

**[Insert District Logo]**

# **COVID-19 Prevention Procedures (CPP)**

***A Cal/OSHA Compliant Addendum to the existing [LEA or  
Organization Name] Illness and Injury Prevention Program  
(IIPP).***

**[Insert Date]**

# Cal/OSHA Model COVID-19 Prevention Procedures (CPP) Background Information

In California, all employers are required to establish, implement, and maintain an effective, written Injury and Illness Prevention (IIPP) program that meets the requirements of California Code of Regulations (CCR), Title 8, section 3203. COVID-19 is considered a workplace hazard and most employers must address COVID-19 prevention under their workplace IIPP. COVID-19 prevention procedures must be addressed either in the written IIPP or maintained in a separate document.

Cal/OSHA has developed a model COVID-19 CPP to assist employers that choose to address their written COVID-19 hazard control procedures in a document separate from their IIPP. Employers are not required to use this CPP. Instead, they may create their own or use another CPP template. Cal/OSHA encourages employers to engage with employees in the design, implementation, and evolution of their CPP.

[LEA or Organization Name] used the Cal/OSHA model CPP effectively and ensured it meets the COVID-19 standard requirements through careful review of:

- Elements that are required in the following CCR, Title 8 sections:
  - **3205, COVID-19 Prevention**
  - **3205.1, COVID-19 Outbreaks**
  - **3205.2, COVID-19 Prevention in Employer-Provided Housing**
  - **3205.3, COVID-19 Prevention in Employer-Provided Transportation**
- Guidance and resources are available at [www.dir.ca.gov/dosh/coronavirus/](http://www.dir.ca.gov/dosh/coronavirus/)

CCR, Title 8 sections 3205 through 3205.3 apply until two years after February 3, 2023, except for the recordkeeping subsections 3205(j)(2) through (3), which apply until three years after February 3, 2023.



# COVID-19 Prevention Procedures (CPP)

## [LEA or Organization Name] an IIPP Addendum

This CPP is designed to control employees' exposures to the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2) that causes COVID-19 (Coronavirus Disease 2019) that may occur in the workplace. CCR, Title 8 sections 3205 through 3205.3 apply until two years after February 3, 2023, except for the recordkeeping subsections 3205(j)(2) through (3) which apply for three years after February 3, 2023.

**Date:** [Insert Date]

### Authority and Responsibility

[LEA or Organization Name] has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all Supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the procedures 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. This CPP applies to [LEA or Organization Name] staff not working in facilities, service categories and/or operations covered by the Aerosol Disease Transmissible Disease standard (Title 8, section 5199).

### Application of the [LEA or Organization Name] Injury & Illness Prevention Program (IIPP)

COVID-19 is a recognized hazard in the workplace that is addressed through the [LEA or Organization Name] IIPP, which will be effectively implemented and maintained to ensure the following:

1. When determining measures to prevent COVID-19 transmission and identifying and correcting COVID-19 hazards in [LEA or Organization Name] workplace:
  - a. All persons in the workplace are treated as potentially infectious, regardless of symptoms, vaccination status, or negative COVID-19 test results.
  - b. COVID-19 is treated as an airborne infectious disease. Applicable State of California and Santa Barbara County Public Health Department (SBCPHD) orders and guidance will be reviewed when determining measures to prevent transmission and identifying and correcting COVID-19 hazards. COVID-19 prevention controls include:
    - i. **Remote work.**
    - ii. **Physical distancing.**
    - iii. **Reducing population density indoors.**
    - iv. **Moving indoor tasks outside.**

- v. **Implementing separate shifts and/or break times.**
- vi. **Restricting access to work areas.**
- vii. **Illness protocol. Section 3(b)**
- viii. **Face Coverings.** Employees will be provided face coverings and required to wear them when required by a CDPH regulation or order. This includes spaces within vehicles when a CDPH regulation or order requires face coverings indoors. Face coverings will be clean, undamaged, and worn over the nose and mouth. If an employee is not wearing a face covering due to exceptions listed below (1.b.viii. b. A-E) the COVID-19 hazards will be assessed, and action taken as necessary.
  - a. Employees will not be prevented from wearing a face covering, including a respirator, when not required by this section, unless it creates a safety hazard.
  - b. When face masks are required, following exceptions apply:
    - A. When an employee is alone in a room or vehicle.
    - B. While eating or drinking at the workplace, provided employees are at least six feet apart and, if indoors, the supply of outside or filtered air has been maximized to the extent feasible.
    - C. While employees are wearing respirators required by the employer and used in compliance with CCR, Title 8 section 5144.
    - D. 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.
    - E. During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are being performed.
- ix. **Respirators.** Respirators will be provided for voluntary use to employees who request them and who are working indoors or in vehicles with more than one person. The requirements of CCR, Title 8 section 5144(c)(2) will be complied with according to the type of respirator (disposable filtering facepiece or elastomeric re-usable) provided to employees. Employees who request respirators for voluntary use will be:
  - a. Encouraged to use them.
  - b. Provided with a respirator of the correct size.
  - c. Trained on:
    - A. How to properly wear the respirator provided.
    - B. How to perform a user seal check according to the manufacturer's instructions each time a respirator is worn.
    - C. The fact that facial hair interferes with a seal.
- x. **Ventilation.** For our indoor workplaces [LEA or Organization Name] will:
  - a. Review CDPH and Cal/OSHA guidance regarding ventilation, including the [CDPH Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#). [LEA or Organization Name] will develop, implement, and maintain effective methods to prevent transmission of COVID-19, including one or more of the following actions to improve ventilation:
    - A. Maximize the supply of outside air 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.

