

COVID-19 Infectious Disease Preparedness and Response Plan Amendment No. 4 (Effective August 3, 2021)



INTRODUCTION

August 3, 2021

A) Purpose/Intent

Pursuant to the authority under state and county guidelines, effective August 3, 2021 the City hereby adopts the various components as required under such applicable regulations.

Accordingly, this Preparedness and Prevention Plan (“Plan” or “PRP”) is designed to control employees’ exposures to the SARS-CoV-2 virus (COVID-19) that may occur in our workplace.

B) Responsibilities

The City Manager has overall authority and responsibility for implementing the provisions of this PRP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the PRP in their assigned work areas and for ensuring employees receive answers to questions about the program.

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

C) Identification and Evaluation of COVID-19 Hazards

The City will implement the following in the workplace:

- Conduct workplace-specific evaluations using the applicable Identification of COVID-19 Hazards form.
- Document the vaccination status of our employees, which is maintained as a confidential medical record.
- Evaluate employees’ potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop applicable procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace.

- Review applicable orders and general and industry-specific guidance from the State of California, Cal/ OSHA, and the County health department related to COVID-19 hazards and prevention.¹
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections using the applicable COVID-19 Inspections Form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

D) Employee Participation

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards. Please contact Human Resources to assist with our organizational in identifying and evaluating any hazards.

E) Summary of Changes Effective August 3, 2021

Effective August 3, 2021, below is a summary of the changes that apply to all employees:

- Face coverings required in all indoor public settings, regardless of vaccination status, effective August 3, 2021. Members of the public and all employees, regardless of their vaccination status, are required to wear face coverings when inside City facilities. The Health Order exemptions from face covering requirements include the following circumstances:
 - Persons who are working alone in a closed office or room;
 - Persons who are actively eating and/or drinking;
 - Persons swimming or showering in a fitness facility;
 - Persons who are obtaining a medical or cosmetic service involving the head or face for which temporary removal of the face covering is necessary to perform the service;
 - Persons who are specifically exempted from wearing face masks pursuant to other CDPH guidance.
 - In a school setting, students with medical or behavioral contraindications.
- After a close contact with a COVID-positive individual, employees are required to *quarantine and get tested* unless *all statements* below are true:
 - If unvaccinated:
 - Employee tested positive for Covid in the past, and it has been less than 3 months since employee started having symptoms with your earlier infection (or since your positive test date if you did not have symptoms); and
 - No symptoms since last contact.
 - If fully vaccinated:

¹ See <https://covid19.ca.gov/safely-reopening/>.

- Employee was fully vaccinated at the time of recent contact (2 or more weeks had passed since receiving the second dose of a 2-dose vaccine, or one dose of a single-dose vaccine); and
- No symptoms since last contact.

F) Definition of “Fully Vaccinated” Employee

For the purposes of this Plan, “fully vaccinated” means the City has documented that the employee received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series or a single-dose COVID-19 vaccine.² Employees provide proof of vaccination (vaccine card, image of vaccine card or health care document showing vaccination status) of which the City will maintain a copy on file with Human Resources.

G) Definition of “Close Contact”

A “close contact” is defined as less than 6 feet for at least 15 minutes over a 24-hour period per current CDPH guidelines.³

H) Anti-Retaliation Provision

City policies and state law protect employees from retaliation or discrimination for reporting a positive COVID-19 test or order to quarantine or isolate. Employees should contact Human Resources with any questions or concerns. Employees who believe they have experienced retaliation or discrimination may also file a complaint with the Division of Labor Standards Enforcement.

² Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO).

³ See <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Guidance-on-Isolation-and-Quarantine-for-COVID-19-Contact-Tracing.aspx>.

