

# COVID-19 INFECTIOUS DISEASE

## Preparedness and Response Plan

City of San Bruno

567 El Camino Real  
San Bruno, CA 94066

Public health officials remind you too:



Stay home if you're sick.



Practice social distancing.

surfaces.



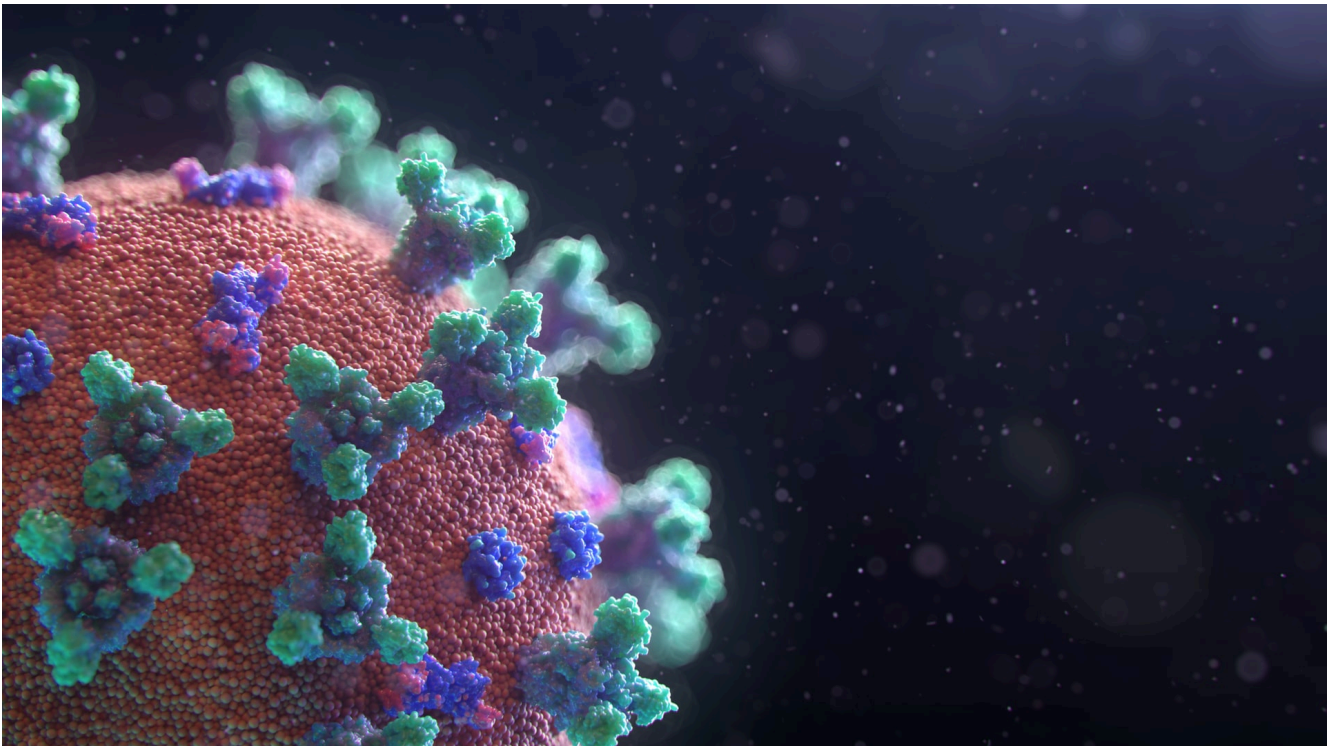
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Adopted: October 12, 2020

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# COVID-19 Infectious Disease Preparedness and Response Plan



## MESSAGE FROM THE CITY MANAGER

October 12, 2020

To All City Employees:

With the spread of the novel coronavirus or “COVID-19,” a respiratory disease caused by the SARS-CoV-2 virus, the City of San Bruno (“City”) must remain vigilant in mitigating the outbreak. The City performs essential governmental functions consistent with applicable federal, state and local orders.

In order to maintain a safe and healthy work environment, the City has developed this COVID-19 Infectious Disease Preparedness and Response Plan (“PRP” or “Plan”) to be implemented, to the extent feasible and appropriate, throughout the City and at all City worksites. In the days, weeks, and months ahead, the City also continues to monitor the related guidance that U.S. Center for Disease Control and Prevention (“CDC”), Occupational Safety and Health Administration (“OSHA”), and the California Division of Occupational Safety and Health (“Cal/OSHA”) continue to make available, as well as related guidance from other federal, state and local health authorities.

In order to minimize the spread of COVID-19 in our work environment, every City employee must play a part. As set forth in this Plan, the City has instituted various housekeeping, physical distancing, and other best practices at our worksites. All employees must follow these best practices. In addition, employees are expected to report to their managers or supervisors if they are experiencing signs or symptoms of COVID-19, as described herein. If you have a specific question about this Plan or COVID-19, please ask your manager or supervisor. In addition, employees may also contact Human Resources at (650) 616-7055 for additional assistance.

In closing, please be assured that the City is committed to our employees’ health and safety. We appreciate your commitment and dedication to the City, and for your continued service during this pandemic.

Sincerely,

Jovan D. Grogan  
City Manager

# SECTION 1 – INTRODUCTION

COVID-19 virus that is spreading quickly throughout the world. COVID-19 makes people sick with flu-like symptoms, and spreads easily through respiratory droplets when an infected person sneezes, coughs or talks. These droplets can land in the nose, mouth, or eyes of someone nearby, or they can be inhaled. People also get infected if they touch an infected droplet on a surface and then touch their own nose, mouth, or eyes. Some signs of coronavirus are cough, fever and shortness of breath. Washing hands often with soap and water can help stop viruses like COVID-19 from spreading.

## B) Symptoms of COVID-19

Infection from COVID-19 can cause illness ranging from mild to severe and, in some cases, can be fatal. Symptoms typically include fever, cough, and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

According to the CDC, symptoms of COVID-19 may appear in as few as 2 days or as long as 14 days after exposure.

## C) How COVID-19 Spreads

According to the CDC, infected people can spread COVID-19 to other people. COVID-19 is thought to spread mainly from person-to-person, including:

- Between people who are in close contact with one another (within about six feet).
- Through respiratory droplets produced when an infected person sneezes, coughs or talking. These droplets can come in contact in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

It may be possible that a person can get COVID-19 by touching a surface or object that has COVID-19 on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough, and/or shortness of breath). Some spread might be possible before people show symptoms; there have been reports of this type of asymptomatic transmission with this new coronavirus, but this is also not thought to be the main way the virus spreads.

Although the United States has implemented public health measures to limit the spread of the virus, some person-to-person transmission will continue to occur. The CDC website provides the latest information about COVID-19 transmission: [www.cdc.gov/coronavirus/2019-ncov/about/transmission.html](https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html).

#### **D) Impact of COVID-19 to the City's Operations**

Due to the severity of COVID-19's international impacts, outbreak conditions — including those rising to the level of a pandemic — can affect all aspects of daily life, including financial markets, retail, tourism, medical, and food supplies. Lack of continuity planning may result in difficulties when responding to the challenges the City will face.

To reduce the impact of COVID-19 outbreak conditions on the City, its employees, and the public, the City is implementing this Plan to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of this virus to allow workers to safely perform jobs required to keep the City running during pandemic conditions. This Plan focuses on the need to implement operational and administrative workplace practices, and the appropriate use of personal protective equipment ("PPE").

The City will follow federal, state and local mandates regarding closures, social distancing protocols, and methods of containing COVID-19. The City will communicate with staff on all COVID-19 issues using verbal and written methods to ensure that all staff is provided with up-to-date information on exposure protocols, current regulatory agency updates, and general safety measures.