- B. In buildings and structures with mechanical ventilation, filter circulated air through filters at least as protective as Minimum Efficiency Reporting Value (MERV)-13, or the highest level of filtration efficiency compatible with the existing mechanical ventilation system.
- C. Use High Efficiency Particulate Air (HEPA) filtration units in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.

- b. Determine if the workplace is subject to CCR, Title 8 section 5142 Mechanically Driven Heating, Ventilating and Air Conditioning (HVAC) Systems to Provide Minimum Building Ventilation, or section 5143 General Requirements of Mechanical Ventilation Systems, and comply as required.
- c. In vehicles, [LEA or Organization Name] will maximize the supply of outside air to the extent feasible, except when doing so would cause a hazard to employees or expose them to inclement weather.

2. **Training and Instruction.** [LEA or Organization Name] provides COVID-19 prevention training and instruction with documentation on **Appendix A COVID-19 Training Roster:**

- a. When this CPP was first established.
- b. To new employees.
- c. To employees given a new job assignment involving COVID-19 hazards and they have not been previously trained.
- d. Whenever new COVID-19 hazards are introduced.
- e. When made aware of new or previously unrecognized COVID-19 hazards.
- f. For Supervisors to familiarize themselves with the COVID-19 hazards to which employees under their immediate direction and control may be exposed.
- g. All training shall be consistent with Centers for Disease Control (CDC), Cal/OSHA, and/or state and local Public Health guidance and regulation.

3. **Investigation.** [LEA or Organization Name] Supervisors will investigate COVID-19 illnesses at the workplace. Procedures to investigate COVID-19 illnesses at the workplace include:

- a. Determining the day and time a COVID-19 case was last present; the date of the positive COVID-19 tests or diagnosis; and the date the COVID-10 case first had one or more COVID-19 symptoms. **Appendix B Investigating COVID-19 Cases** will be used to document this information. These records will be kept confidentially stored by [LEA or Organization Name] and retained for two years beyond the period in which it is necessary to meet the requirements of CCR, Title 8, sections 3205, 3205.1, 3205.2, and 3205.3.
- b. Effectively identifying and responding to persons with COVID-19 symptoms at the workplace.

- i. All [LEA or Organization Name] employees shall engage in a passive screening daily prior to coming to work that includes a self-assessment wellness check that they are fever-free (100.4 degrees Fahrenheit or higher) for 24 hours without the use of fever-reducing medication.
  - ii. All [LEA or Organization Name] employees are encouraged to stay home if ill, test and report to their Supervisor if they are positive for COVID-19.
  - iii. [LEA or Organization Name] requires ill employees to be fever-free (100.4 degrees Fahrenheit or higher) for 24 hours without the use of fever-reducing medication.
  - iv. [LEA or Organization Name] encourages any symptomatic employees, not affiliated with a known chronic condition, to use a face covering around others.
  - v. Employees will be informed by [LEA or Organization Name] of return-to-work criteria and benefits to which they may be entitled. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with [LEA or Organization Designee Title or Department].
4. **Response.** Effective procedures for responding to COVID-19 cases at the workplace include:
- a. **Exclusion.** Immediately excluding COVID-19 cases (including employees excluded under CCR, Title 8, section 3205.1) according to the following requirements:
    - i. COVID-19 cases will not return to work during the infectious period:
      - a. The infectious period of 5 days from the date of symptom onset or if no symptoms, positive test date,
      - b. At least 24 hours have passed since a fever of 100.4 degrees Fahrenheit or higher has resolved without the use of fever-reducing medication,
      - c. Symptoms are not present, or are mild and improving.
    - ii. **Face Coverings.** Regardless of vaccination status, previous infection, or lack of COVID-19 symptoms, a COVID-19 case must wear a face covering in the workplace until 10 days have passed since the date that COVID-19 symptoms began or, if the person did not have COVID-19 symptoms, from the date of their first positive COVID-19 test. Face coverings may be removed in fewer than 10 days with presentation of two negative tests at least 24 hours apart.
    - iii. Elements i and ii apply regardless of whether an employee has been previously excluded or other precautions were taken in response to an employee's close contact or membership in an exposed group.
  - b. **Notification.** Employees will be informed by [LEA or Organization Name] of return-to-work criteria and benefits to which they may be entitled. **Appendix C Positive Case Communication** will be used. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with [LEA or Organization Designee Title or Department].