SECTION 1 – COVID-19 CONTROL

A) Employee Screening

Employees will be screened against COVID-19 symptoms by way of self-screening according to current the California Department of Public Health (“CDPH”) guidelines. The current list of symptoms include the following:

- Cough
- Shortness of breath or difficulty breathing
- Fever⁴
- Chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

B) Face Coverings

The City will adhere to the current and applicable Cal/OSHA, California state and County guidelines on face coverings. Based on current guidelines, face coverings are required indoors regardless of vaccination status, unless otherwise exempted as stated above in Section E.

Acceptable 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. A face covering has no visible holes or openings and must cover the nose and mouth. A face covering does not include a scarf, ski mask, balaclava, bandana, turtleneck, collar, or single layer of fabric.

The City will provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from CDPH. Face coverings will also be provided to any employee that requests one, regardless of their vaccination status.

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

- When an employee is alone in a room or a vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.

⁴ For the purpose of this Plan, a “fever” is defined as a measured temperature 100.4°F or greater.

- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees will wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it.
- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

Employees in certain indoor settings must wear a face covering regardless of vaccination status if required by CDPH order, including indoor settings where CDPH requires face coverings such as public transit, K-12 educational facilities, health care and long-term care settings, correctional and detention facilities, and shelters (homeless or emergency shelters and cooling centers).

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

C) Ventilation System

For indoor locations, the City will identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system, and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of transmission following the CDPH's Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments.⁵

D) Cleaning and Disinfecting

Disinfecting wipes and hand sanitizers are available to City staff at City facilities. Additionally, both public and staff areas will be cleaned at scheduled intervals, including daily maintenance of high-touch areas.

The City will follow current CDC guidelines for "Cleaning and Disinfecting Your Facility" as guidance for cleaning and disinfection measures for workplace locations (see Appendix IV-B). When appropriate, the City will use an Environmental Protection Agency (EPA)-approved disinfectant against COVID-19 and follow the label instructions for proper use (see <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>). Many products recommend:

- Keeping surface wet with disinfectant for a period of time (see product label).
- Precautions such as wearing gloves and making sure there is adequate ventilation while using the product.
- If products on EPA List N: Disinfectants for Coronavirus (COVID-19) are not available, bleach solutions can be used if appropriate for the surface and will be effective against coronaviruses when properly diluted.

City staff should also consider the following when cleaning and disinfecting:

⁵ See <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Interim-Guidance-for-Ventilation-Filtration-and-Air-Quality-in-Indoor-Environments.aspx>.

- Practice routine cleaning and disinfection of frequently touched surfaces. More frequent cleaning and disinfection may be required based on level of use.
- Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools should not be shared to the extent feasible. Where there must be sharing, the items will be disinfected between uses.
- Common surfaces and objects in public places, such as keypads, pens, counters, vending machines, and office machinery should be cleaned and disinfected before each use or as much as possible.
- Outdoor areas generally only require normal routine cleaning. High touch surfaces made of plastic or metal, such as grab bars, interactive exhibits, and railings should be cleaned routinely.
- 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.) should be disinfected between users.

Below is a list of high touched items that should be frequently cleaned and disinfected at regular intervals:

Doorknobs or handles	Elevator buttons	Equipment
Tools	Handrails	Touch screen devices
Controls or push buttons	Bathroom surfaces	Kitchen surfaces
Steering wheels	Light switches	Desks
Counters and tables	Phones	Keyboards

E) Cleaning and Disinfecting Standards When Someone is Sick or Has a COVID-19 Diagnosis

In the event that someone who has entered the workplace is sick or has a COVID-19 diagnosis, the City will also implement the following cleaning and disinfecting standards:

- Close off areas used by the person who is sick.
- Open outside doors and windows and use fans or other engineering controls to increase air circulation in the area.
- Wait 24 hours before cleaning or disinfecting. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect the immediate workspace used by the person who is sick or diagnosed with COVID-19, such as the surfaces in their office or cubicle. If common areas such as bathrooms or shared items have already been routinely cleaned and disinfected, there is no need for additional action.
- Vacuum the space if needed, using a vacuum equipped with high-efficiency particulate air (HEPA) filter and bags, if available. Do not vacuum a room or space that has people in it. Wait until the room or space is empty to vacuum, such as at night, for common spaces, or during the day for private rooms.
- Wear disposable gloves to clean and disinfect. For soft (porous) surfaces such as carpeted floors or rugs, clean the surface with detergents or cleaners appropriate for use on these surfaces, according to the textile’s label. After cleaning, disinfect with an appropriate disinfectant on EPA List N: Disinfectants for Coronavirus

(COVID-19). Soft and porous materials, like carpet, are generally not as easy to disinfect as hard and non-porous surfaces. EPA has listed a limited number of products approved for disinfection for use on soft and porous materials on List N. Follow the disinfectant manufacturer's safety instructions (such as wearing gloves and ensuring adequate ventilation), for concentration level, application method and contact time. Allow sufficient drying time if vacuum is not intended for wet surfaces.

- While vacuuming, temporarily turn off in-room, window-mounted, or on-wall recirculation HVAC to avoid contamination of the HVAC units. Do not deactivate central HVAC systems.

If more than 7 days since the person who is sick visited or used the facility, additional cleaning and disinfection is not necessary. Continue routine cleaning and disinfection (see section above). This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

Once area has been appropriately disinfected, it can be opened for use.

F) Hand Sanitizing

To implement effective hand sanitizing procedures, the City requires employees to clean their hands often by:

- Hand-washing with soap and water for at least 20 seconds, or
- Using an alcohol-based hand sanitizer (60% alcohol minimum).

G) Personal Protective Equipment (PPE)

The City will evaluate the need for PPE (such as gloves, goggles, and face shields) as required by 8 CCR § 3380, and provide and ensure use of such PPE as needed.

Upon request, the City will provide respirators for voluntary use to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person. Respirators will be fitted for the correct size, and employees utilizing approved respirators will be trained on the proper use. Please contact Human Resources to request the voluntary use of respirators.

In addition, the City will provide and ensure use of respirators in compliance with 8 CCR § 5144 when deemed necessary by Cal/OSHA.

When applicable, the City will provide and ensure use of eye and respiratory protection when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

H) Testing of Symptomatic Employees

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

I) Goals for Open Communication

The City endeavors to ensure that we have effective two-way communication with our employees that it includes the following information:

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

SECTION 2 – COVID-19 RESPONSE

A) Investigating and Responding to COVID-19 Cases

The City has developed effective procedure to investigate COVID-19 cases that include seeking information from our employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This is accomplished by documenting the investigation process in writing and maintaining a copy on file with Human Resources.

In addition, employees that had a close contact are offered COVID-19 testing at no cost during their working hours, excluding:

- Employees who were fully vaccinated before the close contact and do not have symptoms.
- COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.

Within one day of the City's knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19, it will provide workplace notification to all applicable employees (and their authorized representative), independent contractors and other employers at the worksite during the high-risk exposure period.

B) Exclusion of COVID-19 Cases and Employees Who Had a Close Contact

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

- Ensuring that COVID-19 cases are excluded from the workplace until return-to-work requirements are met.
- Excluding employees that had a close contact from the workplace until return-to-work criteria have been met, with the following exceptions:
 - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms.
 - COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test.
- For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits. This may include sick leave benefits, disability insurance payments, and other applicable leaves when not covered by workers' compensation.

- Providing employees at the time of exclusion with information on available benefits.

C) Return-to-Work Criteria

Employees with Tested Positive and With Symptoms

COVID-19 cases with symptoms will not return to work until all the following have occurred: at least 24 hours have passed since a fever of 100.4°F. or higher has resolved without the use of fever-reducing medications, and COVID-19 symptoms have improved, and at least 10 days have passed since COVID-19 symptoms first appeared.