#### **E) City's Planning Considerations**

The City will consider how best to mitigate the effect of COVID-19 in the workplace. Key considerations when making decisions on prevention measures include:

- Analyze how the coronavirus has affected our workplace and communicate that to our employees.
- Plan how we will respond in the event of an outbreak and ongoing changes.
- Consider flexible work hours and increase space between our employees.
- Implement different ways to reduce the spread of germs between employees, and between the public and workers.
- Explore alternative ways to hold work-related meetings and events.
- Review Personal Protective Equipment (PPE) to help reduce the spread of the coronavirus.
- Mitigate the amount of public interface with staff such as walk-in services, home inspections, etc.

#### **F) Plan Adoption**

This Plan was created between July to October 2020, and is based on information available from applicable regulatory agencies, such as OSHA, the CDC, Cal/OSHA, California Public Health Department (CDPH) and San Mateo County Health Department at the time of its development, and is subject to change based on further information provided by public health officials. The City may also amend this Plan based on operational needs.

## SECTION 2 – RESPONSIBILITIES

Every City employee has a responsibility to adhere to the various components identified in this Plan. The specific duties and responsibilities are outlined as follows:

### A) City Manager

The City Manager is responsible for the health and safety of all City personnel and has the overall authority and responsibility for ensuring that all aspects of this Plan are effectively implemented, including ensuring adequate funding is available to operate this Plan, and training is provided for front line, supervisory, and management positions.

### B) Department Heads

Department Heads have the authority and responsibility to:

- Implement this COVID-19 PRP and hold employees responsible for following its mandates.
- Revise and amend working conditions to respond to the COVID-19 virus as needed and discontinuing some or all non-emergency work in cases where the health exposure risks are too great.
- Ensure that COVID-19 PRP and procedures are fully implemented, relevant, current, and effective.
- Monitor hazardous outbreaks using reliable public health data to identify exposure risks to employees.
- Ensure adequate and appropriate PPE is available for all employees.
- Take appropriate corrective action to protect the health of City employees and address residents' concerns.
- Ensure COVID-19 PRP training is scheduled and documented to meet Cal/OSHA requirements.

### C) Managers and Supervisors

Managers and supervisors have the authority and responsibility to:

- Ensure the COVID-19 PRP plan and procedures are fully implemented, relevant, current, and effective.
- Ensure that an adequate supply of required PPE is available for each worker and work site.
- Communicate with staff on the current exposure risks as instructed by Department Head or City Manager.
- Require staff to wear and utilize assigned PPE as instructed.
- Ensure that any contract or temporary employees, and their employers, follow City PRP procedures.
- Prevent any ill or potentially exposed employees from coming to work.

- Limit physical meeting attendance and adhering to mandated physical distancing protocols or conducting meetings remotely.

When unable to mitigate COVID-19 exposure risks using PPE or other approved methods, managers and supervisors must report the condition to the appropriate Department Head and immediately stop work or require personnel to move into lower risk locations.

#### **D) All Employees**

All City employees have the authority and responsibility to:

- Adhere to the COVID-19 PRP.
- Participate in safety meetings and attend all relevant training.
- Limit visitors who may be on City premises to those who are required to conduct City business.
- Ensure an adequate supply of PPE is available in their work area and appropriately using that PPE as directed by this Plan.
- Inform their manager, supervisor, Department Head or Human Resources if they are:
  - Suffering from any COVID-19 symptoms or feeling generally ill.
  - If exposure to confirmed or presumed COVID-19 persons has occurred.

OSHA and the CDC have provided the following control and preventative guidance for all workers, regardless of exposure risk:

- Frequently wash hands with soap and water for at least 20 seconds. When soap and running water are unavailable, use an alcohol-based hand rub with at least 60% alcohol.
- Avoid touching eyes, nose, or mouth with unwashed hands.
- Follow appropriate respiratory etiquette, which includes covering for coughs and sneezes.
- Avoid close contact with people who are sick.

In addition, employees must familiarize themselves with the symptoms of COVID-19, which include the following:

- Cough
- Shortness of breath or difficulty breathing
- Fever<sup>1</sup>
- Chills
- Fatigue
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell

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<sup>1</sup> For the purpose of this Plan, a “fever” is defined as a measured temperature between 100°F and 100.4°F or greater.

- Congestion or runny nose

This list does not include all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea. A list of current CDC symptoms can be found at <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>.

Further, look for emergency warning signs for COVID-19.<sup>2</sup> 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
- Bluish lips or face

Employees who develop a fever and symptoms of respiratory illness, such as those listed above, are directed **not to go to work** and must call their supervisor and healthcare provider right away. Likewise, if employees come into close contact with someone showing these symptoms, they must call their supervisor and healthcare provider right away for further guidance.

Employees with personal risk factors are encouraged to discuss additional protective measures with their supervisor or HR (see Appendix IV-C for details).

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<sup>2</sup> This list is not all possible symptoms. Employees should contact their medical provider for any other symptoms that are severe or concerning to them.

## SECTION 3 – EXPOSURE CONTROL

### A) Exposure Determination, Risk Classification & Control Measures

The risk level for COVID-19 exposure during an outbreak may vary widely depending on the work group, specific work tasks/activities, and the need for close contact with individuals who may be infected or may have been exposed to the virus.

The City's methodology used to determine appropriate precautions is based on Federal OSHA guidelines that group job task risk levels into four exposure levels: very high, high, medium, and low risk.



The OSHA Occupational Risk Pyramid shows exposure risk levels in a pyramid shape to represent the probable risk distribution. The OSHA Guidance recommends a combination of engineering and administrative controls, safe work practices, and PPE based on the risk levels.

- **Very High Exposure Risk:** This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or medical laboratory procedures. Workers in this category include medical providers, medical laboratory personnel, and police, firefighter and other emergency responder activities.
- **High Exposure Risk:** This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19, such as medical providers (including those performing various public health services rendered in healthcare facilities or in connection with the provision of health care), medical transport workers, and certain mortuary workers who are treating, transporting, or preparing people who are known or suspected sources of COVID-19.
- **Medium Exposure Risk:** This category of jobs includes those that require frequent and/or close contact with (i.e., within six feet of) other people who may be infected with the virus that causes COVID-19 but are not known or suspected COVID-19 patients. Workers in this category are generally those who routinely interact with the public or have field-assigned duties.
- **Lower Exposure Risk (Caution):** This category covers jobs that do not require contact with people known to be, or suspected of being, infected with the virus that causes COVID-19 nor require frequent close contact with (i.e., within six feet of) the general public. Workers in this category are generally administrative or professional in nature, and their job does not require frequent contact with the public.

OSHA uses a framework called the “hierarchy of controls” to select ways of controlling workplace hazards. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE.

- **Engineering Controls:** Engineering controls involve isolating employees from work-related hazards. These types of controls reduce exposure to hazards without relying on worker behavior.
- **Administrative Controls:** Generally requires action by the worker or the City. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.
- **Safe Work Practices:** Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard.
- **Personal Protective Equipment (PPE):** While engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

#### **Low Risk Exposure Control Measures**

City positions with a lower exposure risk include those which do not require contact with people known to be, or suspected of being, infected with COVID-19; nor frequent close contact with the general public. Staff in this category have minimal occupational contact with the public and coworkers.

##### **i) Administrative Controls**

When handling items of unknown origin such as mail and deliveries, employees should:

- Immediately wash hands for at least 20 seconds afterward.
- Use hand sanitizer if unable to immediately wash hands.
- Use disposable gloves. Always follow proper glove removal and disposal protocol.