- c. **Reviewing Public Health Guidance.** Reviewing current **California Department of Public Health (CDPH)** guidance for persons who had close contacts, including any guidance regarding quarantine or other measures to reduce transmission.
- d. **Policy Development.** The following effective policies will be developed, implemented, and maintained to prevent transmission of COVID-19 by persons who had close contacts. [LEA or Organization Name] has developed, implements and maintains the following effective policies for worksite exposure to COVID-19 to prevent transmission of COVID-19 by persons who had close contacts and those who may have potential exposure.
  - i. **Testing and Resources for Worksite Close Contacts.** [LEA or Organization Name] provides COVID-19 tests, face coverings, and respirators upon request at no cost, during paid time, to all employees who had a close contact in the workplace. These employees will be provided with the information outlined above. Exceptions are returned cases as defined in CCR, Title 8, section 3205(b)(11).
  - ii. **Notification of Worksite Close Contacts.** Employees and independent contractors who had a close contact at the worksite, as well as any employer with an employee who had a close contact, will be notified by Supervisors as soon as possible, and in no case longer than the time required to ensure that the exclusion requirements are met with a staff notification letter within 24 hours from knowledge using the **Appendix D Close Contact Notification Letter** that includes information:
    - a. Where and how free COVID-19 tests can be obtained,
    - b. Available leaves and benefits,
    - c. Disinfection and safety plan, and
    - d. Public Health recommendations for close contacts
  - iii. **Notification of Worksite Exposure.** When Labor Code section 6409.6 or any successor law is in effect, Supervisors will:
    - a. Provide notice of a worksite exposure due to the presence of COVID-19 case at the worksite during the infectious period, in a form readily understandable to employees in the exposed group for 15 days in a language commonly understood.
    - b. Supervisors will maintain documentation of the communication of worksite exposure for two years by one or more of the following methods The notices required by subsection 3205(e) will be kept in accordance with Labor Code section 6409.6 or any successor law:
      - A. Documentation of posting or distribution. **Appendix B Investigating COVID-19 Cases**
      - B. Hardcopy retention of the posting or distributed notice.
  - iv. The **Appendix E Worksite Exposure Notification** will be given to all employees, employers, and independent contractors at the worksite during the infectious period of the positive case in a manner that does not reveal the COVID-19 case's personal identifying information.
    - a. Posted in a common area, such as a breakroom, for 15 days in a language commonly understood.
    - b. Via direct hardcopy written communication to the impacted individuals via US Postal Service.
    - c. Via direct hardcopy written communication to the impacted individuals via common worksite distribution methods for hardcopy communication.
    - d. Via email communication.
    - e. Via alternative commonly understood written communication procedures.

- f. [LEA or Organization Name] will provide notice to the authorized representative in a manner that does not reveal the COVID-19 case's personal identifying information if the COVID-19 case was at the worksite during the infectious period. [LEA or Organization Name] will make available to the authorized representative:
    - A. Any employee who had a close contact at the worksite.
    - B. All employees on the premises at the same worksite as the COVID-19 case within the infectious period.
5. **Public Health Officer Order Compliance.** 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.
6. In the unlikely event that removal of an employee would create undue risk to a community's health, [LEA or Organization Name] may submit a request for a waiver to Cal/OSHA in writing to [rs@dir.ca.gov](mailto:rs@dir.ca.gov) to allow employees to return to work if it does not violate local or state health official orders for isolation, quarantine, or exclusion. In such cases, effective control measures will be implemented and maintained to prevent transmission in the workplace including, but not limited to:
  - a. Isolation for the employee at the worksite
  - b. Use of respirators
  - c. Alternative temporary worksite placements
  - d. Other mitigation prevention strategies
7. **Benefit Information Provision.** Upon excluding an employee from the workplace based on COVID-19, [LEA or Organization Designee Title or Department] will provide excluded employees information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws. This includes any benefits available under legally mandated sick leave, workers' compensation law, local governmental requirements, and [LEA or Organization Name] leave policies.
8. **COVID-19 Outbreak.** [LEA or Organization Name] will implement outbreak procedures if three or more employee COVID-19 cases within an exposed group solely epidemiologically connected to the worksite visited the worksite during their infectious period at any time during a 14-day period, unless a CDPH regulation or order defines outbreak using a different number of COVID-19 cases and/or a different time period in accordance with CCR, Title 8 section [3205.1](#)
  - a. Outbreak protocol will stay in effect until there are one or fewer new COVID-19 cases detected in the exposed group for a 14-day period.
  - b. **Reporting.** [LEA or Organization Name] shall comply with the requirements for notification to Santa Barbara County Public Health Department in accordance with Title 17 for TK-12 schools and as applicable, to the Regional Office for childcare in accordance with Title 22.
  - c. **Notification.** [LEA or Organization Name] will provide written communication of outbreak mitigation requirements in alignment with notification procedures outlined in section 4(c):
    - i. **Close contacts.** Appendix F Outbreak Close Contact Notification will be used.



