



COVID-19

Prevention Program

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Record of Revisions

Date of Revision (DD/MM/YYYY)	Description of Revision	Person Implementing Revision
1/20/2021	Corrections and clarifications per comments received from staff.	Ed Garbo and Jayce Galeazzi
2/4/2021	Additional corrections and clarifications per comments received from staff.	Ed Garbo and Jayce Galeazzi
3/15/2021	Review of COVID-19 regulations as of March 2021, additional corrections and clarifications per comments received from staff.	Ed Garbo and Jayce Galeazzi
6/23/2021	Review of COVID-19 regulation as of June 2021, update to comply with re-adopted standard.	Ed Garbo and Jayce Galeazzi
1/14/2022	Review of second readoption of COVID-19 regulation effective January 14, 2022, update to comply with re-adopted standard and CDPH isolation and quarantine guidance.	Ed Garbo and Jayce Galeazzi
3/4/2022	Face covering updates.	Ed Garbo and Jayce Galeazzi

Introduction and Scope

The COVID-19 Prevention Program (CPP) has been drafted and updated to outline the city's policies and procedures regarding protecting employees during the COVID-19 pandemic.

The ultimate responsibility for the COVID-19 Prevention Program (CPP) lies with the city's managers and supervisors, however, the program cannot succeed without the commitment of all employees. While recognizing that each branch's, departments and division's operations and staffing requirements are unique, this program is intended to address the Cal/OSHA emergency temporary standard by providing the city's policies and procedures.

This plan will be reviewed as needed, to remain in alignment with federal, state, and local COVID-19 mandates and regulations.

Definitions as specified by Cal/OSHA related to this program can be found in **Appendix A**.

Responsibilities

Human Resources and Risk Management have been assigned the responsibility and authority to develop and manage the CPP for the City of Carlsbad while recognizing the ultimate responsibility for safety and health in the workplace rests with all employees.

Human Resources can be contacted at 760-602-2440.

COVID-19 Information

COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people can become severely ill. Although most people with COVID-19 get better within weeks of illness, some people experience post-COVID conditions. Post-COVID conditions are a wide range of new, returning, or ongoing health problems people can experience more than four weeks after first being infected with the virus that causes COVID-19. Older people and those who have certain underlying medical conditions are more likely to get severely ill from COVID-19. Vaccines against COVID-19 are effective at preventing severe disease.

COVID-19 spreads when an infected person breathes out droplets and very small particles that contain the virus. These droplets and particles can be breathed in by other people or land on their eyes, noses, or mouth. In some circumstances, they may contaminate surfaces they touch. People who are closer than 6 feet from the infected person are most likely to get infected.

COVID-19 is spread in three main ways:

- Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus.
- Having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze.
- Touching eyes, nose, or mouth with hands that have the virus on them.

For more information about how COVID-19 spreads, visit the CDC reference: [How COVID-19 Spreads](#) page to learn how COVID-19 spreads and how to protect yourself.

People with COVID-19 have reported a wide range of symptoms – from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. If you have fever, cough, or other symptoms, you might have COVID-19. Many people show no symptoms.

Look for emergency warning signs* for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

*This list is not all possible symptoms. Please contact your medical provider for any other symptoms that are severe or concerning to you.

The above information was referenced from the below FAQ provided by the Center for Disease Control and Prevention (CDC):

[COVID-19 Information Reference](#)

Communication

The city's policies regarding communication include:

- Employees should report, without fear of reprisal, to their supervisor any COVID-19 symptoms, possible COVID-19 “close contacts”, and possible COVID-19 hazards at the workplace.
 - Employees and are also able to contact Human Resources to report or inquire about COVID-19 information.
- Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can contact Human Resources to review the need for future accommodations.
- Information about COVID-19 hazards will periodically be provided to employees (including other employers and individuals in contact with our workplace) such as what they may be exposed to, what is being done to control those hazards and COVID-19 policies and procedures.
- In addition to distribution of information via email, the city uses web-based software to provide training and to distribute city policies and protocols. This platform also serves as the city's primary repository for recordkeeping.
- Supervisors are responsible for communicating with all employees about safety and health issues in a form readily understandable by all employees. Supervisors are responsible for ensuring that employees follow all protocols for entering city buildings and city policies. Employee association representatives are also instrumental in facilitating an open dialog of concerns between workers and management.
- Information for access to COVID-19 testing is available and will be provided as needed through Human Resources.