Employees Who Tested Positive But Without Symptoms

COVID-19 cases who tested positive but never developed symptoms will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test. A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” (above) have been met.

Employees With Close Contact

Persons who had a close contact may return to work as follows:

- Close contact but never developed symptoms: when 10 days have passed since the last known close contact.
- Close contact with symptoms: when the employees with symptoms criteria (above) have been met, unless the following are true:
 - The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
 - At least 10 days have passed since the last known close contact, and
 - The person has been symptom-free for at least 24 hours, without using fever-reducing medications.

Fully Vaccinated Employees without Symptoms

Fully vaccinated employees without symptoms do not need to be tested or quarantined after close contacts with COVID-19 cases unless they have symptoms.

Compliance with Applicable Health Orders

If an order to isolate, quarantine, or exclude an employee is issued by a County 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.

D) Pay and Leave Options

Employees who are subject to quarantine and isolation guidelines may be able to work remotely with their supervisor's approval. If remote work is not available, employees may use any accrued leave or any federal, state, or local benefits as may be available, such as:⁶

- Use of accrued sick and vacation hours;
- Workers' compensation (if eligible);
- Other forms of leaves (if applicable).

All employees are encouraged to contact Human Resources to discuss potential pay, leave and benefit options as may be available under applicable laws and City policies and procedures.

⁶ See <https://www.dir.ca.gov/dlse/Comparison-COVID-19-Paid-Leave.html> and <https://www.labor.ca.gov/coronavirus2019/#chart>.

SECTION 3 – TRAINING

City employees will be provided training and instruction on the COVID-19 PRP, COVID-19 health risks, COVID-19 outbreak and job-specific safety and health practices where such exposures are present.

A) Training Contents

The City will provide effective employee training and instruction that includes:

- COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
- Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that COVID-19 is an infectious disease that can be spread through the air, COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth and an infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
- Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.

B) Training Schedule

Training and instructions are provided according to the following schedule:

- For all staff when the COVID-19 PRP is initially implemented.
- For all new employees and any employees given job assignments for which training has not previously been provided.
- When new substances, processes, procedures, symptoms or equipment are introduced and present a new or changed COVID-19 hazard profile.
- For supervisors, in order to familiarize them with the safety and health hazards related to COVID-19 to which staff under their immediate direction and control may be exposed.
- For all employees on the COVID-19 hazards specific to their job assignment.
- All employees will receive periodic reminders including tailgate trainings, email alerts, postings whenever COVID-19 risks are present.

C) Training Methods

The City will communicate with employees on COVID-19 topics using methods that ensure all staff are provided relevant, understandable safety information (including translation where needed). Methods may include:

- Verbal instructions (one-on-one, group meetings, etc.).
- Written materials (e.g. electronic, policy distribution, postings, etc.).
- Workplace safety and health training, meetings, and tailgate meetings.
- Regularly scheduled safety meetings.
- Online resources and other methods.

D) Recordkeeping

Human Resources will keep COVID-19 PRP training records during the COVID-19 outbreak in accordance with the City's record retention policy.

SECTION 4 – INJURY REPORTING

A) OSHA Reporting

If a confirmed case of COVID-19 is reported, the City will determine if it meets the criteria for recordability and reportability under OSHA's recordkeeping rule. OSHA requires employers to record work-related injuries and illnesses that meet certain severity criteria on the OSHA 300 Log, as well as complete the OSHA Form 301 (or equivalent) upon the occurrence of these injuries.

OSHA has made a determination that COVID-19 should not be excluded from coverage of the rule – like the common cold or the seasonal flu – and, thus, OSHA is considering it an “illness.” However, OSHA has stated that only confirmed cases of COVID-19 should be considered an illness under the rule. Thus, if an employee simply comes to work with symptoms consistent with COVID-19 but is not a confirmed diagnosis, the recordability analysis is not necessarily triggered at that time.