- ii. **Exposed group. Appendix G Outbreak Worksite Exposure Notification** will be used.
- d. **COVID-19 Testing.** [LEA or Organization Name] will immediately provide COVID-19 testing available at no cost to employees within the exposed group, regardless of vaccination status, during employees' paid time, except for returned cases and employees who were not present at the workplace during the relevant 14-day period(s).
  - i. Additional testing is made available on a weekly basis to all employees in the exposed group who remain at the workplace.
  - ii. [LEA or Organization Name] will require employees who had close contacts within the exposed group to provide a negative COVID-19 test taken within three to five days after the close contact or will be excluded and follow [LEA or Organization Name] return-to-work requirements starting from the date of the last known close contact. Supervisors shall be responsible for enforcement of return-to-work criteria in communication with [LEA or Organization Designee Title or Department].
- e. **Face Coverings.** Employees in the exposed group, regardless of vaccination status, will wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions in this CPP applies.
- f. **Respirators.** Employees in the exposed group will be notified of their right to request and receive a respirator for voluntary use, as stipulated in this CPP. **Appendix G Outbreak Worksite Exposure Notification**
- g. **COVID-19 Investigation Review and Hazard Correction.** Supervisors will perform a review of potentially relevant COVID-19 policies, procedures and controls, and implement changes as needed to prevent further spread of COVID-19 when this addendum initially applies and periodically thereafter. **Appendix H Hazard Investigation Form** will be used. The investigation, review, and changes will be documented and include:
  - i. Investigation of new or unabated COVID-19 hazards including:
    - a. [LEA or Organization Name] leave policies and practices and whether employees are discouraged from remaining home when sick.
    - b. [LEA or Organization Name] COVID-19 testing policies.
    - c. Insufficient supply of outdoor air to indoor workplaces.
    - d. Insufficient air filtration.
    - e. Insufficient physical distancing.
  - ii. The review will be updated every 30 days that CCR, Title 8 section 3205.1 continues to apply:
    - a. In response to new information or to new or previously unrecognized COVID-19 hazards.
    - b. When otherwise necessary.

- c. Any changes implemented to reduce the transmission of COVID-19 based on the investigation and review, which may include:
  - A. Moving indoor tasks outdoors or having them performed remotely
  - B. Increasing the outdoor air supply when work is done indoors.
  - C. Improving air filtration.
  - D. Increasing physical distancing to the extent feasible.
  - E. Other applicable controls.
- h. **Ventilation.** Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
  - i. These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.
  - ii. Buildings or structures with mechanical ventilation will have recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, filters with the highest compatible filtering efficiency will be used. High Efficiency Particulate Air (HEPA) air filtration units will be used in accordance with manufacturers' recommendations in indoor areas occupied by employees for extended periods, where ventilation is inadequate to reduce the risk of COVID-19 transmission.
  - iii. These ventilation requirements will continue to be implemented after the outbreak has passed and CCR, Title 8 section 3205.1 is no longer applicable.
- 9. **Major Outbreaks.** The following will be done while CCR, Title 8 section 3205.1 applies if 20 or more employee COVID-19 cases in an exposed group visited the worksite during their infectious period within a 30-day period:
  - a. **Testing.** COVID-19 testing will be required of all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by Santa Barbara County Public Health Department. Employees in the exposed group will be tested or excluded and follow the CPP return-to-work requirements. The twice a week testing requirement ends when there are fewer than three new COVID-19 cases in the exposed group for a 14-day period. [LEA or Organization Name] will then follow weekly testing requirement until there are one or fewer new COVID-19 cases in the exposed group for a 14-day period. Supervisors shall be responsible for enforcement of testing in communication with [LEA or Organization Designee Title or Department].
  - b. **Reporting.** [LEA or Organization Name] will report the major outbreak to Cal/OSHA.

- c. **Respirators.** [LEA or Organization Name] will provide respirators for voluntary use to employees in the exposed group, encourage their use, and train employees according to CCR, Title 8 section 5144(c)(2) requirements. Supervisors will ensure respirator distribution and use protocol.
- d. Any employees in the exposed group who are not wearing respirators as required will be separated from other persons by at least six feet, except where it can be demonstrated that at least six feet of separation is not feasible, and except for momentary exposure while persons are in movement. When it is not feasible to maintain a distance of six feet, individuals will be as far apart as feasible. Supervisors will ensure distancing protocol. Methods of physical distancing include:
  - i. Telework or other remote work arrangements.
  - ii. Reducing the number of persons in an area at one time, including visitors.
  - iii. Visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel.
  - iv. Staggered arrival, departure, work, and break times.
  - v. Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.
  - vi. Other mitigation prevention strategies



## Appendix B: Positive Case Investigation Form

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. Unredacted 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. Supervisors are responsible for investigation of COVID-19 staff cases and staff close contacts.

Date COVID-19 case (suspect or confirmed) became known: **[enter information]**

Date investigation was initiated: **[enter information]**

Name of person(s) conducting the investigation: **[enter name(s)]**

### COVID-19 Case Summary

Name	Contact Info	Occupation	Location	Last day and time present	Date of positive test and/or diagnosis	Date of first symptoms

Summary of employees, independent contractors, and employees of other employers that came in close contact

**[CCR Title 8, section 3205 does not require recordkeeping for close contacts. These tables are included to assist in keeping track of which close contacts have been notified to meet the notice requirements.]**

Name	Contact Info	Date notified	Date offered COVID-19 testing (employees only)

Worksite Exposure notice of a COVID-19 case (employees, employers, independent contractors) – during the infectious period and regardless of a close contact occurring.

Name	Date notified

Summary notice of a COVID-19 case (authorized representative of the COVID-19 case and employee who had close contact).