Identification and Evaluation of COVID-19 Hazards

The city encourages employee and authorized employee representative participation in the identification of COVID-19 hazards. Please notify your supervisor or HR of any suspected hazards.

The city has evaluated and implemented the following to allow for prompt identification and recognition of COVID-19 hazards:

- A process for screening employees for and responding to employees with COVID-19 symptoms. See **Screening** and **Communication** sections.
- 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 of COVID-19 in the workplace.
- Workplace-specific identification of all interactions, areas, activities, processes, equipment, and materials that could potentially expose employees to COVID-19 hazards using **Appendix B: Identification of COVID-19 Hazards** by Department Managers/Shift Supervisors. Department Managers/Shift Supervisors who occupy buildings with several other Department Managers/Shift Supervisors are responsible for conducting the evaluation for all areas accessed by employees in their department. For the identification process, the city shall treat all persons, regardless of symptoms or negative COVID-19 test results, as potentially infectious.
 - This shall include identification of places and times when people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not, for instance during meetings or trainings and including in and around entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.
 - This shall include an evaluation of employees' potential workplace exposure to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers or clients, and independent contractors. The city shall consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing stationary work.
- An evaluation on 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 High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission.

- Human Resources and Risk Management shall review applicable federal, state, and local orders and guidance related to COVID-19 hazards and prevention. These orders and guidance are both information of general application, including Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments by the California Department of Public Health (CDPH), and information specific to the city facilities' location and operations.
- Department Managers/Shift Supervisors shall conduct periodic inspections using the **Appendix C: COVID-19 Inspections** form as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures. Periodic inspections may be required as deemed necessary by Risk Management/Safety.
 - Department Managers'/Shift Supervisors identified unsafe or unhealthy work conditions, practices or procedures will be documented on the form, and corrected in a timely manner based on the severity of the hazards by the supervisors, with additional assistance available from HR and Risk/Safety.
- Hazards identified as a result of a periodic worksite inspection or during normal operations must be corrected by the supervisor in control of the work area, or by cooperation between the department in control of the work area and the supervisor of the employees working in that area. Supervisors of affected employees are expected to correct unsafe conditions as quickly as possible after discovery of a hazard, based on the severity of the hazard. Specific procedures that can be used to correct hazards include but are not limited to the following:
 - Closing areas off when being disinfected.
 - Stopping unsafe work practices and providing retraining and documentation on proper procedures before work resumes.
 - Reinforcing and explaining the need for face coverings and/or proper personal protective equipment and ensuring its availability.

Screening

All employees, contractors, and volunteers working at a city building are expected to undergo symptom check before reporting to work. This screening is implemented to ensure employees do not enter the workplace when they are experiencing symptoms of COVID-19. Prior to reporting to work, please ensure you screen yourself for the following symptoms:

- Fever or feeling feverish (such as chills, sweating)
- Cough
- Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)

- Sore throat
- Muscle aches or body aches
- Unusual fatigue
- Headache
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

If you have any of the above symptoms or have recently had contact with a positive COVID-19, please report to your supervisor. Supervisors must then contact Human Resources for further direction.

If the above symptoms occur during the workday, the employees must return home immediately and call their supervisors.

Responding to COVID-19 Cases and Investigation

Reporting Positive Cases

Employees must report positive COVID-19 test results to their respective immediate supervisor. Human Resources will follow-up to obtain the following information:

- Employee name
- Employee home address
- Employee preferred contact number
- Date of COVID-19 test
- Date received positive COVID-19 test result
- Date of any known “close contact”
- Description of any known “close contact”
- Last day worked
- Employee work location (last day worked)
- Locations employee worked 48 hours prior to onset of symptoms.