For purposes of COVID-19, OSHA also requires employers to report to OSHA any work-related illness that: (1) results in a fatality, or (2) results in the in-patient hospitalization of one or more employee. “In-patient” hospitalization is defined as a formal admission to the in-patient service of a hospital or clinic for care or treatment. For purposes of OSHA injury and illness recordkeeping, the City will report cases of COVID-19 if all of the following requirements are met:

- The case is a confirmed case of COVID-19, as defined by the CDC;
- The case is work-related; and
- The case involves one or more of the recording criteria set forth in 29 CFR § 1904.7 (e.g., medical treatment, days away from work).

If an employee has a confirmed case of COVID-19, the City will conduct an assessment of any workplace exposures to determine if the case is work-related. For example, if the illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside of the work environment, and an employee develops COVID-19 solely from an exposure outside of the work environment, it would not be work-related, and thus not recordable.

The City's assessment will consider the work environment itself, the type of work performed, the risk of person-to-person transmission given the work environment, and other factors such as community spread. Further, if an employee has a confirmed case of COVID-19 that is considered work-related, the City will report the case to OSHA if it results in a fatality within 30 days or an in-patient hospitalization within 24-hours of the exposure incident.

B) Cal/OSHA Reporting

To be recordable, an illness must be work-related and result in one of the following:

- Death.
- Days away from work.
- Restricted work or transfer to another job.
- Medical treatment beyond first aid.
- Loss of consciousness.
- A significant injury or illness diagnosed by a physician or other licensed health care professional.

If a work-related COVID-19 case meets one of these criteria, then it is a reportable event.⁷

In addition, California Labor Code section 6302, effective January 1, 2020, amended the definition of serious injury or illness that must be reported to Cal/OSHA to include all inpatient hospitalizations, regardless of the length of stay, unless the hospitalization is for medical observation or diagnostic testing. Therefore, COVID-19 would qualify as serious if an employee requires any hospitalization other than for observation and for testing, assuming the employee's contraction of COVID-19 was work-related.

⁷ See California Code of Regulations, title 8, Chapter 7, Subchapter 1, Article 2, Employer Records of Occupational Injury or Illness for additional details on reporting requirements.

SECTION 5 – OUTBREAK SETTINGS

A) Multiple Outbreak Setting

In the event of three (3) or more COVID-19 cases in an “exposed workplace”⁸ within a 14-day period or identified as an outbreak by a local health department, the following provisions will apply until there are no new COVID-19 cases detected in a workplace for a 14-day period.

In addition to the requirements for non-outbreak settings, the City will do the following.

COVID-19 Testing

Provide COVID-19 testing at no cost to all employees, during paid time, in an exposed group except for:

- Employees who were not present during the relevant 14-day period.
- Employees who were fully vaccinated before the multiple infections or outbreak and who do not have symptoms.
- COVID-19 cases who did not develop symptoms after returning to work pursuant to our return-to-work criteria, no testing is required for 90 days after the initial onset of symptoms or, for COVID-19 cases who never developed symptoms, 90 days after the first positive test.

COVID-19 testing consists of the following:

- All employees in our exposed group are immediately tested and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by, the local health department.
- After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace,

⁸ As defined under 8 CCR § 3205(b)(7), an “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.

An exposed group does not include: i) 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; ii) 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; or, iii) 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.

or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.

- We provide additional testing when deemed necessary by Cal/OSHA.

The City will continue to comply with the applicable elements of this Plan, as well as the following:

- Employees in the exposed group wear face coverings when indoors, or when outdoors and less than six feet apart (unless one of the face-covering exceptions apply).
- Provide notice to employees in the exposed group of their right to request a respirator for voluntary use if they are not fully vaccinated.
- Evaluate whether to implement physical distancing of at least six feet between persons, or where six feet of physical distancing is not feasible, the need for use of cleanable solid partitions of sufficient size to reduce COVID-19 transmission.