Name	Date notified

# Appendix C: Positive Case Communication Template

All employees who test positive or may be excluded must be provided with written communication regarding return-to-work criteria and potential leave benefits of which they may be entitled. Supervisors must ensure that return-to-work criteria has been met.

## Template for Distribution:

[LEA or Organization Name] values the health and safety of our employees. We are sorry to hear of your illness and are here for you to answer any work-related questions. Please know that we take confidentiality seriously and have ensured that your information is protected. Medical questions and access to treatments for COVID-19 should be directed to a healthcare professional or SBCPHD. Please find below information for when you may return to work and information on benefits that you may be entitled. We hope that you feel better soon.

## COVID-19 Positive Return-to-Work Criteria:

Positive employees must remain home until all of the following return to work criteria have been met :

1. At least 5 days have passed since symptom onset or if asymptomatic, positive test date,
2. Symptoms are gone, or are mild and improving,
3. They have not had a fever for at least 24 hrs without the use of fever-reducing medication, AND
4. Employees agree to wear a mask around others through the end of Day 10.\*

*\*Employees can provide two negative tests 24 hours apart to end masking requirement. Negative test results should be provided to the supervisor.*

## Employee Leaves:

As an employee of the [LEA or Organization Name] you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact [LEA or Organization Designee Title or Department] to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you are entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits.</i>
Personal Sick Leave

Extended Illness Leave (Differential or Other Entitlement)

Depending on the functions of your job, you may contact your supervisor to request to work remotely during a quarantine or isolation period. All remote work arrangements must be approved by the division lead. We realize that COVID-19 may spark many concerns and emotions on your part. We encourage you to make use of our [\[Insert Employee Mental Health Resources Information if Applicable\]](#).

# Appendix D: Close Contact Notification Template

All employees who are identified as a worksite close contact must be provided with written communication regarding access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. Supervisors are responsible for notifying close contacts.

## **[LEA or Organization Name] COVID-19 Staff Close Contact Notification**

The health and safety of our students and staff is our top priority.

***Please read the information below and contact your supervisor with any questions that may be unique to your situation.***

-----  
**Individuals who have had close contact\*, regardless of vaccination status, and are asymptomatic are able to continue to work. Close Contacts:**

- Are **recommended to test within 3-5 days** after last exposure on **[Insert date(s) of exposure]**
- Are **recommended to wear a well-fitting mask around others for a total of 10 days**, especially in indoor settings and when near those at higher risk for severe COVID-19 disease
- Are strongly encouraged to get vaccinated or boosted

If symptoms develop, close contacts should stay home and test:

- If test result is positive, follow isolation requirements

Effective November 9, 2022 per [CDPH guidance](#), \***close contact** in indoor spaces of 400,000 or fewer cubic feet is defined as someone shares the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three individual 5-minute exposures for a total of 15 minutes) during an infected person's (laboratory-confirmed or a clinical diagnosis) infectious period.

### **COVID-19 SYMPTOMS**

as identified by the U.S. Centers for Disease Control include, but are not limited to the following:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### **RESPIRATOR**

You have a right to request a respirator for voluntary use at no cost through your supervisor or [LEA or Organization Designee Title or Department].

### **COVID-19 TESTING**

The sites listed below are options available for free COVID-19 testing.

Aptitude Clinical Diagnostic Testing Locations

1. [Earl Warren Showgrounds in Santa Barbara](#): Mon-Fri 9:00am – 5:00pm, and Sat - Sun 9:00am - 2:00pm
2. [Allan Hancock College in Santa Maria](#): Mon-Fri 9:00am - 5:00pm and Sat-Sun 9:00am - 1:00pm Entrance 5 on South College Drive toward Parking Lot 6, or Entrance 1 on Bradley Road toward Parking Lot 6. The sample collection station is in front of Building W.
3. **Valley Region: [River View Park, Eastside Parking Lot](#) in Buellton**: Mon-Fri 10:00am – 4:00pm, and Sun 10:00 am - 1:00 pm



### STATE-OPERATED COMMUNITY TESTING SITES

Find locations at <https://myturn.ca.gov/testing.html>. Medical insurance, provider information, and demographic information may be requested. If you do not have insurance, the State of California will pay for your test. Bring identification.

### SANTA BARBARA COUNTY PUBLIC HEALTH DEPARTMENT TESTING SITES

Find locations and operating hours on the [Santa Barbara County Public Health Department](#) website. Medical insurance, provider information, and demographic information may be requested.

### **COVID-19 VACCINATION**

Vaccination has been scientifically supported as the leading public health prevention strategy to end the COVID-19 pandemic. Information on how to make an appointment for a vaccination may be found on the [MyTurn California Department of Public Health](#) website.

### **EMPLOYEES LEAVES**

As an employee of the [LEA or Organization Name] you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact [LEA or Organization Designee Title or Department] to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you are entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits.</i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)

Depending on the functions of your job, you may contact your supervisor to request to work remotely during an isolation period. All remote work arrangements must be approved by the division lead.

For information regarding COVID-19 related benefits or the [LEA or Organization Name] cleaning and disinfecting plan, please contact [LEA or Organization Designee] in [LEA or Organization Designee Title or Department] at [LEA or Organization Designee contact information].