Employees who know that they have had “close contact” to a COVID-19 case during the course of work are to document the contact in an email to Human Resources with the following information:

- Full Name
- Date of Birth

- Date of Exposure
- Case number or Incident Number if applicable, and
- A brief description of incident.

Notifications and Contact Tracing

If notifications are required due to potential “close contact” with a positive COVID-19 case, the city will notify employees without disclosing the identity of the COVID-19 case, and in a manner the city normally uses to communicate employment-related information. Written notice may include, but is not limited to, personal service, email, or text message if it can reasonably be anticipated to be received by the employee within one business day of sending. The notice shall include the cleaning and disinfection plan required by Labor Code section 6409.6(a)(4). The notice will be sent to the following individuals meeting the criteria for notification within one business day by Human Resources and/or a City Department Head/Designee:

1. All employees who were on the premises at the same worksite as the COVID-19 case during the “high-risk exposure period.” If the city should reasonably know that an employee has not received the notice, or has limited literacy in the language used in the notice, the city shall provide verbal notice, as soon as practicable, in a language understandable by the employee.
2. Independent contractors and other employers on the premises at the same worksite as the COVID-19 case during the high-risk exposure period.

Human Resources will report cases to the health department promptly or as required by state law.

Additionally, within one business day, the city will provide notice to the authorized representative, if any, of the COVID-19 case and of any employee who had a close contact.

Testing

COVID-19 testing is available at no cost and during paid time to all employees who had a close contact in the workplace, and additional benefit information can be obtained from Human Resources.

Employees experiencing symptoms and those identified as close contacts should get a COVID-19 test. Options for obtaining a COVID-19 test include county buildings, occupational health clinics, and others specified by Human Resources. If you believe you have had a close contact at work, please notify your supervisor and they will work with Human Resources to facilitate testing at no cost during working hours.

Work Area Decontamination

In the event there is a case or presumptive case of COVID-19 in the workplace, the affected portion of the building will be thoroughly cleaned and disinfected in accordance with CDC guidelines.

Symptom Follow-Up

If it is reported to Human Resources that an employee was sent home for exhibiting COVID-19 symptoms, they will be contacted by Human Resources to determine the status of COVID-19 testing (if the employee chooses to get tested) or the status of symptoms. This information is used to determine the return to work date or assist with contact tracing.

COVID-19 Case Investigations

After a known workplace exposure, positive case, multiple infections, and/or an identified outbreak, departments must consult with Human Resources to identify contributing factors and determine corrective actions to prevent further spread.

In the case of a positive case at the workplace, an investigation will be completed ensuring all information within **Appendix D: COVID-19 Case Investigation** is captured.

Exclusions of COVID-19 Cases

The city's policy regarding exclusion of COVID-19 cases and employees who have had "close-contact" is as follows:

- We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace until the **Return to Work Criteria** or applicable state or local public health order requirements are met.
- The City shall provide any employee who is exempted with information about any applicable precautions recommended by CDPH for persons with close contact.
- If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee shall 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 shall be in accordance with the return to work periods as applicable.
- If no violations of local or state health officer orders for isolation, quarantine, or exclusion would result, Ca/OSHA may, upon request, allow employees to return to work on the basis that the removal of an employee would create undue risk to a community's health and safety. In such cases, the city shall develop, implement, and maintain effective control measures to prevent transmission in the workplace including providing

isolation for the employee at the workplace and, if isolation is not feasible, the use of respirators in the workplace.

