard protocols that are used to collect and secure other immunization or health status information from students. The protocol to collect, secure, use, and further disclose this information should comply with relevant statutory and regulatory requirements, including Family Educational Rights and Privacy Act (FERPA) statutory and regulatory requirements. Policies or practices related to providing or receiving proof of COVID-19 vaccination should comply with all relevant state, tribal, local, or territorial laws and regulations.

As part of their workplace COVID-19 vaccination policy, schools should recognize that a worker who cannot get vaccinated due to a disability (covered by the ADA), has a disability that affects their ability to have a full immune response to vaccination, or has a sincerely held religious belief or practice (covered by Title VII of the Civil Rights Act of 1964) may be entitled to a reasonable accommodation that does not pose an undue hardship on the operation of the employer's business. Additionally, school employers should advise workers with weakened immune systems about the importance of talking to their healthcare professional about the need for continued personal protective measures after vaccination. Currently, CDC recommends continued masking and physical distancing for people with weakened immune systems. For more information on what you should know about COVID-19 and the ADA, the Rehabilitation Act and other Equal Employment Opportunity Laws visit the [Equal Employment Opportunity Commission external icon](#) website.

- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace using Appendix A.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace in accordance with Appendix C.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the Appendix B: COVID-19 Inspections form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

Employee participation:

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by:

YCSC will implement the following in our workplace:

- *Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.*
- *Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.*
- *Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.*
- *Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.*
- *Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.*

All YCSC employees at every site are responsible for doing their part in identifying and evaluation COVID-19 hazards. Furthermore, all YCSC staff will reporting all Covid-19 cases at the sites for contact tracing and investigation to YCSC's Covid-19 liaison team (The YCSC liaison team is made up of the following: Site Principal, HR Director, Superintendent, and CEO)

In accordance with AB 86 (2021) and California Code Title 17, section 2500, YCSC is required to report COVID-19 cases to the local public health department in addition to having a Covid-19 liaison.

Employee screening

(Students & Staff Screening)

We screen our employees in accordance with CDPH Guidance on screening as of July 12th, 2021:

Screening Testing

Screening testing identifies infected people, including those with or without symptoms (or before development of symptoms) who may be contagious, so that measures can be taken to prevent further transmission. In K-12 schools, screening testing can help promptly identify and [isolate](#) cases, [quarantine](#) those who may have been exposed to COVID-19 and are not fully vaccinated, and identify clusters to reduce the risk to in-person education. CDC guidance provides that people who are fully vaccinated do not need to participate in screening testing and do not need to quarantine if they do not have any symptoms; though decisions regarding screening testing may be made at the state or local level. [Screening testing](#) may be most valuable in areas with substantial or high community transmission levels, in areas with low vaccination coverage, and in schools where other prevention strategies are not implemented. More frequent testing can increase effectiveness, but feasibility of increased testing in schools needs to be considered. Screening testing should be done in a way that ensures the ability to maintain confidentiality of results and protect student, teacher, and staff privacy. Consistent with state legal requirements and [Family Educational Rights and Privacy Act \(FERPA\)](#)[external icon](#) K-12 schools should obtain parental consent for minor students and assent/consent for students themselves.

Screening testing can be used to help evaluate and adjust prevention strategies and provide added protection for schools that are not able to provide optimal physical

distance between students. Screening testing should be offered to students who have not been fully vaccinated when community transmission is at moderate, substantial, or high levels (Table 1); at any level of community transmission, screening testing should be offered to all teachers and staff who have not been fully vaccinated. To be effective, the screening program should test at least once per week, and rapidly (within 24 hours) report results. Screening testing more than once a week might be more effective at interrupting transmission. Schools may consider multiple screening testing strategies, for example, testing a random sample of at least 10% of students who are not fully vaccinated, or conducting [pooled testing](#) of cohorts. Testing in low-prevalence settings might produce false positive results, but testing can provide an important prevention strategy and safety net to support in-person education.

To facilitate safe participation in sports, extracurricular activities, and other activities with elevated risk (such as activities that involve singing, shouting, band, and exercise that could lead to increased exhalation), schools may consider implementing screening testing for participants who are not fully vaccinated. Schools can routinely test student athletes, participants, coaches, and trainers, and other people (such as adult volunteers) who are not fully vaccinated and could come into close contact with others during these activities. Schools can implement screening testing of participants who are not fully vaccinated up to 24 hours before sporting, competition, or extracurricular events. Schools can use different screening testing strategies for lower-risk sports. High-risk sports and extracurricular activities should be virtual or canceled in areas of high community transmission unless all participants are fully vaccinated.