For shared (pool) vehicles and common use equipment, use sanitizing wipes to clean surfaces prior to use.

##### **ii) Engineering Controls**

Additional engineering controls are not recommended for staff in the lower exposure risk groups.

**iii) Personal Protective Equipment**

Face coverings per CDC, state and local health department guidelines. In compliance with the California Department Public Health's Guidance for Use of Face Coverings issued on June 18, 2020 and Section 13(e)(iv) of the Order No. c19-11 of the Health Officer of the County of San Mateo dated June 17, 2020, all City employees must wear a face covering while at work in most settings (whether at the workplace or performing work off-site) when:

- Interacting in-person with any member of the public;
- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people are present when unable to physically distance; and,
- While outdoors in public spaces when maintaining a physical distance of 6 feet from persons is not feasible.
- Wear a face covering when operating City pool vehicles used by multiple staff or when traveling with others (see Section 4(D) below for additional details).
- Inform any contractors, third parties or members of the public entering City facilities about the need to wear a face covering (except for children under the age of two and others who may specifically be exempted under the order, as further discussed below).

Individuals with medical condition, mental health condition, or disability that prevents wearing a face covering, or persons who are hearing impaired, or communicating with a person who is hearing impaired may be exempted from this requirement. Similarly, if wearing a face covering creates a safety hazard at work under established health and safety guidelines, such as working on confined spaces, employees may be exempt. Please check with Human Resources if employees have any questions or concerns related to face covering requirements.

**Medium Risk Exposure Control Measures**

Positions designated as medium risk require frequent and/or close contact with people who may potentially be infected with COVID-19, but who are not confirmed or suspected as having COVID-19.

In areas where there is ongoing community transmission, personnel in this category may have contact with the general public (e.g. lobby, front counters providing customer service, and staff in outdoor or field locations).

**i) Administrative Controls**

- Eliminate non-mission-critical tasks that may expose workers to potentially infected persons. Department directors, managers and supervisors will work with staff to identify these tasks.
- Consider strategies to minimize face-to-face contact (e.g. using front bill pay drop box, phone-based communication, and website).

- Keep the public informed about COVID-19 symptoms and request that ill or exposed people minimize contact with City staff until healthy again, by:
  - Posting signs about COVID-19 where the public may visit.
  - Providing telephonic or online alternatives for services.
  - Encouraging use of drop box for physical communications.
- Train employees on COVID-19 health and safety protocols.
- Provide face coverings per CDC and local health department guidelines, as well as to persons exhibiting signs of illness to contain respiratory secretions until they are able to leave the workplace (i.e. for medical care or home) or are otherwise isolated.
- Limit work area access to only specific personnel and members of the public required to complete the task.
- For shared (pool) vehicles and common use equipment, use sanitizing wipes to clean surfaces prior to use (see Section 4D below).

**ii) Engineering Controls**

- Install physical barriers such as windows between personnel and the public when feasible.

**iii) Personal Protective Equipment**

- Face coverings per CDC, state and local health department guidelines (see Section 3(A)(iii) above).
- Rubber/latex/nitrile or equivalent gloves when required.

**High Risk Exposure Control Measures**

This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19, such as those performing various public health services rendered in healthcare facilities or in connection with the provision of health care. Personnel may not perform high COVID-19 exposure activities unless:

- It is part of their current job description;
- Their department has appropriate protective procedures (policies, administrative controls, engineering controls, PPE, etc.) in place that meets the Plan's requirements; and,
- Personnel is trained to perform such activities.

**i) Administrative Controls**

- Follow existing guidelines and standards of practice for identifying and isolating infected individuals and for protecting personnel;
- Consider offering enhanced medical monitoring during COVID-19 outbreaks;
- Provide job-specific training on preventing COVID-19 transmission;
- Ensure psychological and behavioral support is available to address stress.

**ii) Engineering Controls**

- Isolate persons with suspected COVID-19 infections.

**iii) Personal Protective Equipment**

- Depending on job task exposure risks, most personnel at this risk level will likely need gloves, gown, face shield/goggles, face mask and/or respirator;
- Those who work closely (in contact or within 6 feet of) with persons known or suspected to be infected with COVID-19 should wear respirators;
- Personnel who dispose of PPE and infectious waste must be trained and provided with appropriate PPE.

**Very High-Risk Exposure Control Measures**

This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or medical laboratory procedures. Workers in this category include medical providers, medical laboratory personnel, and police, firefighter and other emergency responder activities. Personnel may not perform high COVID-19 exposure activities unless:

- It is part of their current job description;
- Their department has appropriate protective procedures (policies, administrative controls, engineering controls, PPE, etc.) in place that meets the Plan's requirements; and,
- Personnel is trained to perform such activities.

**i) Administrative Controls**

- Follow existing guidelines and standards of practice for identifying and isolating infected individuals and for protecting personnel;
- Consider offering enhanced medical monitoring during COVID-19 outbreaks;
- Provide job-specific training on preventing COVID-19 transmission;
- Ensure psychological and behavioral support is available to address stress.

**ii) Engineering Controls**

- Isolate persons with suspected COVID-19 infections.

**iii) Personal Protective Equipment**

- Depending on job task exposure risks, most personnel at this risk level will likely need gloves, gown, face shield/goggles, face mask and/or respirator;
- Those who work closely (in contact or within 6 feet of) with persons known or suspected to be infected with COVID-19 should wear respirators;
- Personnel who dispose of PPE and infectious waste must be trained and provided with appropriate PPE.

**See Appendix I for the City's employee risk classifications.**

## **B) Post Exposure Protocols**

In the event of an exposure incident, it is critical to inform exposed individuals quickly and to seek medical services in a timely manner to mitigate the severity of illness and limit the spread of infection.

### **Washing and Sanitizing**

Immediately after an exposure event, all persons involved must:

- Wash the affected areas on the body immediately.
- Remove PPE and affected clothing as appropriate.
- Discard/wash PPE and clothing as appropriate.
- Follow current CDC guidelines on facility cleaning and disinfection.

### **Isolation**

Employees who appear to have acute respiratory illness symptoms (i.e. coughing, shortness of breath, etc.) or fever must be separated from other employees and sent home immediately. In the event that an employee arrives to work with such symptoms or develops symptoms during the workday, managers and supervisors must:

- Immediately isolate the affected employees by distance and/or in a closed room
- Seek guidance from Human Resources regarding notification and directions for employees who may have been potentially exposed.

### **Medical Evaluation**

Following medical professional/health department/CDC guidance and direction:

- Exposed personnel may be sent home for self-quarantine.
- Exposed personnel may be sent for medical treatment as instructed.
- Exposed personnel may receive follow-up testing as instructed.

See Section C below for additional information regarding exposure control measures.

## **C) Exposure Control Measures**

Exposure control measures are designed to address the risk level associated with various worksites and job tasks, including where, how, and to what source of COVID-19 workers might be exposed, including:

- The general public, customers, and co-workers.
- Infected individuals or those at particularly high risk for infection.

### **Employee Exhibits COVID-19 Symptoms**

If an employee exhibits COVID-19 symptoms, the employee must remain at home until the employee is symptom free for 72 hours (3 full days) without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants). The City will similarly require an employee who reports to work with symptoms to return home until the employee is symptom free for 72 hours (3 full days). To the extent practical, employees should take a COVID-19 test from either their primary medical provider or through the City's Occupational Health provider. In most cases, employees are required to obtain a doctor's note clearing them to return to work.