- For employees excluded from work and otherwise able and available to work, the city shall continue and maintain an employee's earnings, wages, seniority, and all other employee rights and benefits, including the employee's right to their former job status, as if the employee had not been removed from their job. The city may use employer-provided employee sick leave for this purpose to the extent permitted by law. Wages due under this are subject to existing wage payment obligations and must be paid at the employee's regular rate of pay no later than the regular pay day for the pay period(s) in which the employee is excluded. If the city determines that one of the exceptions below applies, it shall inform the employee of the denial and the applicable exception:
 1. Does not apply where the employee received disability payments or was covered by workers' compensation and received temporary disability.
 2. Does not apply where the city demonstrates that the close contact is not work related.
- Current **Return to Work Criteria** is based upon the County of San Diego "Quarantine of Persons Exposed to COVID-19" and "Isolation of All Persons with or Likely to have COVID-19" health orders effective January 3, 2022 and CDPH "Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public" effective January 8, 2022.

Return to Work Criteria

Isolation (Positive or Likely Positive COVID-19 Case)

Employees are required to isolate themselves because they have, or are likely to have, COVID-19. Isolation is immediately required if an employee meets one or more of the following criteria:

- a. A confirmed positive diagnostic laboratory test for COVID-19; or
- b. Signs and symptoms that are consistent with COVID-19 (cough, shortness of breath or trouble breathing, fatigue, fever or chills, muscle or body aches, headache, sore throat, new loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea); or
- c. A physician has informed the individual that they are likely to have COVID-19.

Such persons are required to be isolated because a person infected with, or likely to have COVID-19, can easily spread the virus to others. Isolation separates these persons from others to prevent the spread of COVID-19 and protects those at higher risk for serious illness, such as older adults and people who have underlying health conditions.

Isolation, regardless of vaccination status, shall continue until the occurrence of one of the following, as applicable:

- Symptomatic Person (with repeat testing)
 - At least 5 days have passed since symptoms first appeared AND
 - At least 24 hours have passed since last fever (without the use of fever-reducing medications) AND
 - A repeat diagnostic test (either PCR or antigen) taken on day 5 or later is negative AND
 - Other symptoms improved.
 - After this period, a face cover shall be worn until 10 days after symptoms have first appeared, as well as following any and all other facial covering requirements.
- Symptomatic Person (without repeat testing)
 - At least 10 days have passed since symptoms first appeared AND
 - At least 24 hours have passed since last fever (without the use of fever-reducing medications) AND
 - Other symptoms improved.
- Asymptomatic Person (with repeat testing)
 - At least 5 days have passed since the date of their first positive COVID-19 diagnostic test AND
 - A repeat diagnostic test (antigen test or PCR test) collected on day 5 or later is negative.
 - A mask shall be worn until 10 days after the date of their first positive COVID-19 diagnostic test, as well as following any and all other facial covering requirements.
- Asymptomatic Person (without repeat testing)
 - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test.

Health care workers shall not return to work, except in the situation of a contingency or crisis situation, until:

- If asymptomatic, or with mild and improving symptoms,
 - 10 days after the onset of symptoms or, if asymptomatic, the first positive COVID-19 diagnostic test, OR
 - If not up-to-date with vaccination¹, 7 days after the onset of symptoms or, if asymptomatic, the first positive COVID-19 diagnostic test, if a negative PCR or antigen test is obtained within 24 hours of return to work, OR
 - If up-to-date with vaccination, 5 days after the onset of symptoms or, if asymptomatic, the first positive COVID-19 diagnostic test, if a negative PCR or antigen test is obtained within 24 hours of return to work.

- Health care workers with severe or critical illness shall not return to work until
 - 20 days after the onset of symptoms AND
 - At least 24 hours have passed since last fever (without the use of fever-reducing medications) AND
 - Other symptoms improved.
- Health care workers with moderate to severe history of immunocompromise require internal occupational health consultation before returning to work, in addition to these conditions.

¹ People are considered current and up-to-date for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson/Janssen). However, if the time period as indicated by the CDC “COVID-19 Vaccine Booster Shots” reference has passed since receiving a second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or from a 1-dose series (Johnson and Johnson/Janssen), a booster is required to be considered current and up-to-date.