Funding provided through the ELC Reopening Schools award is primarily focused on providing needed resources to implement screening testing programs in schools aligned with the CDC recommendations. Learn more [ELC Reopening Schools: Support for Screening Testing to Reopen & Keep Schools Operating Safely Guidance](#)[pdf icon](#)

¹ [Levels of community transmission](#) defined as total new cases per 100,000 persons in the past 7 days (low, 0-9; moderate 10-49; substantial, 50-99, high, ≥ 100) and percentage of positive tests in the past 7 days (low, $< 5\%$; moderate, 5-7.9%; substantial, 8-9.9%; high, $\geq 10\%$.)

Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission

	Low Transmission ¹ Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports ² and extracurricular activities ³ at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. ²	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

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

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

Control of COVID-19 Hazards

Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH).

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

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

Face Coverings

YCSC's Guidance on Masks (per CDPH July 12th, 2021 guidance)

a. Masks are optional outdoors for all in K-12 school settings (regardless of vaccination status).

b. K-12 students are required to mask indoors, with exemptions per CDPH face mask guidance. Adults in K-12 school settings are required to mask when sharing indoor spaces with students.

c. Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.

d. Schools must develop and implement local protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.

e. Consistent with guidance from the 2020-21 school year, schools must develop and implement local protocols to enforce the mask requirements. Additionally, schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering. Note: Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.

f. In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per CDPH guidelines) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.

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

- *When an employee is alone in a room.*
- *While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.*
- *Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.*
- *Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.*
- *Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart: **None unless determined by your supervisor.***

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

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

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

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

Engineering controls

For indoor locations, using Appendix B, YCSC will identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system, and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of transmission as follows:

Ventilation: (The following list of recommendations around ventilation are not mandated or required but part of an overall effort of preventive strategies in conjunction with masks, hand sanitizer and regular cleaning.

YCSC will use Appendix A to document the initial inspection with respect to ventilations.

The following is the CDC's July 9th, 2021 guidance on ventilation, which YCSC will abide by:

Improving ventilation is an important COVID-19 prevention strategy that can reduce the number of virus particles in the air. Along with other preventive strategies, including wearing a well-fitting, multi-layered mask, bringing fresh outdoor air into a building helps keep virus particles from concentrating inside.

This can be done by opening multiple doors and windows, using child-safe fans to increase the effectiveness of open windows, and making changes to the HVAC or air filtration systems.

During transportation, open or crack windows in buses and other forms of transportation, if doing so does not pose a safety risk. Keeping windows open a few inches improves air circulation.

For more specific information about maintenance, use of ventilation equipment, actions to improve ventilation, and other ventilation considerations, YCSC will refer to the following CDC resource on ventilation:

[CDC's Ventilation in Schools and Child care Programs](#)



Opening windows, using portable air cleaners, and improving building-wide filtration are ways you can increase ventilation in your school or childcare program.

How to use CDC building recommendations in your setting:

Ventilation is one component of maintaining healthy environments, and is an important COVID-19 prevention strategy for schools and childcare programs. Wearing a well-fitting, multi-layer mask helps prevent virus particles from entering the air or being breathed in by the person wearing a mask. Good ventilation is another step that can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease. Below are ways you can improve ventilation in your school or childcare program, whether in a large building or in a home:



While implementing ventilation strategies, be sure to continue to take regular precautions to keep young children safe, such as using fans with covers and windows with screens.

Continue to follow other preventive actions to help prevent the spread of COVID-19. Keep children separated as much as possible. Help children 2 years and older wear masks whenever possible. Children under age 2 should not wear masks.

Bring in as much outdoor air as possible.

- *If safe to do so, open windows and doors. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air. If it gets too cold or hot, adjust the thermostat. Do not open windows or doors if doing so poses a safety or health risk (such as falling, exposure to extreme temperatures, or triggering asthma symptoms).*
- *Use child-safe fans to increase the effectiveness of open windows. Safely secure fans in a window to blow potentially contaminated air out and pull new air in through other open windows and doors.*
- *Consider having activities, classes, or lunches outdoors when circumstances allow.*

Ensure Heating, Ventilation, and Air Conditioning (HVAC) settings are maximizing ventilation.

- *Make sure your ventilation systems are serviced and meeting code requirements. They should provide acceptable indoor air quality, as defined by ASHRAE Standard 62.1*
- *external icon*

- , for the current occupancy level for each space.* Home-based childcare programs should meet requirements established by their state and local regulatory authorities.
- Set HVAC systems to bring in as much outdoor air as your system will safely allow. Reduce or eliminate HVAC air recirculation, when practical and with expert HVAC consultation.*
- Increase the HVAC system's total airflow supply to occupied spaces when you can. More air flow encourages air mixing and ensures any recirculated air passes through the filter more frequently.
- Disable demand-controlled ventilation (DCV) controls that reduce air supply based on occupancy or temperature. This way the air supply will remain constant throughout the day.
- For simple HVAC systems controlled by a thermostat, setting the fan control switch from "Auto" to "On" will ensure the HVAC system provides continuous air filtration and distribution.
- Consider running the HVAC system at maximum outside airflow for 2 hours before and after the building is occupied to refresh air before arrival and remove remaining particles at the end of the day.



