

COVID-19 Prevention Program (CPP) for Willows Unified School District

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

Date: September 28, 2021

Authority and Responsibility

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

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

Identification and Evaluation of COVID-19 Hazards

We implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Document the vaccination status of our employees by using **Appendix E: Documentation of Employee COVID-19 Vaccination Status**, which is maintained as a confidential medical record.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace

Isolation recommendations

For both vaccinated and unvaccinated persons, follow the CDPH [Isolation Guidance](#) for those diagnosed with COVID-19.

- 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.

Case reporting, contact tracing and investigation

Per AB 86 (2021) and California Code Title 17, section 2500, schools are required to report COVID-19 cases to the local public health department.

Schools or LEAs should have a COVID-19 liaison to assist the local health department with contact tracing and investigation.

Employee participation

Employees and their authorized employees' representatives are encouraged to participate in the

identification and evaluation of COVID-19 hazards.

Employee screening

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

CDPH has a robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.).

Resources for schools interested in testing include: California's Testing Task Force [K-12 Schools Testing Program](#), [K-12 school-based COVID-19 testing strategies](#) and [Updated Testing Guidance](#); The Safe Schools for [All state technical assistance \(TA\)](#) portal; and the [CDC K-12 School Guidance](#) screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

Correction of COVID-19 Hazards

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.

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).

Masks are optional outdoors for all in K-12 school settings.

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.

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.

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.

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.

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.

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

- When an employee is alone in a room or a vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
- Employees are required to wear respirators in accordance with our respirator program that meets section 5144 requirements.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability,

or who are hearing-impaired or communicating with a hearing-impaired person. Such employees will wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it.

- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

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

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

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

Engineering controls

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

For indoor spaces, ventilation should be optimized, which can be done by following [CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools](#).

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:

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.

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

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](#).

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.

Hand sanitizing

To implement effective hand sanitizing procedures, we:

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

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

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.

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

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

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

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

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

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. District employees will report directly to the district school nurse.
- 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. Employees may request accommodations with the district superintendent.
- Access to COVID-19 testing when testing is required. The district nurse will provide a rapid test upon request from any district employee.
- The COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures. All COVID-19 related issues will be handled by the district nurse and health staff to maintain confidentiality of the employees.

Training and Instruction

We provide effective employee training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
- Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air.
 - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
 - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators. Employees voluntarily using respirators

will be trained according to section 5144(c)(2) requirements:

- How to properly wear them.
- How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair can interfere with a seal.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
 - The conditions where face coverings must be worn at the workplace.
 - That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
 - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.
- All district employees have completed mandated COVID-19 safety and prevention training courses offered by Golden State Risk Management.

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. This will be accomplished by following state and federal employment guidelines, leave provisions and workers' compensation laws.
- Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

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

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.

Quarantine recommendations for vaccinated close contacts:

For those who are vaccinated, follow the [CDPH Fully Vaccinated People Guidance](#) regarding quarantine.

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:

When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), unvaccinated students who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:

- Are asymptomatic;
- Continue to appropriately mask, as required;
- Undergo at least twice weekly testing during quarantine; and
- Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.

Quarantine duration recommendations for unvaccinated [close contacts](#) in:

- Standard quarantine (i.e., students who were not wearing masks or for whom the infected individual was not wearing a mask during the exposure); OR
- Modified quarantine (i.e., students as described in #8 above).

These contacts, if they remain asymptomatic (meaning they have NOT had any symptoms), may discontinue self-quarantine under the following conditions:

- Quarantine can end after Day 10 from the date of last exposure without testing; OR
- Quarantine can end after Day 7 if a test specimen (i.e., antigen diagnostic test, PCR/molecular diagnostic test, or pooled PCR/molecular test) is collected on or after Day 5 from the date of last exposure and tests negative.

To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts should:

- Continue daily self-monitoring for symptoms through Day 14 from last known exposure; AND
- 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.

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.

Isolation recommendations

For both vaccinated and unvaccinated persons, follow the CDPH [Isolation Guidance](#) for those diagnosed with COVID-19.

Appendix B: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

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

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:

Name of person conducting the investigation:

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

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

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

Names of employees/representatives involved in the investigation:

Date investigation was initiated:

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

Date and time the COVID-19 case was last present and excluded from the workplace:

Date of the positive or negative test and/or diagnosis:

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

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

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.

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

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

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

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?

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

Was local health department notified? Date?

Appendix D: COVID-19 Training Roster

Date:

Person that conducted the training:

Employee Name	Signature

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.