Quarantine (Close Contact to a Positive or Likely Positive COVID-19 Case)

- All employees who are not up-to-date¹ with COVID-19 vaccination without COVID-19 symptoms who have had close contact with a COVID-19 case must quarantine for at least 5 days and up to 10 days after the last contact with a COVID-19 case, based on current CDC and CDPH recommendations. All asymptomatic close contacts may discontinue quarantine after Day 5 from the date of last exposure with a negative diagnostic test (PCR or antigen) on that date or later as long as they can self-monitor for COVID-19 symptoms through Day 10 and, if symptoms occur, immediately self-isolate and contact HR to report their symptoms. Individuals released from quarantine prior to Day 10 shall also adhere strictly to all recommended non-pharmaceutical interventions, including required use of face coverings and maintaining a distance of at least 6 feet from others to the maximum extent possible, through Day 10.
 - Health care personnel under this section may return to work after Day 7 from the date of last exposure if they have received a negative diagnostic (PCR or antigen) test result upon identification and from a specimen collected within 48 hours of return, continue to be asymptomatic, and follow all recommended non-pharmaceutical interventions, including required use of face coverings, through Day 10.
- All persons up-to-date¹ with COVID-19 vaccination without COVID-19 symptoms who have had close contact with a COVID-19 patient must adhere strictly to all recommended nonpharmaceutical interventions, including required use of face coverings and maintaining a distance of at least 6 feet from others to the maximum extent possible, through Day 10, but need not formally quarantine as long as no symptoms develop. A

diagnostic test (PCR or antigen) is required on Day 5. If symptoms occur, immediately self-isolate and contact HR to report symptoms.

- Health care personnel under this section must additionally obtain a negative PCR or antigen test upon identification and on Day 5, 6 or 7.

¹ People are considered current and up-to-date for COVID-19 ≥ 2 weeks after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or ≥ 2 weeks after they have received a single-dose vaccine (Johnson and Johnson/Janssen). However, if the time period as indicated by the CDC “COVID-19 Vaccine Booster Shots” reference has passed since receiving a second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or from a 1-dose series (Johnson and Johnson/Janssen), a booster is required to be considered current and up-to-date.

Employee Training

The city will accomplish COVID-19 training by providing the CPP to all employees. Training will also include a review of site-specific policies conducted by the supervisors for their respective employees. An acknowledgement will be provided to all employees which will confirm both receipt and review of the CPP and confirmation that their supervisor has reviewed site-specific policies. Training updates will be provided if there are further changes or developments.

Key points to review:

- Information regarding COVID-19-related benefits to which the employee may be entitled to under applicable federal, state, or local laws is available from Human Resources includes, but is not limited to:
 - Emergency Family and Medical Leave
 - Vaccination Leave
 - Emergency Paid Sick Leave
 - Salary Continuation
- The fact that:
 - COVID-19 is an infectious disease that can be spread through the air when an infectious person talks or vocalizes, sneezes, coughs, or exhales.
 - Although less common, 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 6 feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19, but are most effective when used in combination.

- 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 - face coverings are intended to primarily protect other individuals from the wearer of the face covering. 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.
- COVID-19 symptoms, including, but not limited to;
 - Fever or feeling feverish (such as chills, sweating)
 - Cough
 - Mild or moderate difficulty breathing (breathing slightly faster than normal, feeling like you can't inhale or exhale, or wheezing, especially during exhaling or breathing out)
 - Sore throat
 - Muscle aches or body aches
 - Unusual fatigue
 - Headache
 - New loss of taste or smell
- The importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Participation in the identification and evaluation of COVID-19 hazards by contacting your supervisor or Human Resources.
- Any employee's right to request an N95 filtering facepiece respirator for voluntary use without fear of retaliation and at no cost to the employee. Employees who request an N95 respirator must be trained on the following:
 - How to properly wear the N95 provided.
 - How to perform a seal check according to the manufacturer's instructions each time a N95 is worn, and the fact that facial hair interferes with a seal.
- Testing and vaccination resources are available from Risk/Human Resources, vaccination is effective at preventing serious illness or death from COVID-19.
- Employees should review the current face coverings policy and can request face coverings from their supervisor at no cost to and wear them at work, regardless of vaccination status, without fear of retaliation.