### **Employee Tests Positive for COVID-19**

An employee who tests positive for COVID-19 will be directed to self-quarantine away from work. Employees who are symptom free may return to work when at least ten (10) days have passed since the date of the employee's first positive test, and have not had a subsequent illness. Employees who test positive and are directed to care for themselves at home may return to work when: (1) at least 10 days have passed since symptoms first appeared and; (2) at least 24 hours have passed since last fever without the use of fever-reducing medications; and, (3) symptoms (e.g., cough, shortness of breath) have improved. Employees who test positive and have been hospitalized or are severely immunocompromised may return to work when directed to do so by their medical care providers. Regardless of the duration away from work, the City will require an employee to provide medical clearance permitting the employee's return to work prior to allowing an employee to return.

### **Employee Has Close Contact with an Individual Who Has Tested Positive for COVID-19**

Employees who have come into close contact with an individual who has tested positive for COVID-19 (co-worker or otherwise) will be directed to self-quarantine for 14 days from the last date of close contact with that individual.<sup>3</sup> Close contact is defined as six (6) feet for a prolonged period of time. As CDC, state and local guidance may change from time to time, employees should contact Human Resources if they have been exposed to COVID-19 due to close contact with someone.

If the City learns that an employee has tested positive, the City will identify co-workers who may have had close contact with the confirmed-positive employee in the prior 14 days and direct those individuals who have had close contact with the confirmed-positive employee to self-quarantine for 14 days from the last date of close contact with that employee. To the extent possible, the City will also notify any contractors, vendors/suppliers or visitors who may have had close contact with the confirmed-positive employee.

If an employee learns that he or she has come into close contact with a confirmed-positive individual outside of the workplace, the employee must alert a manager or supervisor of the close contact and self-quarantine for 14 days from the last date of close contact or upon receiving medical clearance.

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<sup>3</sup> See CDC guidance concerning when to start and end quarantine (<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>).

**Pay and Leave Options**

All City 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.

DRAFT

# SECTION 4 – COVID-19 SAFETY PROTOCOLS

## A) General Safety Protocols

As part of its PRP, the City emphasizes that employees should stay home while sick and requires that all employees practice respiratory etiquette and hand hygiene. Additionally, the City will implement the following health and safety protocols to protect its employees and the public from exposure:

- Place signage near all entrances and in other workplace areas where they are likely to be seen, to inform workers and the public of City protocols related to the COVID-19 pandemic.
- Place markings on the floor of any common or waiting areas to promote social distancing.
- Limit visitors who may be on City premises to those who are required to conduct City business.
- Encourage all employees to stay home when sick and not enter the workplace, and when necessary, direct employees when exhibiting signs of illness to stay home and seek medical clearance prior to returning to work.
- Require that all employees wear appropriate face coverings pursuant to federal, state and local health department guidelines.
- Require employees to clean their hands often by:
  - Handwashing with soap and water for at least 20 seconds, or
  - Using an alcohol-based hand sanitizer (60% alcohol minimum).
- Provide soap and water and alcohol-based hand rubs in the multiple locations at the workplace and ensure adequate supplies are maintained.
- Require that employees shall cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- Provide tissue and no-touch disposal receptacles.
- Require contract/temporary worker firms to follow the equivalent policies and procedures (including preventing sick employees from coming to work).

## B) Effectiveness of Controls

The most effective controls would be to eliminate or use substitution to remove or replace potential hazards.

If elimination of hazards is not possible, the City will implement Engineering Controls when Administrative Controls alone do not reduce the risk to an acceptable level. These are typically physical protective changes such as installing barrier between the public and staff or other acceptable methods.



Primarily, with this PRP, the City will establish Administrative Controls, which are work rules that change the way our employees work in order to prevent them from being exposed to the hazard. Administrative Controls include the requirement that PPE be used in certain situations where Administrative and Engineering controls do not reduce the exposure risk to an acceptable level. PPE selected may include gloves, goggles, gowns, and other protective gear for staff to wear for specific tasks or at specific work sites.

### **C) Hygiene and Work Environment**

All City work sites and locations will practice physical distancing. All employees are required to maintain at least six feet between themselves and other people to reduce the risk of COVID-19 transmission whenever feasible and without creating additional hazards.

Break areas will be configured to accommodate physical distancing.

To the extent that City meetings and trainings can be held remotely, considerations will be given to hold such meetings and trainings in that manner. If in-person meetings and trainings are required, the City will adhere to federal, state and local health guidelines as well as protocols specified in this PRP.

Assigned staff will routinely clean and disinfect frequently touched surfaces and objects in the workplace, such as common workstations, countertops, tables, doorknobs, light switches, desks, phones, keyboards, toilets, faucets, sinks, etc. See Appendix II for cleaning frequency and schedules for each City work site.

Break areas including all eating surfaces and food prep areas must be disinfected each day.

The City will provide disposable wipes or cleaning supplies so that commonly used surfaces can be wiped down by employees before each use.

All employees will be trained in the following cleaning and disinfecting tasks:

- Clean surfaces using soap and water or a common EPA-registered household disinfectant and follow manufacturer instructions on the label to ensure safe and effective use (see <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>).
- For disinfection solutions to be effective against coronaviruses they need to be an alcohol solution of at least 60% alcohol, or a 50:1 water to household bleach mix (equivalent to 1/3 cup bleach to one gallon of water).

The City will maintain Safety Data Sheets of all disinfectants used on site.

In addition, OSHA has indicated that a reliable report that an employee has tested positive for COVID-19 does not typically require an employer to perform special cleaning or decontamination of work environments, unless those environments are visibly contaminated with blood or other bodily fluids.<sup>4</sup> Notwithstanding this, the City will clean those areas of the worksite that a confirmed-positive individual may have contacted and it will do so before employees can access

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<sup>4</sup> Source: <https://www.osha.gov/SLTC/covid-19/controlprevention.html>.

that work space again. Also, as discussed in Section 2(B) above, to the extent possible, the City will also notify any contractors, vendors/suppliers or visitors who may have had close contact with the confirmed-positive employee.

#### **D) Use of City Vehicles**

Potentially contaminated items, including disposable PPE, must not be brought into vehicle cabins. Such items must be discarded or stored outside the vehicle cabin. PPE that may become contaminated including disposable gloves must be removed and discarded before entering the vehicle's cabin area. Vehicle cabin and exterior handles must be cleaned each work shift by the vehicle driver. Whenever possible, the City encourages only one person per vehicle. Employees sharing a vehicle should follow the medium-risk control measures identified in this document (see Section 3).

Follow the "dirty handle" rule for all exterior door handles:

- Always consider outside handles to be dirty and do not touch them without first cleaning them.
- Use a protective barrier (e.g. gloves or paper towels) between hands and handles.
- At a minimum, wash/sanitize hands after touching handles.

Exposure control supplies to be stored in each City vehicle:

- Disinfectant and hand sanitizer.
- Rubber/latex/nitrile gloves.
- Trash receptacle (preferably located outside the cabin but may be located inside if it can be tightly closed).
- Antiseptic wipes for interior cleaning (steering wheels, etc.)

#### **E) Work Scheduling**

The City may establish staggered work shifts (e.g. shift start and end times) for work groups that generally arrive and depart at the same time and share space, such as in a locker room or group staging area, to improve the ability to physically distance.

To the extent possible, staff will perform work independently rather than in a group setting, to eliminate close contact with other personnel. If working independently is not possible, attempts will be made to use matched employee groups (e.g. crews that worked together prior to the pandemic threat) to limit an employee's contact circle.

Managers and supervisors should identify and modify multi-employee activities to provide physical distancing (i.e. minimum of six feet) between workers.

# SECTION 5 – RETURN TO WORK PROTOCOLS

## A) General Exposure Control Measures

As shelter in place orders are lifted, and both essential and non-essential employees are allowed to return to work, the City and its employees will adhere to the following protocols and controls:

### Administrative Controls

Reopening City facilities will be in conformance with local, state, and federal orders.