Good ventilation is important, especially in areas where students may not be able to wear masks. Eating meals outside is best. If you need to have students eat in a cafeteria, use methods such as opening windows, maximizing filtration as much as the system will allow and using portable HEPA air cleaners.

Filter and/or clean the air in your school or childcare program.

- Improve the level of air filtration as much as possible without significantly reducing airflow.

- *Make sure the filters are sized, installed, and replaced according to manufacturer's instructions.*
- *Consider portable air cleaners that use high-efficiency particulate air (HEPA) filters to enhance air cleaning wherever possible, especially in higher-risk areas such as a nurse's office or sick/isolation room.*
- *Consider using ultraviolet germicidal irradiation (UVGI) in schools and non-home-based childcare programs as a supplemental treatment to inactivate the virus that causes COVID-19, especially if options for increasing ventilation and filtration are limited. Consult a qualified professional to help design and install any UVGI system.*



Opening vehicle windows even a little bit can improve ventilation.

Use exhaust fans in restrooms and kitchens.

- *Inspect and maintain exhaust ventilation systems in restrooms and kitchens.*
- *Ensure restroom and kitchen exhaust fans are on and operating at full capacity while the school or childcare program is occupied and for 2 hours afterward.*

Open windows in transportation vehicles.

- *Ventilation is important on buses and vans servicing schools and childcare programs, along with other strategies such as mask use for people over 2 years old and physical distancing.*

- *Keep vehicle windows open when it does not create a safety or health hazard. Having more windows open is more helpful, but even just cracking a few windows open is better than keeping all windows closed.*

Additional ventilation recommendations for different types of school buildings can be found in the American Society of Heating, Refrigerating, and Air-Conditioning Engineers (ASHRAE) schools and universities guidance document pdf icon external icon.

Funds provided through the Elementary and Secondary Schools Emergency Relief Programs and the Governor's Emergency Education Relief Programs can support improvements to ventilation. Please see question B-7 of the U.S. Department of Education Uses of Funds pdf icon external icon guidance for these programs.

Correction of COVID-19 Hazards

YCSC will document and correct unsafe or unhealthy work conditions, practices or procedures as outline in **Appendix B: COVID-19 Inspections** form. Hazards will be corrected in a timely manner based on the severity of the hazards, as follows:

Control of COVID-19 Hazards

Physical Distancing

Where possible, YCSC ensure appropriate physical distancing at all times in our workplace by:

Abiding by the most recent guidance from the CDC (July 9th, 2021) and CDPH (July 12, 2021) regarding physical distancing.

The following is the CDC guidance for schools as of July 12th, 2021:

Because of the importance of in-person learning, schools where not everyone is fully vaccinated should implement physical distancing to the extent possible within their

structures, but should not exclude students from in-person learning to keep a minimum distance requirement. In general, CDC recommends people who are not fully vaccinated maintain physical distance of at least 6 feet from other people who are not in their household. However, several studies from the 2020-2021 school year show low COVID-19 transmission levels among students in schools that had less than 6 feet of physical distance when the school implemented and layered other prevention strategies, such as the use of masks.

Based on studies from 2020-2021 school year, CDC recommends schools maintain at least 3 feet of physical distance between students within classrooms, combined with indoor mask wearing by people who are not fully vaccinated, to reduce transmission risk. When it is not possible to maintain a physical distance of at least 3 feet, such as when schools cannot fully re-open while maintaining these distances, it is especially important to layer multiple other prevention strategies, such as indoor masking, screening testing, cohorting, improved ventilation, handwashing and covering coughs and sneezes, staying home when sick with symptoms of infectious illness including COVID-19, and regular cleaning to help reduce transmission risk. Mask use by people who are not fully vaccinated is particularly important when physical distance cannot be maintained. A distance of at least 6 feet is recommended between students and teachers/staff, and between teachers/staff who are not fully vaccinated.