Face Coverings

A "face covering" means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers (i.e., fabrics that do not let light pass through when held up to a light source) that completely

covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

City face covering policies include:

- **At this time, face coverings are not required to be worn in city buildings or vehicles regardless of vaccination status but are strongly recommended.**
- The city is able to provide face coverings that are clean and undamaged to all employees, and employees should ensure they are worn over the nose and mouth. Face shields are not a replacement for face coverings, although they may be worn together for additional protection.
- No employee shall be prevented from wearing a face covering when not required, unless it would create a safety hazard, such as interfering with the safe operation of equipment.
- Employees may wear their own face covering, provided it is freshly washed, or one supplied by their department. All face coverings must fully cover the nose and mouth and present a professional appearance.
- City departments are responsible for supplying face coverings for their department employees who request them.
- Store face coverings when not in use in a clean container labeled with the user's name, and dispose of it in the trash if damp, soiled, difficult to breathe through, damaged or at the end of use. Face coverings cannot be shared from person to person.
- Employees may request a respirator for voluntary use in place of a face covering, provided they undergo training on use of the respirator

Engineering/Administrative Controls and PPE

Additional controls include:

- For buildings with mechanical or natural ventilation, or both, the city shall 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 letting in outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.
- The city has implemented a regular cleaning procedure including identifying and regularly cleaning and disinfecting frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels. The city shall inform employees and authorized employee representatives of cleaning and disinfection protocols, including the planned frequency and scope of cleaning and disinfection.
- Cleaning of areas, materials, and equipment used by a COVID-19 case during the “high-risk exposure period,” and disinfection of the area, material, or equipment is indoors and will be used by another employee within 24 hours of the COVID-19 case.
- To protect employees from COVID-19 hazards, the city has evaluated its handwashing facilities, determined the need for additional facilities, encourages and allows time for employee handwashing, and has provided employees with an effective hand sanitizer. The city encourages employees to wash their hands for at least 20 seconds each time. Provision or use of hand sanitizers with methyl alcohol is prohibited.
- N95 respirators for voluntary use, face shields, face coverings, gloves, and goggles are available upon request.

Reporting and Recordkeeping

It is the city’s policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
 - In the event of a positive laboratory confirmed case, the County of San Diego Department of Public Health will be notified via the below notification form:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/COVID-19_Notification_Form.html

- Maintain records of the steps taken to implement our written CPP including but not limited to training and inspection records.
- Make our written CPP available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- 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.
- Any employee with a “close-contact” must also be notified if they may have been exposed to COVID-19.

The city shall retain all documented “close contacts” to COVID-19 as required by Cal/OSHA.

Appendix A: Definitions

“Close contact” means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

EXCEPTION: Employees have not had a close contact if they wore a respirator required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk exposure period.

“COVID-19” (Coronavirus Disease 2019) means the disease caused by SARS-CoV-2 (severely acute respiratory syndrome coronavirus 2).

“COVID-19 case” means a person who:

- (1) Has a positive “COVID-19 test” as defined in this section; or
- (2) Has a positive COVID-19 diagnosis from a licensed health care provider; or
- (3) Is subject to COVID-19-related order to isolate issued by a local or state health official; or
- (4) Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

“COVID-19 exposure” means being within 6 feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

“COVID-19 hazard” means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.

“COVID-19 symptoms” means fever of 100.4 degrees Fahrenheit or higher, chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea, unless a licensed health care professional determines the person’s symptoms were caused by a known condition other than COVID-19.

“COVID-19 test” means a test for SARS-CoV-2 that is:

- a. Cleared, approved, or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test);
- b. Administered in accordance with the authorized instructions; and
- c. Not both self-administered and self-read unless observed by the employer or an authorized telehealth proctor. Examples of tests that satisfy this requirement include tests with specimens that are processed by a laboratory (including home or on-site collected specimens which are processed either individually or as pooled specimens), proctored over-the-counter tests, point of care tests, and tests where specimen collection and processing is either done or observed by an employer.