- Maintain physical distancing between City employees and the public.
- Practice good personal hygiene including frequent hand washing for at least 20 seconds and avoiding face touching.
- Follow CDC guidelines when performing frequent cleaning of commonly touched objects and surfaces (tables, counters, doorknobs, light switches, etc.).<sup>5</sup>

If staff or customers/members of the public are exhibiting signs of illness:

- The City will provide face coverings per CDC and health department guidelines to contain respiratory secretions until affected individuals leave or are isolated.
- Immediately establish a six foot or more clear-zone around the ill person to minimize exposing others.
- Monitor public health communications about COVID-19 recommendations to ensure that all staff receive and understand that information.

### Engineering Controls

- Reconfigure workspaces to provide social distance between workers (greater than six feet).
- Personal Protective Equipment
- The City will provide face coverings, gloves, and other PPE per CDC and health department guidelines.

### Safe Work Practices

- The City will provide alcohol-based hand rubs containing at least 60% alcohol to staff while working in the field or outside of facilities where handwashing stations may be limited or unavailable.
- Employees should wipe down their own workstations/areas at least daily.

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<sup>5</sup> Source: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

## **B) Remote Employees While Working From Home**

Employees working remotely (teleworking) from their homes are classified as low risk, due to the fact that such employees are not required to work in close proximity to other City employees or members of the public. The City will continuously evaluate the feasibility of returning telework employees back to the office as soon as it is safe to do so.

### **Administrative Controls**

- Employees must maintain appropriate physical distancing procedures during work time, including when interacting with any City staff or other work-related contacts.
- Teleworking employees must continue good personal hygiene practices, including frequent hand washing and avoiding face-touching.
- Commonly touched surfaces in the home (doorknobs, light switches, faucet handles, etc.) should be frequently cleaned and/or disinfected.

### **Engineering Controls**

None required.

### **PPE Requirements**

None required.

## **C) Other Remote Staff Activities**

Employees who are required to travel on behalf of the City, or who work at any field or third-party locations, must work with their department head to evaluate their work and travel activities, in order to determine their COVID-19 Exposure and Risk Classifications and to develop appropriate administrative and engineering control measures and PPE requirements.

For employees who may need to travel for training or other City-related activities, they should check the CDC's Traveler's Health Notices and seek manager/supervisor's guidance to determine whether travel should take place: <https://wwwnc.cdc.gov/travel/notices>.

## SECTION 6 – 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 prior to working where such exposures are present.

### A) 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.

No City employee will be expected to perform medium, high, or very-high risk activities before receiving safe work practices training on safe procedures for such activities.

### B) 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 (one-on-one, group meetings, etc.).
- Written (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.

### C) Recordkeeping

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

# SECTION 7 – 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 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 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.<sup>6</sup>

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.

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<sup>6</sup> 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 8 – 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.

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# APPENDIX I) JOB ASSESSMENTS

## A) Lower Exposure Risk

Lower exposure risk jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (i.e., within 6 feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.

Job Classification	Exhibit Reference (See Appendix IV)	Additional Comments
Accountant	H (Office)	
Accounting Manager	H (Office)	
Assistant Planner / Associate Planner	H (Office)	
City Attorney	H (Office)	
Clerk/Senior Clerk*	H (Office)	
Executive Assistant	H (Office)	
Finance Director	H (Office)	
Financial Services Manager	H (Office)	
Legal Secretary	H (Office)	
Management Analyst I/II	H (Office)	
Planning and Housing Manager	H (Office)	
Secretary	H (Office)	
Senior Planner	H (Office)	

## B) Medium Exposure Risk

This category of jobs includes those that require frequent and/or close contact with (i.e., within six feet of) the public and/or other people who may be infected with the virus that causes COVID-19, but are not known or suspected COVID-19 patients.

Job Classifications	Exhibit Reference (See Appendix IV)	Additional Comments
Accounting Customer Service	H (Office)	
Assistant City Manager	H (Office)	
Assistant to the City Manager	H (Office)	
Associate Civil Engineer	D & E (Construction) and H (Office)	
Bus Driver*	H (Office), J (Childcare), K (Day Camps) & M	
City Clerk	H (Office)	
CATV Business Manager	H (Office)	
CATV Program Technology Manager	H (Office)	
CATV Programming Coordinator	H (Office)	
CATV System Engineer	H (Office)	
Clerk/Senior Clerk*	H (Office), J (Childcare), K (Day Camps), M	
Community and Economic	H (Office)	
Community Development Technician	H (Office)	
Community Services Director	H (Office), J (Childcare), K (Day Camps) & M	
Community Services Superintendent	H (Office), J (Childcare), K (Day Camps) & M	
Computer Support Technician	H (Office)	
Custodial Services Leader	D & E (Construction), H (Office) and L (Utilities)	
Custodian I, II	D & E (Construction), H (Office) and L (Utilities)	
Deputy City Clerk	H (Office)	
Emergency Service Coordinator	H (Office)	
Executive Assistant – Corp Yard	H (Office)	
Food Services Coordinator	H (Office), J (Childcare), K (Day Camps) & M	
Human Resources Manager	H (Office)	
Lead Accounting and Customer	H (Office)	
Information Technology Manager	H (Office)	
Library Assistant I/II	N (Library)	
Library Page I/II*	N (Library)	
Library Services Coordinator	N (Library)	
Library Services Manager	N (Library)	
Lifeguard I/II*	M (Youth Sports)	
Mechanic I/II	D & E (Construction), H (Office) and L (Utilities)	
Police Clerk I/II	H (Office)	
Police Communications and Records	H (Office)	
Pool Manager	H (Office), J (Childcare), K (Day Camps) & M	
Principal Civil Engineer	D & E (Construction) and H (Office)	
Program Assistant	H (Office), J (Childcare), K (Day Camps) & M	
Public Safety Dispatcher I/ II	H (Office)	
Public Works Director	D & E (Construction), H (Office) and L (Utilities)	
Recreation Leader I/II*	H (Office), J (Childcare), K (Day Camps) & M	
Recreation Services Coordinator	H (Office), J (Childcare), K (Day Camps) & M	
Recreation Services Manager	H (Office), J (Childcare), K (Day Camps) & M	
Recreation Services Supervisor	H (Office), J (Childcare), K (Day Camps) & M	
Recreation Specialist*	H (Office), J (Childcare), K (Day Camps) & M	
Secretary – Corp Yard	H (Office)	
Senior Community Development	H (Office)	
Site Manager*	H (Office), J (Childcare), K (Day Camps) & M	
Special Assistant (Clerical)*	H (Office)	
Warehouse Clerk	D & E (Construction), H (Office) and L (Utilities)	
Systems Administrator	H (Office)	
Systems Analyst	H (Office)	
Water Safety Instructor I/II*	M (Youth Sports)	

**C) High Risk**

This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19, such as medical providers (including those performing various public health services rendered in healthcare facilities or in connection with the provision of health care), medical transport workers, and certain mortuary workers who are treating, transporting, or preparing people who are known or suspected sources of COVID-19.