Cohorting: Cohorting means keeping people together in a small group and having each group stay together throughout an entire day. Cohorting can be used to limit the number of students, teachers, and staff who come in contact with each other, especially when it is challenging to maintain physical distancing, such as among young children, and particularly in areas of moderate-to-high transmission levels. The use of cohorting can limit the spread of COVID-19 between cohorts but should not replace other prevention measures within each group. Cohorting people who are fully vaccinated and people who are not fully vaccinated into separate cohorts is not recommended. It is a school's responsibility to ensure that cohorting is done in an equitable manner that does not perpetuate academic, racial, or other tracking, as described in the U.S. Department of Education COVID-19 Handbook, Volume 1 external icon

Cleaning and disinfecting

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

Taken from July 12, 2021 CDPH Guidance

1. Cleaning recommendations

- a. In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.*
- b. For more information on cleaning a facility regularly, when to clean more frequently or disinfect, cleaning a facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities, see *Cleaning and Disinfecting Your Facility*.*
- c. If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.*

*The following is the CDC's guidance for *Cleaning and Disinfecting Your Facility*:*

The virus that causes COVID-19 can land on surfaces. It's possible for people to become infected if they touch those surfaces and then touch their nose, mouth, or eyes. In most situations, the risk of infection from touching a surface is low. The most reliable way to prevent infection from surfaces is to regularly wash hands or use hand sanitizer.

Cleaning and disinfecting surfaces can also reduce the risk of infection.

Always follow standard practices and appropriate regulations specific to your type of facility for minimum standards for cleaning and disinfection. This guidance is indicated for buildings in community settings and is not intended for healthcare settings or for other facilities where specific regulations or practices for cleaning and disinfection may apply. Additionally, this guidance only applies to cleaning and disinfection practices to prevent the spread of the virus that causes COVID-19. It does not apply to any cleaning or disinfection needed to prevent the spread of other germs.

When to Clean and When to Disinfect

Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and decreases risk of infection from surfaces.

When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility.

Disinfecting (using U.S. Environmental Protection Agency (EPA) 's List N disinfectants [external icon](#)) kills any remaining germs on surfaces, which further reduces any risk of spreading infection.

You may want to either clean more frequently or choose to disinfect (in addition to cleaning) in shared spaces if the space is a high traffic area or if certain conditions apply that can increase the risk of infection from touching surfaces:

- *High transmission of COVID-19 in your community;*
- *Low vaccination rates in your community;*
- *Infrequent use of other prevention measures, such as mask wearing (among unvaccinated people) and hand hygiene; or*
- *The space is occupied by people at increased risk for severe illness from COVID-19*

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean AND disinfect the space.

Routine Cleaning

Consider the type of surface and how often the surface is touched. Generally, the more people who touch a surface, the higher the risk. Prioritize cleaning high-touch surfaces at least once a

day. If the space is a high traffic area, or if certain conditions (listed above) apply, you may choose to clean more frequently or disinfect in addition to cleaning.

Consider the Resources and Equipment Needed

Keep in mind the availability of cleaning products and the personal protective equipment (PPE) appropriate for the cleaners and disinfectants used (as recommended on the product label).

Clean High-Touch Surfaces

Clean high-touch surfaces at least once a day or as often as determined is necessary. Examples of high-touch surfaces include: pens, counters, shopping carts, tables, doorknobs, light switches, handles, stair rails, elevator buttons, desks, keyboards, phones, toilets, faucets, and sinks.

Protect Yourself and Other Cleaning Staff

- *Ensure cleaning staff are trained on proper use of cleaning (and disinfecting, if applicable) products.*
- *Read the instructions on the product label to determine what safety precautions are necessary while using the product. This could include PPE (such as gloves, glasses, or goggles), additional ventilation, or other precautions.*
- *Wash your hands with soap and water for 20 seconds after cleaning. Be sure to wash your hands immediately after removing gloves.*
 - *If hands are visibly dirty, always wash hands with soap and water.*
 - *If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.*
- *Special considerations should be made for people with asthma. Some cleaning and disinfection products can trigger asthma. Learn more about reducing your chance of an asthma attack while disinfecting to prevent COVID-19.*

Disinfect Safely When Needed

If you determine that regular disinfection may be needed

- *If your disinfectant product label does not specify that it can be used for both cleaning and disinfection, clean visibly dirty surfaces with soap or detergent before disinfection.*
- *Use a disinfectant product from the EPA List N external icon*

- *that is effective against COVID-19. Check that the [EPA Registration number](#)*
- *[external icon](#)*
- *on the product matches the registration number in the List N search tool. See [Tips on using the List N Tool external icon](#)*
- .
 - *If products on [EPA List N Disinfectants for Coronavirus \(COVID-19\)](#)*
 - *[external icon](#)*
 - *are not available, [bleach solutions](#) can be used if appropriate for the surface.*
- *Always follow the directions on the label to ensure safe and effective use of the product. The label will include safety information and application instructions. Keep disinfectants out of the reach of children. Many products recommend keeping the surface wet with a disinfectant for a certain period (see “contact time” on the product label).*
 - *Check the product label to see what PPE (such as gloves, glasses, or goggles) is required based on potential hazards.*
 - *Ensure adequate ventilation (for example, open windows).*
 - *Use only the amount recommended on the label.*
 - *If diluting with water is indicated for use, use water at room temperature (unless stated otherwise on the label).*
 - *Label diluted cleaning or disinfectant solutions.*
 - *Store and use chemicals out of the reach of children and pets.*
 - *Do not mix products or chemicals.*
 - *Do not eat, drink, breathe, or inject cleaning and disinfection products into your body or apply directly to your skin. They can cause serious harm.*
 - *Do not wipe or bathe people or pets with any surface cleaning and disinfection products.*

