# COVID-19 Prevention Plan

**COVID-19 Prevention Program (CPP) for [Name of Company, or name of the workplace if it’s for a fixed location.]**

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

**Authority and Responsibility**

*[Enter name or job title of the person(s)]* has overall authority and responsibility for implementing the provisions of this CPP in our workplace.

* Managers and supervisors should be assigned responsibility for implementing the CPP in their assigned work areas. They should answer any CPP-related questions in a language employees understand.
* Employees should be assigned responsibility for using safe work practices, following all directives, policies, and procedures to maintain a safe work environment.

We will implement the following in our workplace:

* Conduct workplace-specific evaluations using the Identification of COVID-19 Hazards form (see below).
* Evaluate employee potential workplace exposures to all employees and others in our workplace.
* Review applicable orders and general and industry-specific guidance from the *[Enter local, state, federal agencies]* related to COVID-19 hazards and prevention.
* Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
* *[Enter other identification and evaluation measures you take in your workplace].*

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

Date:*[enter date]*

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

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

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

Date: *[enter date]*

Name of person conducting the inspection:*[enter names]*

Work location evaluated: *[enter information]*

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| **Exposure Controls** | **Status** | **Person Assigned to Correct** | Date Corrected |
| **Engineering** |  |  |  |
| Barriers / partitions |  |  |  |
| Ventilation (amount of fresh air and filtration maximized) |  |  |  |
| Additional room air filtration |  |  |  |
| [add any additional controls your workplace is using ] |  |  |  |
| [add any additional controls your workplace is using] |  |  |  |
| **Administrative** |  |  |  |
| Physical distancing |  |  |  |
| 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] |  |  |  |
| [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] |  |  |  |

# Employee Participation

Employees and their authorized representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by: *[Describe how employees and their representatives, if any, may participate in COVID-19 hazard identification and evaluation.]*

# Employee screening

We screen our employees by:*[describe how this will be accomplished – i.e., directly screen employees when they come to work, or having them self-screen according to CDPH guidelines. Ensure that face coverings are used during screening by both screeners and employees and, if temperatures are measured, that non-contact thermometers are used.]*

# System for Communication

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:

* Persons to whom employees should report COVID-19 symptoms and possible hazards, and how *[Describe how this will be accomplished in your workplace].*
* That employees can report symptoms and hazards without fear of reprisal.
* Our procedures or policies for accommodating employees with medical or other conditions putting them at increased risk of severe COVID-19 illness.
* Where testing is not required, how employees can access COVID-19 testing *[determine what options are available for employees to obtain voluntary testing, be it employer-provided, available through health plans, or local testing centers. The purpose is to give employees the tools to get tested when they have symptoms to reduce the likelihood of bringing the virus to work. This type of voluntary testing may not have to be provided by the employer].*
* In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing at no cost, and inform employees of the reason for the testing and the possible consequences of a positive test. *[If we are required to provide testing because of employee exposure, have a plan for how this will be accomplished at no cost to the employee during working hours, including when the testing is in response to CCR Title 8 section 3205.1, Multiple COVID-19 Infections and COVID-19 Outbreaks, as well as section 3205.2, Major COVID-19 Outbreaks. It is recommended that the plan be developed in advance for large or high-risk workplaces.]*
* Information about 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.
* *[Describe other aspects of your system of COVID-19 related communication being implemented in your workplace].*

# Training and Instruction

We will provide effective training and instruction that includes:

* Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
* Information regarding COVID-19-related benefits 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 infected person may have no symptoms.
* Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of face coverings.
* Particles containing the virus can travel more than six feet, especially indoors. Therefore, physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
* The importance of frequent handwashing with soap and water for at least 20 seconds.
* The proper use of hand sanitizer and that it does not work if the hands are soiled.
* The proper use of face coverings and that they should not be considered respiratory protective equipment. Face coverings are intended to protect other individuals from the person wearing the face covering.
* COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
* *[Describe other aspects of your training being implemented in your workplace].*

# Reporting, Recordkeeping, and Access

It is our policy to:

* Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
* Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
* Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
* Make our written COVID-19 Prevention Program available 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. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.
* *[add any additional measure you are taking.]*

# Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices, or procedures will be documented on a COVID-19 Inspections form (see below) and corrected promptly based on the severity of the hazards, as follows:

*[Describe how the following will be accomplished:*

* *The severity of the hazard will be assessed, and correction time frames assigned accordingly.*
* *Those hazards that present the greatest risk will be corrected first.*
* *Individuals are identified as being responsible for timely correction.*
* *Follow-up measures are taken to ensure timely correction.]*

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| **Exposure Controls** | **Status** | **Person Assigned to Correct** | **Date Corrected** |
| **Engineering** |  |  |  |
| Barriers / partitions |  |  |  |
| Ventilation (amount of fresh air and filtration maximized) |  |  |  |
| Additional room air filtration |  |  |  |
| [add any additional controls your workplace is using ] |  |  |  |
| [add any additional controls your workplace is using] |  |  |  |
| **Administrative** |  |  |  |
| Physical distancing |  |  |  |
| 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] |  |  |  |
| [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] |  |  |  |

# Physical Distancing

Where possible, we ensure at least six feet of physical distancing at all times in our workplace by:

*[Describe your specific workplace methods, which can include:*

* *Eliminating the need for workers to be in the workplace – e.g., 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.*
* *Adjusted work processes or procedures, such as reducing production speed, to allow a greater distance between employees.*
* *Reference local, state, or federal regulations for details]*

Individuals will be kept as far apart as possible when there are situations where six feet of physical distancing cannot be achieved.

# Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from*[enter the local, state, and/or federal health agency].  [describe how face coverings will be provided, replaced, and cleaned, as needed, as well as what your policies are should your employees encounter non-employees that are not wearing face coverings].*

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

* When an employee is alone in a room.
* While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
* Employees wearing respiratory protection in accordance *[Reference local, state, and federal requirements.]. [delete if not applicable]*
* Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.
* Specific tasks that cannot feasibly be performed with a face covering, where employees will be kept at least six feet apart.*[delete if not applicable]*

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

# Engineering controls

We implement the following measures for situations where we cannot maintain at least six feet between individuals:*[enter your site-specific measures, which can include installing solid partitions.]*

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

*[describe how this will be accomplished, taking into consideration:*

* *Circumstances where the amount of outside air needs to minimized due to other hazards, such as heat and wildfire smoke.*
* *How the ventilation system will be properly maintained and adjusted, whether you own and operate the building or not.*
* *Whether it is possible to increase filtration efficiency to the highest level compatible with the existing ventilation system.]*

# Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

*[describe your workplace-specific measures, including:*

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

Should we have a COVID-19 case in our workplace, we will implement the following procedures:*[describe how the cleaning and disinfection will be done of areas, materials, and equipment used by a COVID-19 case during the high-risk exposure period. Address whether an outside service will be used or how the employees you use are properly equipped and trained.]*

# Hand sanitizing

In order to implement effective hand sanitizing procedures, we:

*[describe your site-specific procedures, including:*

* *Evaluating handwashing facilities.*
* *Determining the need for additional facilities.*
* *Encouraging and allowing time for employee handwashing.*
* *Providing employees with an effective hand sanitizer and prohibiting hand sanitizers that contain methanol (i.e., methyl alcohol).*
* *Encouraging employees to wash their hands for at least 20 seconds each time.*

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

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by *[Reference local, state, and federal requirements.],*and provide such PPE as needed.

When it comes to respiratory protection, we evaluate the need in accordance with *[Reference local, state, and federal requirements.],*when the physical distancing requirements are not feasible or maintained. *[Reference local, state, and federal requirements for details on required respirator and eye protection use.]*

We provide and ensure use of eye protection and respiratory protection in accordance with *[Reference local, state, and federal requirements.]*when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids. *[Delete if not applicable to your workplace.]*

# Shared tools, equipment, and personal protective equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields.

Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments, and tools, must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses by*[describe how this will be done in your workplace, such as the use of a cleaning/sanitizing crew or providing the employees with the materials and training to do it themselves].*

Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users.*[Delete if not applicable to your workplace.]*

# Investigating and Responding to COVID-19 Cases

This will be accomplished by using the form below. Employees who had potential COVID-19 exposure in our workplace will be:

*[indicate how the following will be accomplished:*

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

# Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to *[Reference local, state, and federal requirements.]*or as otherwise required by law.

All employee medical records will also be kept confidential and not disclosed or reported without the employee’s express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to *[Reference local, state, and federal requirements.],* or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date:*[enter date]*

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

**Enter the following information in the inspection report:**

* Employee (or non-employee\*) name: *[enter name]*
* Occupation (if non-employee, why they were in the workplace):*[enter occupation]*
* Location where the employee worked (or non-employee was present in the workplace): *[enter location]*
* Date investigation was initiated: *[enter date]*
* Was the COVID-19 test offered? *[enter yes/no]*
* Name(s) of staff involved in the investigation:*[enter name(s)]*
* Date and time the COVID-19 case was last present in the workplace: *[enter date/time]*
* Date of the positive or negative test and/or diagnosis:*[enter date]*
* Date the case first had one or more COVID-19 symptoms:*[enter date]*
* Information received regarding COVID-19 test results and onset of symptoms (attach documentation): *[enter information]*
* Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information): *[enter information]*
* Notice is 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:
  + All employees who may have had COVID-19 exposure and their authorized representatives. Names of employees identified and date: *[enter names and dates]*
  + Independent contractors and other employers present at the workplace during the high-risk exposure period. Names of employees identified and date: *[enter names and dates]*
* Answer the following questions:
  + What were the workplace conditions that could have contributed to the risk of COVID-19 exposure? *[enter answer]*
  + What could be done to reduce exposure to COVID-19?*[enter answer]*

# Exclusion of COVID-19 Cases

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

* Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
* Excluding employees with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure to a COVID-19 case.
* Continuing and maintaining an employee’s earnings, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by*[describe how your workplace will accomplish this, such as by employer-provided employee sick leave benefits, payments from public sources or other means of maintaining earnings, rights, and benefits, where permitted by law and when not covered by workers’ compensation].*
* Providing employees at the time of exclusion with information on available benefits.

# COVID-19 testing

* We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during working hours.
* COVID-19 testing consists of the following:
  + All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
  + After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, or more frequently if recommended by *[enter the local health department],*until there are no new COVID-19 cases detected in our workplace for a 14-day period.
  + We will provide additional testing when deemed necessary by *[enter state/federal OSHA agency].*

# Return-to-Work Criteria

* COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
  + At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
  + COVID-19 symptoms have improved.
  + At least 10 days have passed since COVID-19 symptoms first appeared.
* COVID-19 cases who tested positive but never developed COVID-19 symptoms will not return to work until a minimum of 10 days has 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.
* If an order to isolate or quarantine 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. If no period was specified, then the period will be 10 days from the time the order to isolate was effective or 14 days from the time the order to quarantine was effective.