Job Classification	Exhibit Reference (See Appendix IV)	Additional Comments
Building Inspector I/II	D & E (Construction) and H (Office)	Refer to Department
Chief Building Official	D & E (Construction) and H (Office)	
Code Enforcement Officer I, II	D & E (Construction) and H (Office)	
Code Enforcement Officer, Senior	D & E (Construction) and H (Office)	
Community Service Officer I, II	D & E (Construction), H (Office) and L (Utilities)	
Deputy Public Works Director -	D & E (Construction), H (Office) and L (Utilities)	
Engineering Technician	D & E (Construction) and H (Office)	
Public Works Inspector	D & E (Construction) and H (Office)	
Field Supervisor, Cable	D & E (Construction)	
Field Supervisor, Parks	D & E (Construction)	
Field Supervisor, Public Works	D & E (Construction)	
Fire Marshal (Sworn)		
Headend Technician	H (Office)	
Lead Maintenance Worker	D & E (Construction)	
Maintenance Assistant*	D & E (Construction), H (Office) and L (Utilities)	
Maintenance Services Manager	D & E (Construction), H (Office) and L (Utilities)	
Parks Maintenance Technician I/II	D & E (Construction)	
Parks Maintenance Worker I/II	D & E (Construction)	
Parks Manager	D & E (Construction)	
Public Works Maintenance Worker I/II	D & E (Construction)	
Pump Mechanic I/II	D & E (Construction), H (Office) and L (Utilities)	
Senior Building Inspector	D & E (Construction)	
Senior Code Enforcement Officer	D & E (Construction)	
Water Resources Manager	H (Office)	
Water System and Conservation	H (Office)	

**D) Very High Risk Exposure**

This category covers jobs with a high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or medical laboratory procedures. Workers in this category include medical providers, medical laboratory personnel, and police, firefighter and other emergency responder activities.

Job Classification	Exhibit Reference (See Appendix IV)	Additional Comments
Fire Chief		Refer to Department
Fire Battalion Chief		Refer to Department
Fire Captain		Refer to Department
Firefighter		Refer to Department
Firefighter Recruit		Refer to Department
Police Chief		Refer to Department
Police Captain		Refer to Department
Police Sergeant		Refer to Department
Police Lieutenant		Refer to Department
Police Officer		Refer to Department
Police Recruit		Refer to Department

\*Unclassified Part-Time Temporary Seasonal Employee Classification

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# APPENDIX II) WORKSITE ASSESSMENTS

## Compliance with San Mateo County Public Health Order Requirements

Pursuant to Order No. c19-11 of the Health Officer of the County of San Mateo dated June 17, 2020 (“Order”), the City has adopted this Plan as its Health & Safety Plan, and will post the required signage at its facilities, which includes the following:

- Social Distancing Protocol (Appendix A of the Order)
- Health and Safety Signage
- Self-Certification Placard

## Facility-Specific Plans

Contained in this Appendix are facility-specific plans using County’s Social Distancing Protocol template (Appendix A of the Order) for the various City facilities covered under this Plan.

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## APPENDIX IV) 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) CDC COVID-19 Fact Sheet
- B) CDC Guidance for Cleaning and Disinfecting Public Spaces, Workplaces, Businesses, Schools, and Homes
- C) CDPH Self-Isolation for Older Adults and Those Who Have Elevated Risk
- D) Cal/OSHA COVID-19 Infection Prevention in Construction
- E) Cal/OSHA COVID-19 Industry Guidance & Checklist: Construction
- F) CDC COVID-19 Symptoms
- G) CDC Steps to Help Prevent the Spread of COVID-19 If You Are Sick
- H) Cal/OSHA COVID-19 Industry Guidance & Checklist: Office Workspaces
- I) CDC Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19
- J) Cal/OSHA COVID-19 Industry Guidance & Checklist: Childcare
- K) Cal/OSHA COVID-19 Industry Guidance & Checklist: Day Camps
- L) Cal/OSHA COVID-19 Industry Guidance & Checklist: Energy & Utilities
- M) Cal/OSHA COVID-19 Industry Guidance & Checklist: Youth Sports
- N) Best Practices for Curbside Library Services
- O) San Mateo County Health Order No. c19-11 effective June 17, 2020
- P) Appendix A of the San Mateo County Health Order No. c19-11 effective June 17, 2020
- Q) San Mateo County Self-Certification Placard
- R) San Mateo County Health and Safety Signage
- S) San Mateo County COVID-19 Exposure in the Workplace
- T) Cleaning and Disinfecting Your Facility
- U) Identification of COVID-19 Hazards Form
- V) COVID-19 Inspections Form

# COVID-19 Infectious Disease Preparedness and Response Plan Addendum No. 1



## ADOPTION OF CAL/OSHA ETS (8 CCR § 3205)

### I. Adoption of Cal/OSHA Emergency Temporary Standards

Pursuant to the Emergency Temporary Standards adopted by Cal/OSHA effective November 30, 2020 (“Cal/OSHA ETS”), the City of San Bruno (“City”) hereby adopts the various components as required under such applicable regulations (see 8 CCR § 3205). This Addendum is intended to address the City’s specific plans related to its adoption of the Cal/OSHA ETS. Specifically, this Addendum incorporates the following components of the ETS under the CCR, Title 8 sections:

- § 3205, COVID-19 Prevention
- § 3205.1, Multiple COVID-19 Infection and COVID-19 Outbreaks
- § 3205.2, Major COVID-19 Outbreaks

### II. Identification, Evaluation and Correction of COVID-19 Hazards

The City will implement the following in the workplace:

- Conduct workplace-specific evaluations using the appropriate form.
- Evaluate employees’ potential workplace exposures to all persons at, or who may enter, the workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections 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.
- Document unsafe or unhealthy work conditions, practices or procedures on the appropriate form, and correct in a timely manner based on the severity of the hazards.

Employees and their union representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by contacting Human Resources at anytime, bringing up issues or concerns during any safety meetings, and/or discussing issues of mutual concerns during joint labor-management meetings.

**III. General Cleaning and Disinfecting Standards**

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 Exhibit T). 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:

- 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, play structures, 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 touch 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

**IV. 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 III 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.

#### **V. Investigating and Responding to COVID-19 Cases**

An investigation in the workplace is important because it helps to better define the characteristics of workers who contracted COVID-19; it can offer insight into risk factors for transmission, prevalence, and incidence of disease within the workplace. The City will investigate all COVID-19 cases in the workplace, and such an investigation includes verifying COVID-19 case status, obtaining information on COVID-19 test results and symptom onset, identifying and recording COVID-19 cases, and reporting when required by the regulations.

A workplace COVID-19 investigation may include:

- Defining the worker population at risk.
- Obtaining a list of all workers present at the workplace or in the work environment during the exposure period (two days before the COVID-19 individual has any symptoms or tests positive for COVID-19).
  - At some work locations, this may include workers employed by contractors or sub-contractors who may have been physically present at the worksite during the exposure period.
- Collecting information about key variables such as department/area of work, shift, and job tasks/titles.
- Identifying and documenting all known cases and contacts among the worker population at risk through contact tracing.
- Interviewing cases and contacts in the workplace.

#### **VI. Employee and Union Communication for COVID-19 Exposure**

Within one business day of the City receiving a notice of potential exposure to COVID-19, the City will notify all employees, the employers of any contractor or subcontracted employees, who were on the premise at the same time as the COVID-19 individual within the exposure period (two days before the COVID-19 individual has any symptoms or tests positive for COVID-19) that may have been exposed to COVID-19. The notification will include:

- Notice of potential exposure.
- COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, including, but not limited to, workers' compensation, and options for exposed employees, including COVID-19-related leave, company sick leave, state-mandated leave, supplemental sick leave, or negotiated leave provisions, as well as antiretaliation and antidiscrimination protections of the employee.
- Disinfection and safety plan that the City plans to implement and complete per the guidelines of the CDC.

The notice to employees will be provided in a manner that does not reveal the identity of the COVID-19 individual.

#### **VII. COVID-19 Response Plan**

The City also take the following actions when there has been a COVID-19 case at the workplace:

##### Scenario 1: Non-Outbreak Setting (see 8 CCR § 3205)

- Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
- Determine who may have had a COVID-19 exposure. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period.