See [EPA's Six Steps for Safe and Effective Disinfectant Use](#)

[external icon](#)

Alternative Disinfection Methods

- *The effectiveness of [alternative surface disinfection methods external icon](#) such as ultrasonic waves, high intensity UV radiation, and LED blue light against the virus that causes COVID-19 has not been fully established.*

- *CDC does not recommend the use of sanitizing tunnels. Currently, there is no evidence that sanitizing tunnels are effective in reducing the spread of COVID-19. Chemicals used in sanitizing tunnels could cause skin, eye, or respiratory irritation or injury.*
- *In most cases, fogging, fumigation, and wide-area or electrostatic spraying are not recommended as primary methods of surface disinfection and have several safety risks to consider, unless specified as a method of application on the product label.*

Clean and Disinfect Specific Types of Surfaces

Soft surfaces such as carpet, rugs, and drapes

- *Clean the surface using a product containing soap, detergent, or other type of cleaner appropriate for use on these surfaces.*
- *Laundry items (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.*
- *If you need to disinfect, use a product from EPA List N*
- *external icon*
- *approved for use on soft surfaces.*

Laundry such as clothing, towels, and linens

- *Use the warmest appropriate water setting and dry items completely.*
- *It is safe to wash dirty laundry from a person who is sick with other people's items.*
- *If handling dirty laundry from a person who is sick, wear gloves and a mask.*
- *Clean clothes hampers or laundry baskets according to guidance for surfaces.*
- *Wash hands after handling dirty laundry.*

Electronics such as tablets, touch screens, keyboards, remote controls, and ATM machines

- *Consider putting a wipeable cover on electronics, which makes cleaning and disinfecting easier.*
- *Follow the manufacturer's instructions and recommendations for cleaning the electronic device.*
- *For electronic surfaces that need to be disinfected, use a product on EPA List N*
- *external icon*
- *that meets manufacturer's recommendations. Many of the products for electronics contain alcohol because it dries quickly.*

Outdoor areas

- *Spraying cleaning products or disinfectants in outdoor areas – such as on sidewalks, roads, or groundcover – is not necessary, effective, or recommended.*
- *High-touch surfaces made of plastic or metal, such as grab bars, play structures, and railings, should be cleaned regularly.*
- *Cleaning and disinfection of wooden surfaces (such as wood play structures, benches, tables) or groundcovers (such as mulch and sand) is not recommended.*

Clean and Disinfect Your Facility When Someone is Sick

If there has been a sick person or someone who tested positive for COVID-19 in your facility within the last 24 hours, you should clean and disinfect the spaces they occupied.

Before cleaning and disinfecting

- *Close off areas used by the person who is sick and do not use those areas until after cleaning and disinfecting.*
- *Wait as long as possible (at least several hours) before you clean and disinfect.*

While cleaning and disinfecting

- *Open doors and windows and use fans or HVAC (heating, ventilation, and air conditioning) settings to increase air circulation in the area.*
- *Use products from EPA List N*
- *external icon*
- *according to the instructions on the product label.*
- *Wear a mask and gloves while cleaning and disinfecting.*
- *Focus on the immediate areas occupied by the person who is sick or diagnosed with COVID-19 unless they have already been cleaned and disinfected.*
- *Vacuum the space if needed. Use a vacuum equipped with high-efficiency particulate air (HEPA) filter and bags, if available.*
 - *While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation heating, ventilation, and air conditioning systems to avoid contamination of HVAC units.*
 - *Do NOT deactivate central HVAC systems. These systems provide better filtration capabilities and introduce outdoor air into the areas that they serve.*

- *It is safe to wash dirty laundry from a person who is sick with COVID-19 with other people's items, if needed.*
- *Ensure safe and correct use and storage of cleaning and disinfectant products, including storing such products securely and using PPE needed for the cleaning and disinfection products.*

If less than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, clean and disinfect the space.

If more than 24 hours have passed since the person who is sick or diagnosed with COVID-19 has been in the space, cleaning is enough. You may choose to also disinfect depending on certain conditions or everyday practices required by your facility.

If more than 3 days have passed since the person who is sick or diagnosed with COVID-19 has been in the space, no additional cleaning (beyond regular cleaning practices) is needed.