COVID-19 Investigation, Review, and Hazard Correction

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

The investigation and review is documented and includes:

- Investigation of new or unabated COVID-19 hazards including:
 - Leave policies and practices and whether employees are discouraged from remaining home when sick.
 - COVID-19 testing policies.
 - Insufficient outdoor air.
 - Insufficient air filtration.
 - Lack of physical distancing.
- Updating the review:
 - Every thirty days that the outbreak continues.
 - In response to new information or to new or previously unrecognized COVID-19 hazards.
 - When otherwise necessary.
- Implementing changes to reduce the transmission of COVID-19 based on the investigation and review and consider:
 - Moving indoor tasks outdoors or having them performed remotely.
 - Increasing outdoor air supply when work is done indoors.
 - Improving air filtration.
 - Increasing physical distancing as much as feasible.
 - Requiring respiratory protection in compliance with 8 CCR § 5144.

Buildings or Structures with Mechanical Ventilation

The City will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible, we will use filters with the highest compatible filtering efficiency. We will also

evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

B) Major Outbreak Setting

In the event of 20 or more COVID-19 cases in an “exposed workplace” within a 30-day period. The following provisions will apply until there are no new COVID-19 cases detected in a workplace for a 14-day period.

In addition to the requirements for non-outbreak settings, the City will:

- Provide employees in the exposed group with respirators for voluntary use in compliance with 8 CCR § 5144(c)(2) and determine the need for a respiratory protection program or changes to an existing respiratory protection program under 8 CCR § 5144 to address COVID-19 hazards.
- Separate by six feet (except where we can demonstrate that six feet of separation is not feasible and there is momentary exposure while persons are in movement) any employees in the exposed group who are not wearing respirators required by us and used in compliance with 8 CCR § 5144. When it is not feasible to maintain a distance of at least six feet, individuals are as far apart as feasible, such as physical distancing that includes: telework or other remote work arrangements; reducing the number of persons in an area at one time, including visitors; visual cues such as signs and floor markings to indicate where employees and others should be located or their direction and path of travel; staggered arrival, departure, work, and break times; and adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.
- Install cleanable solid partitions that effectively reduce transmission between the employee and other persons at workstations where an employee in the exposed group is assigned to work for an extended period, such as cash registers, desks, and production line stations, and where the physical distancing requirement (described above) is not always maintained.
- Evaluate whether to halt some or all operations at the workplace until COVID-19 hazards have been corrected.
- Implement any other control measures deemed necessary by Cal/OSHA.

SECTION 6 – CONFIDENTIALITY

Except for circumstances in which the City is legally required to report workplace occurrences of communicable disease, the confidentiality of all medical conditions will be maintained in accordance with applicable law and to the extent practical under the circumstances. When it is required, the number of persons who will be informed that an unnamed employee has tested positive will be kept to the minimum needed to comply with reporting requirements and to limit the potential for transmission to others.

The City reserves the right to inform other employees that an unnamed co-worker has been diagnosed with COVID-19 if the other employees might have been exposed to the disease so the employees may take measures to protect their own health. The City also reserves the right to inform contractors, vendors/suppliers or visitors that an unnamed employee has been diagnosed with COVID-19 if they might have been exposed to the disease so those individuals may take measures to protect their own health.

APPENDIX II) RESOURCES

This section of the Appendix includes the following exhibits as resources, which are current and relevant as of the time this Plan was adopted:

- A. Cal/OSHA COVID-19 Prevention Emergency Temporary Standards – What Employers Need to Know About the June 18 Standards
- B. Cal/OSHA Revised Emergency Temporary Standards effective June 17, 2021 (8 CCR § 3205)
- C. California State Public Health Officer Order of June 11, 2021
- D. California Beyond the Blueprint for Industry and Business Sectors - Effective June 15
- E. CDPH Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments dated February 26, 2021
- F. Identification of Workplace Hazards Form
- G. COVID-19 Inspection Form