We realize that this information may spark many concerns and emotions on your part. We encourage you to make use of our [\[Insert Employee Mental Health Support Resource Information if Applicable\]](#)

Please contact your healthcare provider if you have any additional medical questions or concerns. For work-related questions please contact your supervisor, division lead, or [\[LEA or Organization Designee Title or Department\]](#).

Sincerely,

[\[LEA or Organization Designee\]](#)

[\[LEA or Organization Designee Title\]](#)

[\[LEA or Organization Designee Contact Information\]](#)

*Retaliation or discrimination against any worker for disclosing a positive COVID-19 test or diagnosis or order to quarantine or isolate is prohibited pursuant to Labor Code section 6409.6(f). HIPAA and the confidentiality of medical information prohibit [\[LEA or Organization Name\]](#) from the disclosure of any individual/s who have tested positive with COVID-19.*

# Appendix E: Worksite Exposure Notification Template

All employees and independent contractors who are identified as being at worksite during a time of exposure to a positive case during their infectious period must be provided with written communication of the worksite exposure. The notice must be posted in a language understood by the group within one business day in a common area for 15 days. Supervisors are responsible for communication of worksite exposure to the exposed group and authorized representatives.

## Employee Notice of Potential COVID-19 Worksite Exposure

**[date of posting]**

[LEA or Organization Name] has recently received information that there was an individual confirmed to have COVID-19 at this [LEA or Organization Name] work location. An individual notice is being provided to all employees who have been identified as having close contact with individual(s) confirmed to have COVID-19 during the potentially infectious period. In addition, this notice will be posted for 15 days from the date [LEA or Organization Name] was made aware of the confirmed case. This notice is required by law. Individuals who work at this location may or may not have had any contact with individual(s) with a confirmed case of COVID-19.

The work location of exposure is [worksite location] on the date of [date(s) last at the worksite during the infectious period].

For confidentiality purposes, please be courteous and do not speculate as to or discuss the identification of any individual(s) who may have a confirmed case of COVID-19. Please note that our regular cleaning protocol, use of face coverings when required, and other safety protocols and [LEA or Organization Name] prevention procedures help reduce the risk of contracting COVID-19 in workplace environments.

Please remember that masks, respirators (N95 masks), Over-the-Counter (OTC) antigen tests, and Aptitude saliva NAAT tests are available at no cost to employees. Employees may also visit Community Testing Centers for COVID-19 testing. Community Testing Centers locations and Test to Treat locations are available at the Santa Barbara County Public Health Department (SBCPHD) website at <https://publichealthsb.org/>.

Please continue to self-monitor for symptoms. If symptoms develop, immediately isolate, seek testing, and contact your healthcare provider with any medical questions.

For information regarding COVID-19 related benefits or the [LEA or Organization Name] cleaning and disinfecting plan, please contact [LEA or Organization Designee] in [LEA or Organization Designee Title or Department] at [LEA or Organization Designee contact information].

# Appendix F: Outbreak Close Contact Notification Template

All employees who are identified as a worksite close contact within an exposed group during an outbreak must be provided with written communication regarding requirements (testing and masking) and access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. The Supervisor is responsible for notification of an outbreak and protocol enforcement.

## Staff Close Contact Notification of Potential Worksite Outbreak

[Date of Notification, ex. November 17, 2022]

Dear [LEA or Organization Name] Staff Member,

This letter is to inform you that [LEA or Organization Name] has learned of three or more connected staff at your worksite who have tested positive for COVID-19 in the last 14 days. You have been identified as a close contact to one or more of those staff members with a last date of exposure to a person positive for COVID-19 at [worksite location] on [Date(s) of Exposure, ex. November 15, 2022]. Due to privacy laws, the school is unable to provide specific information related to that person. [LEA or Organization Name] has reported the potential outbreak to the Santa Barbara County Public Health Department, and you may be contacted by a Public Health Department employee as part of the investigation.

**Cal/OSHA states that all close contact staff are able to continue to attend work, with agreement to wear a mask around others for the remainder of the 10-day timeframe from last exposure and with a negative test on Days 3-5 following last exposure** [3-5 day date range for testing, ex. November 18-11, 2022]. Cal/OSHA states that close contacts who have been diagnosed with COVID-19 in the past 30 days do not need to test. Testing may be done at no cost during paid time [through Santa Barbara County Public Health at a community test site](#), a healthcare provider or via an at-home. At-home tests are available upon request at worksites and at the County Office. [LEA or Organization Name] provides masks at no-cost in front offices for all staff and students. Staff may request a respirator at no cost through their supervisor or [LEA or Organization Designee Title or Department].

If symptoms are present or develop during the 14-day period, immediately isolate, seek testing, and contact your healthcare provider or public health with medical and treatment questions. Be sure to let the provider know that you have had direct exposure. If you test positive, please notify your supervisor or site administrator. You can visit the Santa Barbara County Public Health webpage for isolation and illness instructions at <https://publichealthsb.org/i-feel-well/>.

Please remember, COVID-19 is a viral infection that can spread from person-to-person when people cough or have close contact with an infected person. The Centers for Disease Control (CDC) identifies symptoms to include fever, new persistent cough, shortness of breath or difficulty breathing, loss of taste or smell, headache, fatigue, vomiting or nausea, diarrhea, runny nose and congestion, and muscle aches. COVID-19 can sometimes be observed as a very mild illness.