Additional Considerations for Employers and Facility Operators

- *Educate workers who clean, wash laundry, and pick up trash to recognize the symptoms of COVID-19.*
- *Develop policies to protect and train workers before assigning cleaning and disinfecting tasks.*
 - *To protect workers from hazardous chemicals, training should include when to use PPE, what PPE is necessary (refer to Safety Data Sheet for specific cleaning and disinfection products), how to properly put on, use, and take off PPE, and how to properly dispose of PPE.*
- *Ensure workers are trained to read labels on the hazards of the cleaning and disinfecting chemicals used in the workplace according to OSHA's Hazard Communication standard (29 CFR 1910.1200 external icon)*
- *Comply with OSHA's standards on Bloodborne Pathogens (29 CFR 1910.1030 external icon), including proper disposal of regulated waste, and PPE (29 CFR 1910.132 external icon).*

This guidance is indicated for cleaning and disinfecting buildings in community settings to reduce the risk of COVID-19 spreading. This guidance is not intended for healthcare settings or for operators of facilities such as food and agricultural production or processing workplace settings, manufacturing workplace settings, or food preparation and food service areas where specific regulations or practices for cleaning and disinfection may apply.

Investigating and Responding to COVID-19 Cases

YCSC will respond to and investigate all Covid-19 cases by using the Appendix C: Investigating COVID-19 Cases form.

Employees who had potential COVID-19 exposure in our workplace will be:

- *YCSC will offer COVID-19 testing at no cost during their working hours.*
- *The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.*

Hand sanitizing

To implement effective hand sanitizing procedures, YCSC will do the following in accordance with CDPH guidance from July 12th, 2021:

1. Hand hygiene recommendations

a. Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.

b. Promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.

c. Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

In addition, the CDC has the following detail regarding hand sanitizing on their July 9th, 2021 guidance:

Handwashing and Respiratory Etiquette

People should practice handwashing and [respiratory etiquette](#) (covering coughs and sneezes) to keep from getting and spreading infectious illnesses including COVID-19. Schools can monitor and reinforce these behaviors and provide adequate handwashing supplies.

1) Teach and reinforce [handwashing](#) with soap and water for at least 20 seconds.

2) Remind everyone in the facility to wash hands frequently and assist young children with handwashing.

3) If handwashing is not possible, use hand sanitizer containing at least 60% alcohol (for teachers, staff, and older students who can safely use hand sanitizer). Hand sanitizers should be stored up, away, and out of sight of young children and should be used only with adult supervision for children under 6 years of age.

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

Masks

- a. *Masks are optional outdoors for all in K-12 school settings.*
- b. *K-12 students are required to mask indoors, with exemptions per CDPH face mask guidance. Adults in K-12 school settings are required to mask when sharing indoor spaces with students.*
- c. *Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.*
- d. *Schools must develop and implement local protocols to provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.*
- e. *Consistent with guidance from the 2020-21 school year, schools must develop and implement local protocols to enforce the mask requirements. Additionally, schools should offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering. Note: Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.*
- f. *In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special*

needs) a face shield with a drape (per CDPH guidelines) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.

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

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

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

We also provide and ensure use of eye and respiratory protection when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids. [Delete if not applicable to your workplace. Examples include, but are not limited to, certain dental procedures and outpatient medical specialties not covered by section 5199. If applicable, ensure use of respirators is in compliance with section 5144 requirements for a respirator protection program]

Testing of symptomatic employees

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

Investigating and Responding to COVID-19 Cases

YCSC will respond to and investigate all Covid-19 cases by using the Appendix C: Investigating COVID-19 Cases form.

Employees who had potential COVID-19 exposure in our workplace will be:

- *YCSC will offer COVID-19 testing at no cost during their working hours excluding:*
 - *Employees who were fully vaccinated before the close contact and do not have symptoms.*
 - *COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.*

YCSC will also provide written notice within 1 day of your knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers at the worksite during the high-risk exposure period. These notifications must meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c), and in a form readily understandable by employees and can be anticipated to be received by the employee.

- *The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.*

What to do if there is a Confirmed or Suspected Case of COVID-19 in a School

What measures should be taken when a student, teacher or staff member has symptoms, is a contact of someone infected, or is diagnosed with COVID-19?

Table 2. Actions to take if there is a confirmed or suspected case of COVID-19 in a school

	Student or Staff with:	Action	Communication with school community
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1	<p>COVID-19 symptoms (e.g., fever, cough, loss of taste or smell, difficulty breathing) Symptom screening: per CDC Symptom of COVID-19.</p>	<ul style="list-style-type: none"> ● Send home if at school. ● Recommend testing (If positive, see #3, if negative, see #4). ● School/classroom remain open. 	<ul style="list-style-type: none"> ● No action needed.
2	<p>Close contact (†) with a confirmed COVID-19 case.</p>	<ul style="list-style-type: none"> ● Send home if at school. ● Exclude from school for 10 days from last exposure, per CDPH quarantine recommendations. ● Recommend testing 5-7 days from last exposure (but will not shorten 10-day exclusion if negative). ● School/classroom remain open. 	<ul style="list-style-type: none"> ● Consider school community notification of a known exposure. No action needed if exposure did not happen in school setting.