- Exclude COVID-19 individuals from the workplace until the return to work requirements are met, as well as employees with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure. For employees excluded from work and are otherwise able and available to work, the City will maintain an employee's earnings, 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. Sick leave (if available) will be used to satisfy the above.
- Give notice of the potential COVID-19 exposure, within one business day, in a way that does not reveal any personal identifying information of the COVID-19 individual, to the following:
  - All employees who may have had COVID-19 exposure and their authorized representatives.
  - Contractors and other employers present at the workplace during the high-risk exposure period.
- Offer COVID-19 testing at no cost to employees during their working hours to all employees who had potential COVID-19 exposure in the workplace and provide them with the information on benefits. The time an employee spends being tested is considered compensable hours worked.
- Investigate whether any workplace conditions could have contributed to the risk of COVID-19 exposure and what could be done to reduce exposure to COVID-19 hazards.
- Follow all recordkeeping and reporting requirements for employee COVID-19 cases.

Scenario 2: Multiple Outbreak Setting (see 8 CCR § 3205.1)

In the event of three (3) or more COVID-19 cases in an “exposed workplace”<sup>1</sup> 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:

- Immediately provide testing to all employees in the exposed workplace and exclude positive cases and exposures from work; repeat the testing one week later;
- Continue testing employees at least weekly until the workplace no longer qualifies as an outbreak; and,
- Contact the local health department within 48 hours after the City knows, or with diligent inquiry would have known, of three or more COVID-19 cases for guidance, and report the following:
  - The total number of COVID-19 cases;

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<sup>1</sup> As defined under 8 CCR § 3205(b)(7), an “exposed workplace” is a work location, working area, or common area used or accessed by a COVID-19 individual during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. An exposed workplace does not include buildings or facilities not entered by a COVID-19 individual.

- For each COVID-19 individual, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace; and,
- Any other information requested by the local health department.

The City will continue to give notice to the local health department of any subsequent COVID-19 cases at the workplace.

Scenario 3: Major Outbreak Setting (see 8 CCR § 3205.2)

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 testing to all employees in the exposed workplace at least twice weekly and exclude positive cases and exposures until there are no new cases detected for a 14-day period;
- Implement ventilation changes to mechanical ventilation systems including increasing filtration efficiency to at least MERV-13, or the highest efficiency compatible with the ventilation system;
- Evaluate whether HEPA air filtration units are needed in poorly ventilated areas;
- Determine the need for a respiratory protection program or changes to an existing respiratory protection program to address COVID-19 hazards;
- Consider halting all or part of operations to control COVID-19; and,
- Contact the local health department within 48 hours after the employer knows, or with diligent inquiry would have known, of 20 or more COVID-19 cases for guidance, and report the following:
  - The total number of COVID-19 cases;
  - For each COVID-19 individual, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace; and,
  - Any other information requested by the local health department.

The City will continue to give notice to the local health department of any subsequent COVID-19 cases at the workplace.

**VIII. Reporting, Recordkeeping, and Access**

It is the City’s policy to:

- Report information about COVID-19 cases at the 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 its written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).
- Make its written COVID-19 Prevention Program 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.

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 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.

# Exhibit A

# What you need to know about coronavirus disease 2019 (COVID-19)

## What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

## Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

## Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

## How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

## What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

## What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

## How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

## If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

## What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

## Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

## Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

# Exhibit B

# GUIDANCE FOR CLEANING AND DISINFECTING

## PUBLIC SPACES, WORKPLACES, BUSINESSES, SCHOOLS, AND HOMES



SCAN HERE  
FOR MORE  
INFORMATION

This guidance is intended for all Americans, whether you own a business, run a school, or want to ensure the cleanliness and safety of your home. Reopening America requires all of us to move forward together by practicing social distancing and other [daily habits](#) to reduce our risk of exposure to the virus that causes COVID-19. Reopening the country also strongly relies on public health strategies, including increased testing of people for the virus, social distancing, isolation, and keeping track of how someone infected might have infected other people. This plan is part of the larger [United States Government plan](#) and focuses on cleaning and disinfecting public spaces, workplaces, businesses, schools, and can also be applied to your home.

### **Cleaning and disinfecting public spaces including your workplace, school, home, and business will require you to:**

- Develop your plan
- Implement your plan
- Maintain and revise your plan

Reducing the risk of exposure to COVID-19 by cleaning and disinfection is an important part of reopening public spaces that will require careful planning. Every American has been called upon to slow the spread of the virus through social distancing and prevention hygiene, such as frequently washing your hands and wearing face coverings. Everyone also has a role in making sure our communities are as safe as possible to reopen and remain open.

The virus that causes COVID-19 can be killed if you use the right products. EPA has compiled a list of disinfectant products that can be used against COVID-19, including ready-to-use sprays, concentrates, and wipes. Each product has been shown to be effective against viruses that are harder to kill than viruses like the one that causes COVID-19.

For more information, please visit **CORONAVIRUS.GOV**



This document provides a general framework for cleaning and disinfection practices. The framework is based on doing the following:

1. Normal routine cleaning with soap and water will decrease how much of the virus is on surfaces and objects, which reduces the risk of exposure.
2. Disinfection using [EPA-approved disinfectants against COVID-19](#) can also help reduce the risk. Frequent disinfection of surfaces and objects touched by multiple people is important.
3. When [EPA-approved disinfectants](#) are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.

Links to specific recommendations for many public spaces that use this framework, can be found at the end of this document.

***It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America.***

### **A Few Important Reminders about Coronaviruses and Reducing the Risk of Exposure:**

- Coronaviruses on surfaces and objects naturally die within hours to days. Warmer temperatures and exposure to sunlight will reduce the time the virus survives on surfaces and objects.
- Normal routine cleaning with soap and water removes germs and dirt from surfaces. It lowers the risk of spreading COVID-19 infection.
- Disinfectants kill germs on surfaces. By killing germs on a surface after cleaning, you can further lower the risk of spreading infection. [EPA-approved disinfectants](#) are an important part of reducing the risk of exposure to COVID-19. If disinfectants on this list are in short supply, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions).
- Store and use disinfectants in a responsible and appropriate manner according to the label. Do not mix bleach or other cleaning and disinfection products together--this can cause fumes that may be very dangerous to breathe in. Keep all disinfectants out of the reach of children.
- Do not overuse or stockpile disinfectants or other supplies. This can result in shortages of appropriate products for others to use in critical situations.
- Always wear gloves appropriate for the chemicals being used when you are cleaning and disinfecting. Additional personal protective equipment (PPE) may be needed based on setting and product. For more information, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).
- Practice social distancing, wear facial coverings, and follow proper prevention hygiene, such as washing your hands frequently and using alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available.

If you oversee staff in a workplace, your plan should include considerations about the safety of custodial staff and other people who are carrying out the cleaning or disinfecting. These people are at increased risk of being exposed to the virus and to any toxic effects of the cleaning chemicals. These staff should wear appropriate PPE for cleaning and disinfecting. To protect your staff and to ensure that the products are used effectively, staff should be instructed on how to apply the disinfectants according to the label. For more information on concerns related to cleaning staff, visit the Occupational Safety and Health Administration's website on [Control and Prevention](#).

## DEVELOP YOUR PLAN

Evaluate your workplace, school, home, or business to determine what kinds of surfaces and materials make up that area. Most surfaces and objects will just need normal routine cleaning. Frequently touched surfaces and objects like light switches and doorknobs will need to be cleaned and then disinfected to further reduce the risk of germs on surfaces and objects.