The safety of our students, employees, and school community is our priority. Please continue to visit Santa Barbara County Public Health Department website at <https://publichealthsb.org/> for local information on further details about preventative measures, COVID-19 testing and treatment, metrics, and more. [Insert if applicable: LEA or Organization COVID-19 Safety Plan/Testing Plan is available on the website at XXX].

Attached is [LEA or Organization Name] cleaning and disinfecting plan and benefits summary. For information regarding COVID-19 related benefits and the [LEA or Organization Name] cleaning and disinfecting plan, please contact [LEA or Organization Designee] in [LEA or Organization Designee Title or Department] at [LEA or Organization Designee contact information]. For work-related questions or concerns, please contact me at [Admin Phone Number and Email].

Thank you for your prompt response to this matter.

Sincerely,

[Admin Name]

[Admin Title and Worksite]

## [LEA or Organization Name] Disinfection and Safety Plan

Public Health states the routine cleaning protocols in place for schools and child care prior to the COVID-19 Pandemic are sufficient to prevent the transmission of COVID-19.

ALL SITES

1. Frequently touched surfaces and objects like tables, desks, and other surfaces, chairs, doorknobs and handles, light switches, phones, keyboards, toilets, faucets, rails, and touch screens will be routinely cleaned and disinfected as needed using an EPA-approved disinfectant.
2. Other indoor surfaces and objects will be cleaned as needed.
3. Soft and porous materials like carpet or fabric will be routinely cleaned or laundered as needed.
4. HVAC filters will be routinely changed as applicable.
5. Adopted health screening for students will continue to be completed daily as required by Title 22 for child care and for staff in accordance with [LEA or Organization Name] illness protocols.
6. In the event of a site-specific staff outbreak, close contact staff surveillance testing will be required within 3-5 days from last exposure and the exposed group will mask for 10 days. A major staff outbreak will necessitate the provision of respirators for voluntary use and bi-weekly testing.
7. Debrief with staff on health and safety mitigating measures as needed (encouragement to stay home when sick, test, report positivity and use a mask around others if symptomatic; importance of frequent handwashing and respiratory etiquette; access to free tests and respirators upon request; maintain fresh air flow to indoor spaces as feasible) .
8. Other (*specify*): \_\_\_\_\_

ALL SCHOOL SITES in addition to the above

1. Games, art supplies, and other instructional materials will be cleaned and disinfected as needed.[HW1]
2. Buses will be routinely cleaned and disinfected as needed.

Playground equipment will be routinely cleaned and disinfected as need.

### Employee Leaves

As an employee of the [LEA or Organization Name] you may be eligible for one or more of the COVID-19-related benefits listed below depending on your specific circumstances. Please contact [LEA or Organization Designee Title or Department] to discuss your available benefits.

Benefits
Up to 12 workweeks of leave pursuant to the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA)
Up to 60 workdays of Worker's Compensation / Industrial Accident Leave <i>If COVID-19 was caused by work, then you are entitled to workers' compensation benefits which may include: full hospital, surgical and medical treatment; temporary disability; permanent disability; Supplemental Job Displacement Benefits; and death benefits.</i>
Personal Sick Leave
Extended Illness Leave (Differential or Other Entitlement)

# Appendix G: Outbreak Worksite Exposure Notification Template

All employees and independent contractors who are identified as being at a worksite during a time of exposure during an outbreak must be provided with written communication of the worksite exposure, requirements (masking) and access to resources (free testing during paid time, masks at no cost, right to request a respirator) the cleaning and disinfection plan, and potential leave benefits of which they may be entitled. The notice must be posted in a language understood by the group within one business day in a common area for 15 days. The Supervisor is responsible for providing notice to the exposed group and authorized representatives and enforcement of protocols.

## [LEA or Organization Name] Employee Notice of Potential COVID-19 Outbreak Worksite Exposure

[DATE STAMP -post within one business day of learning of positive case, student or staff]

### Remove Notice on Day 15

[School/Worksite] has recently received information that there have been three or more individuals confirmed to have COVID-19 at this [LEA or Organization Name] work location in the past 14 days. An individual notice is being provided to all employees who have been identified as having close contact with individual(s) confirmed to have COVID-19 during the potentially infectious period. In addition, this notice will be posted for 15 days from the date [LEA or Organization Name] was made aware of the last confirmed case. This notice is required by law and the posting date has been documented. Individuals who work at this location may or may not have had any contact with individual(s) with a confirmed case of COVID-19. **Cal/OSHA requires all employees at this work location to mask.** If you are mask exempt or not in agreement to mask, contact [LEA or Organization Designee Title or Department] to discuss next steps.

The work locations of exposure are [insert non-identifying generalized locations: ie. "Building A" or "school campus"] on the dates of [insert dates of worksite exposure ranging from two days prior to symptom onset or if asymptomatic, positive test date].

For confidentiality purposes, please be courteous and do not speculate as to or discuss the identification of any individual(s) who may have a confirmed case of COVID-19. Please note that our regular cleaning protocol, use of face coverings when required, and other safety protocols and [LEA or Organization Name] prevention procedures help reduce the risk of contracting COVID-19 in workplace environments.