3	Confirmed COVID-19 case infection.	<ul style="list-style-type: none"> ● Notify the LHD. ● Exclude from school for 10 days from symptom onset date or, if asymptomatic, for 10 days from specimen collection date. ● Identify school contacts (†), inform the LHD of identified contacts, and exclude contacts (possibly the entire stable group (††)) from school for 10 days after the last date the case was present at school while infectious. ● Recommend testing asymptomatic contacts 5-7 days from last exposure and immediate testing of symptomatic contacts (negative test results will not shorten 10-day exclusion). ● Disinfection and cleaning of classroom and primary spaces where case spent significant time. ● School remains open. 	<ul style="list-style-type: none"> ● School community notification of a known case. ● Notification of persons with potential exposure if case was present in school while infectious
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4.	Symptomatic person tests negative or a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition, or at least 10 days have passed since symptom onset	<ul style="list-style-type: none"> ● May return to school after 24 hours have passed without fever and symptoms have started improving. ● School/classroom remain open. 	<ul style="list-style-type: none"> ● Consider school community notification if prior awareness of testing.
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(†) A contact is defined as a person who is within 6 feet from a case for more than 15 minutes cumulative within a 24-hour period, regardless of face coverings. In some school situations, it may be difficult to determine whether individuals have met this criterion and an entire stable group, classroom, or other group may need to be considered exposed, particularly if people have spent time together indoors.

(††) See Stable Group Guidance for definition of a stable group. In some situations, (e.g., when seating charts are used, face covering is well adhered to, and teachers or staff have observed students adequately throughout the day), contact tracing and investigation may be able to determine more precisely whether each stable group member has been exposed. In this situation, those who were not close contacts could continue with in-person instruction.

School Closure Determinations

What are the criteria for closing a school to in-person learning?

Individual school closure, in which all students and staff are not on campus, is recommended based on the number of cases and stable groups impacted, which suggest that active in-school transmission is occurring. Closure should be done in consultation with the LHO. Situations that may indicate the need for school closure:

- Within a 14-day period, an **outbreak** has occurred in 25% or more stable groups in the school.
- Within a 14-day period, at least three **outbreaks** have occurred in the school AND more than 5% of the school population is infected.
- The LHO may also determine school closure is warranted for other reasons, including results from public health investigation or other local epidemiological data.

Length of closure: 14 days, or according to a decision made in consultation with the LHO.

The State Safe Schools for All Technical Assistance teams (TA teams), comprised of experts across multiple state agencies, will be available to assist schools with disease investigation for those with outbreaks that cannot find resources to investigate the outbreaks. The TA teams will also be available to help schools that close in order to identify and address any remediable safety issues.

If a school is closed, when may it reopen?

Schools may typically reopen after 14 days and if the following have occurred:

- Cleaning and disinfection
- Public health investigation
- Consultation with the LHD

What are the criteria for closing a LEA?

A school district should close if 25% or more of schools in a district have closed due to COVID-19 within a 14-day period and in consultation with the LHD.

System for Communicating

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

- *Who employees should report COVID-19 symptoms, possible close contacts and hazards to, and how.*
- *That employees can report symptoms, possible close contacts and hazards without fear of reprisal.*
- *How employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations.*
- *Access to COVID-19 testing when testing is required.*
- *The COVID-19 hazards employees (including other employees and individuals in contact with our workplace) may be exposed to what is being done to control those hazards, and our COVID-19 policies and procedures.*

YCSC's Training and Instruction

YCSC will use Appendix D: COVID-19 Training Roster document this training.

We provide effective employee training and instruction that includes:

- *Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.*
- *Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.*
- *The fact that:*
 - *COVID-19 is an infectious disease that can be spread through the air.*

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

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

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

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

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

are met.

- *Excluding employees that had a close contact from the workplace until our return-to-work criteria have been met, with the following exceptions:*
 - *Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms.*
 - *COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test.*
- *For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits.*
- *Providing employees at the time of exclusion with information on available benefits.*
- *This will be accomplished by YCSC's HR team in collaboration with ICOE.*

Reporting, Recordkeeping, and Access

It is YCSC's policy to:

- *Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.*
- *Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with section 3203(b).*

- *Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.*
- *Use the Appendix C: Investigating COVID-19 Cases form to keep a record of and track all COVID-19 cases.*

Return-to-Work Criteria

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

- *If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted. [Reference section 3205(c)(10)(E) and (F) for additional guidance.]*

Return-to-Work Criteria

YCSC will abide by the July 12th, 2021 CDPH guidance with respect to return to in-person instruction:

- 1. Quarantine recommendations for vaccinated close contacts*
 - a. For those who are vaccinated, follow the CDPH Fully Vaccinated People Guidance regarding quarantine.*
- 2. Quarantine recommendations for unvaccinated students for exposures when both parties were wearing a mask, as required in K-12 indoor settings. These are adapted from the CDC K-12 guidance and CDC definition of a close contact.*
 - a. When both parties were wearing a mask in the indoor classroom setting, unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified 10-day quarantine as follows. They may continue to attend school for in-person instruction if they:*
 - i. Are asymptomatic;*
 - ii. Continue to appropriately mask, as required;*
 - iii. Undergo at least twice weekly testing during the 10-day quarantine; and*
 - iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.*
- 3. Quarantine recommendations for: unvaccinated close contacts who were not wearing masks or for whom the infected individual was not wearing a mask during the indoor exposure; or unvaccinated students as described in #8 above.*
 - a. For these contacts, those who remain asymptomatic, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:*
 - i. Quarantine can end after Day 10 from the date of last exposure without testing; OR*
 - ii. Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.*
 - b. To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:*
 - i. Continue daily self-monitoring for symptoms through Day 14 from last known*

exposure; AND

ii. Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through Day 14 from last known exposure.

c. If any symptoms develop during this 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.

4. Isolation recommendations

a. For both vaccinated and unvaccinated persons, follow the CDPH Isolation Guidance for those diagnosed with COVID-19.

Appendix A: Identification of COVID-19 Hazards

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

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

Person conducting the evaluation: **[enter name(s)]** Date: **[enter date]**

Name(s) of employee and authorized employee representative that participated: **[enter name(s)]**

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

Appendix B: COVID-19 Inspections

[This form is only intended to get you started. Review the information available at www.dir.ca.gov/dosh/coronavirus/ for additional guidance on what to regularly inspect for, including issues that may be more pertinent to your particular type of workplace. You will need to modify the form accordingly.]

Date: [enter date]

Name of person conducting the inspection: [enter names]

Work location evaluated: [enter information]

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Ventilation* (amount of fresh air and filtration maximized)			
Additional room air filtration*			
[Add any additional controls your workplace is using]			
Administrative			
Surface cleaning and disinfection (frequently enough and adequate supplies)			

Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
[Add any additional controls your workplace is using]			

Exposure Controls

Status

Person Assigned to Correct

Date Corrected

[Add any additional controls your workplace is using]

PPE (not shared, available and being worn) Face coverings (cleaned sufficiently often) Gloves Face shields/goggles Respiratory protection [Add any additional controls your workplace is using]

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

Appendix C: Investigating COVID-19 Cases

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

Date: [enter date COVID-19 case – suspected/confirmed - became known to the employer] Name of person conducting the investigation: [enter name]

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

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

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

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

Date investigation was initiated: [enter information]

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

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

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

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

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

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

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

[enter information]

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

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

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

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

Names of individuals that were notified:	Date

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

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

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

Date: [enter date]

Appendix D: COVID-19 Training Roster

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

Employee Name	Signature

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

Employee Name	Fully or Partially Vaccinated ¹	Method of Documentation ²

¹Update, accordingly and maintain as confidential medical record
²Acceptable options include:

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

Additional Consideration #1

Multiple COVID-19 Infections and COVID-19 Outbreaks

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

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

COVID-19 testing

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

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

1. Employees in the exposed group wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions indicated in our CPP apply).

2. We give notice to employees in the exposed group of their right to request a respirator for voluntary use if they are not fully vaccinated.
3. We evaluate whether to implement physical distancing of at least six feet between persons, or where six feet of physical distancing is not feasible, the need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

COVID-19 investigation, review, and hazard correction

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

The investigation and review is documented and includes:

- Investigation of new or unabated COVID-19 hazards including:
 - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
 - Our COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.

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

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

Buildings or structures with mechanical ventilation

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

Additional Consideration #2

Major COVID-19 Outbreaks

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

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

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

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

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

Additional Consideration #3

COVID-19 Prevention in Employer-Provided Housing

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

Assignment of housing units

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

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

Ventilation

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

Face coverings

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

Cleaning and disinfection

We ensure that:

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

Screening

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

COVID-19 testing

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

COVID-19 cases and close contacts

We:

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

Additional Consideration #4

COVID-19 Prevention in Employer-Provided Transportation

[This addendum will need to be added to your CPP if there is employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, facilities, and agricultural fields provided, arranged for, or secured by an employer, regardless of the travel distance or duration involved. Reference section [3205.4](#) for details.]

This addendum does not apply:

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

Assignment of transportation

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

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

Face coverings and respirators

We ensure that the:

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

Screening

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

Cleaning and disinfecting

We ensure that:

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

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

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

Ventilation

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

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

Hand hygiene

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