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

- a. For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- b. If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- c. If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the high-risk exposure period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

NOTE: An “exposed group” may include the employees of more than one employer.

“Face covering” means a surgical mask, a medical procedure mask, a respirator worn voluntarily, or a tightly woven fabric or non-woven material of at least two layers (i.e., fabrics that do not let light pass through when held up to a light source) that completely covers the nose and mouth and is secured to the head with ties, ear loops, or elastic bands that go behind the head. If gaiters are worn, they shall have two layers of fabric or be folded to make two layers. A face covering is a solid piece of material without slits, visible holes, or punctures, and must fit snugly over the nose, mouth, and chin with no large gaps on the outside of the face. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

This definition includes clear face coverings or cloth face coverings with a clear plastic panel that, despite the non-cloth material allowing light to pass through, otherwise meet this definition and which may be used to facilitate communication with people who are deaf or hard-of-hearing or others who need to see a speaker's mouth or facial expressions to understand speech or sign language respectively.

"Fully vaccinated" means the employer has documented:

(A) A person's status two weeks after completing primary vaccination with a COVID-19 vaccine with, if applicable, at least the minimum recommended interval between doses in accordance with the approval, authorization, or listing that is:

- 1) Approved or authorized for emergency use by the FDA;
- 2) Listed for emergency use by the World Health Organization (WHO); or
- 3) Administered as part of a clinical trial at a U.S. site, if the recipient is documented to have primary vaccination with the active (not placebo) COVID-19 vaccine candidate, for which vaccine efficacy has been independently confirmed (e.g., by a data and safety monitoring board) or if the clinical trial participant at U.S. sites had received a COVID-19 vaccine that is neither approved nor authorized for use by FDA but is listed for emergency use by WHO; or

(B) A person's status two weeks after receiving the second dose of any combination of two doses of a COVID-19 vaccine that is approved or authorized by the FDA or listed as a two-dose series by the WHO (i.e., a heterologous primary series of such vaccines, receiving doses of different COVID-19 vaccines as part of one primary series). The second dose of the series must not be received earlier than 17 days (21 days with a 4- day grace period) after the first dose.

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

- (1) For COVID-19 cases who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: it has been 10 days since symptoms first appeared; 24 hours have passed with no fever, without the use of fever-reducing medications; and symptoms have improved; or
- (2) For COVID-19 cases who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

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

“Worksite,” for the limited purposes of COVID-19 prevention regulations only, means the building, store, facility, agricultural field, or other location where a COVID-19 case was present during the high-risk exposure period. It does not apply to buildings, floors, or other locations of the employer that a COVID-19 case did not enter, locations where the worker worked by themselves without exposure to other employees, or to a worker's personal residence or alternative work location chosen by the worker when working remotely.

Appendix B: Identification of COVID-19 Hazards

Plan Information

Department _____

Date of Identification _____

Plan Administrator _____

Risk Assessment

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

Appendix C: COVID-19 Inspections

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
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			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			

Appendix D: COVID-19 Case Investigation

All personal identifying information of COVID-19 cases or symptoms will be kept confidential unless disclosure is required or permitted by law. 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 the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' 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 the local health department, CDPH, Cal/OSHA, NIOSH, 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.

Name of person conducting the investigation:

Date:

Employee (or non-employee*) name:		Occupation (if non-employee, why they were in the workplace):	
Location where employee worked (or non-employee was present in the workplace):		Date investigation was initiated:	
Was COVID-19 test offered?		Name(s) of staff involved in the investigation:	
Date and time the COVID-19 case was last present in the workplace:		Date of the positive or negative test and/or diagnosis:	
Date the case first had one or more COVID-19 symptoms:		Information received regarding COVID-19 test results and onset of symptoms (attach documentation):	

<p>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):</p>		
<p>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:</p>		
<p>All employees who may have had COVID-19 exposure and their authorized representatives.</p>	<p>Date:</p>	
	<p>Names of employees that were notified:</p>	
<p>Independent contractors and other employers present at the workplace during the high-risk exposure period.</p>	<p>Date:</p>	
	<p>Names of individuals that were notified:</p>	

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:	

*Should an employer be made aware of a non-employee infection source COVID-19 status.