Please remember that masks, respirators (N95 masks) and Over-the-Counter (OTC) antigen tests are available at no cost to employees. Employees may also visit Community Testing Centers for COVID-19 testing. Community Testing Centers locations and Test to Treat locations are available at the Santa Barbara County Public Health Department website at [www.countyofsb.org](http://www.countyofsb.org).

Please continue to self-monitor for symptoms of illness. If symptoms develop, immediately isolate, seek testing, and contact your healthcare provider with any medical questions. Should you test positive for COVID-19, please notify your Supervisor or site administrator.

For information regarding COVID-19 related benefits and the [LEA or Organization Name] cleaning and disinfecting plan, please contact [LEA or Organization Designee] in [LEA or Organization Designee Title or Department] at [LEA or Organization Designee contact information].

Please note that federal and state laws, as well as [LEA or Organization Name] policy, prohibit discrimination or retaliation against any employee who contracts COVID-19 or exercises his/her rights under the applicable laws and policies. [LEA or Organization Name] takes these prohibitions very seriously.

## Appendix H: COVID-19 Hazard Investigation Form

All employers must conduct a Hazard Investigation following a worksite confirmed outbreak of three or more epidemiologically connected staff members testing positive from an exposed group over 14 days and during a major outbreak of 20 or more epidemiologically connected staff members testing positive from an exposed group over 30 days. Supervisors are responsible for completing the Hazard Investigation with consultation and communication with the appropriate County Office Office department for hazard correction. Supervisors will provide this record with documentation of the required outbreak test results to the [LEA or Organization Name and Designee]. The record will be stored for two years.

### COVID-19 HAZARD PREVENTION INSPECTION CHECKLIST

**Date:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Supervisor: \_\_\_\_\_ Department: \_\_\_\_\_

Inspector: \_\_\_\_\_ Job Title: \_\_\_\_\_

YES	NO	N/A	
			<p style="text-align: center;"><b>ENVIRONMENTAL CONTROLS</b></p> <ol style="list-style-type: none"> <li>1. In buildings and structures with mechanical ventilation, is recirculated air filtered with Minimum Efficiency Reporting Value (MERV)-13 or higher efficiency filters if compatible with the ventilation system?</li> <li>2. If MERV-13 or higher filters are not compatible with the ventilation system, are filters with the highest compatible filtering efficiency utilized?</li> <li>3. In indoor areas occupied by employees for extended periods where ventilation is inadequate, are High Efficiency Particulate Air (HEPA) air filtration units used in accordance with manufacturers' recommendations?</li> <li>4. Does the employer provide access to masks at no cost when required?</li> <li>5. Does the employer provide respirators upon request and when required at no cost to employees?</li> <li>6. Does the employer ensure respirator training for appropriate wear and how to perform a seal check?</li> <li>7. Does the employer encourage employees to stay home if ill and to report if an employee tests positive for COVID-19?</li> <li>8. Does the employer provide COVID-19 hazard prevention training to employees consistent with Title 8, 3203 (a)(7)?</li> </ol> <p><b>POSITIVE CASE RESPONSE PROCEDURES</b></p>

9. Is the Cal/OSHA, state and/or local exclusion criteria for employees who test positive for COVID-19 enforced?
10. Are positive cases provided communication of their return-to-work criteria and benefits?
11. Is a record maintained in alignment with Cal/OSHA Form 300 of positive cases and their close contacts for two years?
12. Has worksite exposure notification for positive cases been posted on the employee bulletin within 24 hours for 15 days consistent with Labor Code Section 6409.6?
13. Has the employee's exclusive representative received notification consistent with the information from Cal/OSHA Form 300?
14. Is there a record of the date of the postings, reason for posting and duration of posting or retention of the notice for 3 years?
15. Are close contacts provided notification of close contact exposure that includes access to free testing during paid time, right to request a respirator at no cost and benefit information?

**OUTBREAK RESPONSE PROCEDURES**

16. Is the exposed group provided notification of the outbreak that required masking for 10 days following last exposure or exclusion, access to testing during paid time and masks at no cost and the right to request a respirator?
17. Are close contacts provided notification when the outbreak was determined that required masking for 10 days and testing within 3-5 days following last exposure at no cost, the right to request a respirator at no cost and benefit information?
18. If a major outbreak, were the exposed group provided notification of the major outbreak, required testing at least biweekly, required mask use and provision of a respirator for voluntary use or physical distance of 6 feet if not using a respirator and benefits information?
19. Are masks, respirators and tests provided at no cost during paid time during outbreaks to the exposed group?
20. Does the employer enforce mask use and testing when required?
21. Does the employer implement physical distancing measures during an outbreak?
22. Does the employer report hospitalizations, deaths and major outbreaks to Cal/OSHA?
23. Does the employer report outbreaks to local public health in accordance with Title 17, 2500 and 2508?
24. Does the employer conduct a Hazard Investigation for worksite determined outbreaks with documented corrections?

Hazard Identification (if any)	Changes Implemented to Correct Hazards	Date of Correction Implementation	Department Responsible for Implementation of Correction	Signature of Supervisor




Notes:

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