Appendix E: Multiple COVID-19 Infections and COVID-19 Outbreaks

This section is to be implemented if three or more employee COVID-19 cases in an “exposed group,” visited the workplace during their high-risk exposure period at any time during a 14-day period.

All applicable sections of the CPP will still apply in the event this section becomes active.

This section shall apply until there are no new COVID-19 cases detected in the “exposed group” for a 14-day period.

COVID-19 testing

- We will make available COVID-19 testing to all employees within the exposed group, during employees’ paid time, except:
 - Employees who were not present at the workplace during the relevant 14-day period.
 - For COVID-19 cases who did not develop COVID-19 symptoms after fulfilling the **Return to Work Criteria** no testing is required for 90 days after the initial onset of COVID-19 symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.
- Immediately after qualifying for this section of the CPP, testing shall be made available to all employees in the “exposed group” and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure shall 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 test, the city shall make COVID-19 testing available once a week at no cost, during paid time, to all employees in the “exposed group” who remain at the workplace or more frequently if recommended by the local health department, until this section no longer applies.
- Additional testing may be made available at no cost to employees, during employees’ paid time, when deemed necessary by Cal/OSHA through the Issuance of Order to Take Special Action.

Additional Requirements

- Employees in the “exposed group” shall wear face coverings when indoors, or when outdoors and less than six feet from another person, unless one of the exceptions applies.
- The city shall give notice to employees in the “exposed group” of their right to request a respirator for voluntary use.

- The city shall evaluate whether to implement physical distancing of at least six feet between persons or, where six feet of physical distancing is not feasible, the use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.
- In buildings or structures with mechanical ventilation, the city shall filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters if compatible with the ventilation system. If MERV-13 or higher filters are not compatible with the ventilation system, employers shall use filters with the highest compatible filtering efficiency. Employers shall 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, shall implement their use to the degree feasible.

COVID-19 investigation, review and hazard correction

The city will 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 will be documented and include:

- 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:
 - 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 will 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 possible.
 - Respiratory protection in accordance with Section 5144.
 - Other applicable controls.

Appendix F: Major COVID-19 Outbreaks

This section is to be implemented if 20 or more employee COVID-19 cases in an “exposed group”, visited the workplace during their high-risk exposure period within a 30- day period.

All applicable sections of Appendix E and the CPP will still apply in the event this section becomes active.

This section of CPP will stay in effect until there are fewer than three COVID-19 cases detected in the “exposed group” for a 14-day period.

COVID-19 testing

We shall continue to provide testing as indicated in Appendix E, except that COVID -19 testing shall be made available to all employees in the exposed group, regardless of vaccination status twice a week, or more frequently if recommended by the local health department.

Additional Requirements

- The city shall provide a respirator for voluntary use to employees in the exposed group and shall determine the need for a respiratory protection program or changes to an existing respiratory protection program under section 5144 to address COVID-19 hazards.
- Any employees in the exposed group who are not wearing respirators required by the employer and used in compliance with section 5144 shall be separated from other persons by at least six feet, except where an employer can demonstrate that six feet of separation is not feasible, and except for momentary exposure while persons are in movement. Methods of physical distancing include:
 - 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 greater distance between employees.
 - When it is not feasible to maintain a distance of at least six feet, individuals shall be as far apart as feasible.

- At workstations where an employee in the exposed group is assigned to work for an extended period of time, such as cash registers, desks, and production line stations, and where the physical distancing requirement is not maintained at all times, the employer shall install cleanable solid partitions that effectively reduce transmission between the employee and other persons.
- The city shall evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.