- First, clean the surface or object with soap and water.
- Then, disinfect using an [EPA-approved disinfectant](#).
- If an EPA-approved disinfectant is unavailable, you can use 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions to disinfect. Do not mix bleach or other cleaning and disinfection products together. Find additional information at [CDC's website on Cleaning and Disinfecting Your Facility](#).

You should also consider what items can be moved or removed completely to reduce frequent handling or contact from multiple people. Soft and porous materials, such as area rugs and seating, may be removed or stored to reduce the challenges with cleaning and disinfecting them. Find additional reopening guidance for cleaning and disinfecting in the [Reopening Decision Tool](#).

It is critical that your plan includes how to maintain a cleaning and disinfecting strategy after reopening. Develop a flexible plan with your staff or family, adjusting the plan as federal, state, tribal, territorial, or local guidance is updated and if your specific circumstances change.

### Determine what needs to be cleaned

Some surfaces only need to be cleaned with soap and water. For example, surfaces and objects that are not frequently touched should be cleaned and do not require additional disinfection. Additionally, disinfectants should typically not be applied on items used by children, especially any items that children might put in their mouths. Many disinfectants are toxic when swallowed. In a household setting, cleaning toys and other items used by children with soap and water is usually sufficient. Find more information on cleaning and disinfection toys and other surfaces in the childcare program setting at [CDC's Guidance for Childcare Programs that Remain Open](#).

These questions will help you decide which surfaces and objects will need normal routine cleaning.

#### Is the area outdoors?

Outdoor areas generally require normal routine cleaning and do not require disinfection. Spraying disinfectant on sidewalks and in parks is not an efficient use of disinfectant supplies and has not been proven to reduce the risk of COVID-19 to the public. You should maintain existing cleaning and hygiene practices for outdoor areas.

The targeted use of disinfectants can be done effectively, efficiently and safely on outdoor hard surfaces and objects frequently touched by multiple people. Certain outdoor areas and facilities, such as bars and restaurants, may have additional requirements. More information can be found on CDC's website on [Food Safety and the Coronavirus Disease 2019 \(COVID-19\)](#).

There is no evidence that the virus that causes COVID-19 can spread directly to humans from water in pools, hot tubs or spas, or water play areas. Proper operation, maintenance, and disinfection (for example, with chlorine or bromine) of pools, hot tubs or spas, and water playgrounds should kill the virus that causes COVID-19. However, there are additional concerns with outdoor areas that may be maintained less frequently, including playgrounds, or other facilities located within local, state, or national parks. For more information, visit CDC's website on [Visiting Parks & Recreational Facilities](#).

### Has the area been unoccupied for the last 7 days?

If your workplace, school, or business has been unoccupied for 7 days or more, it will only need your normal routine cleaning to reopen the area. This is because the virus that causes COVID-19 has not been shown to survive on surfaces longer than this time.

There are many public health considerations, not just COVID-19 related, when reopening public buildings and spaces that have been closed for extended periods. For example, take measures to ensure the [safety of your building water system](#). It is not necessary to clean ventilation systems, other than routine maintenance, as part of reducing risk of coronaviruses. For healthcare facilities, additional guidance is provided on [CDC's Guidelines for Environmental Infection Control in Health-Care Facilities](#).

### Determine what needs to be disinfected

Following your normal routine cleaning, you can disinfect frequently touched surfaces and objects using a product from [EPA's list of approved products that are effective against COVID-19](#).

These questions will help you choose appropriate disinfectants.

### Are you cleaning or disinfecting a hard and non-porous material or item like glass, metal, or plastic?

Consult [EPA's list of approved products for use against COVID-19](#). This list will help you determine the most appropriate disinfectant for the surface or object. You can use diluted household bleach solutions if appropriate for the surface. Pay special attention to the personal protective equipment (PPE) that may be needed to safely apply the disinfectant and the manufacturer's recommendations concerning any additional hazards. Keep all disinfectants out of the reach of children. Please visit CDC's website on [How to Clean and Disinfect](#) for additional details and warnings.

Examples of frequently touched surfaces and objects that will need routine disinfection following reopening are:

- tables,
- doorknobs,
- light switches,
- countertops,
- handles,
- desks,
- phones,
- keyboards,
- toilets,
- faucets and sinks,
- gas pump handles,
- touch screens, and
- ATM machines.

Each business or facility will have different surfaces and objects that are frequently touched by multiple people. Appropriately disinfect these surfaces and objects. For example, transit stations have [specific guidance](#) for application of cleaning and disinfection.

### Are you cleaning or disinfecting a soft and porous material or items like carpet, rugs, or seating in areas?

Soft and porous materials 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](#). Soft and porous materials that are not frequently touched should only be cleaned or laundered, following the directions on the item's label, using the warmest appropriate water setting. Find more information on [CDC's website on Cleaning and Disinfecting Your Facility](#) for developing strategies for dealing with soft and porous materials.

## Consider the resources and equipment needed

Keep in mind the availability of cleaning and disinfection products and appropriate PPE. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. In specific instances, personnel with specialized training and equipment may be required to apply certain disinfectants such as fumigants or fogs. For more information on appropriate PPE for cleaning and disinfection, see [CDC's website on Cleaning and Disinfection for Community Facilities](#).

## IMPLEMENT YOUR PLAN

Once you have a plan, it's time to take action. Read all manufacturer's instructions for the cleaning and disinfection products you will use. Put on your gloves and other required personal protective equipment (PPE) to begin the process of cleaning and disinfecting.

### Clean visibly dirty surfaces with soap and water

Clean surfaces and objects using soap and water prior to disinfection. Always wear gloves appropriate for the chemicals being used for routine cleaning and disinfecting. Follow the directions on the disinfectant label for additional PPE needs. When you finish cleaning, remember to wash hands thoroughly with soap and water.

Clean or launder soft and porous materials like seating in an office or coffee shop, area rugs, and carpets. Launder items according to the manufacturer's instructions, using the warmest temperature setting possible and dry items completely.

### Use the appropriate cleaning or disinfectant product

[EPA approved disinfectants](#), when applied according to the manufacturer's label, are effective for use against COVID-19. Follow the instructions on the label for all cleaning and disinfection products for concentration, dilution, application method, contact time and any other special considerations when applying.

### Always follow the directions on the label

Follow the instructions on the label to ensure safe and effective use of the product. Many product labels recommend keeping the surface wet for a specific amount of time. The label will also list precautions such as wearing gloves and making sure you have good ventilation during use of the product. Keep all disinfectants out of the reach of children.

## MAINTAIN AND REVISE YOUR PLAN

Take steps to reduce your risk of exposure to the virus that causes COVID-19 during daily activities. [CDC provides tips](#) to reduce your exposure and risk of acquiring COVID-19. Reducing exposure to yourself and others is a shared responsibility. Continue to update your plan based on updated guidance and your current circumstances.

### Continue routine cleaning and disinfecting

Routine cleaning and disinfecting are an important part of reducing the risk of exposure to COVID-19. Normal routine cleaning with soap and water alone can reduce risk of exposure and is a necessary step before you disinfect dirty surfaces.

Surfaces frequently touched by multiple people, such as door handles, desks, phones, light switches, and faucets, should be cleaned and disinfected at least daily. More frequent cleaning and disinfection may be required based on level of use. For example, certain surfaces and objects in public spaces, such as shopping carts and point of sale keypads, should be cleaned and disinfected before each use.

Consider choosing a different disinfectant if your first choice is in short supply. Make sure there is enough supply of gloves and appropriate personal protective equipment (PPE) based on the label, the amount of product you will need to apply, and the size of the surface you are treating.

### Maintain safe behavioral practices

We have all had to make significant behavioral changes to reduce the spread of COVID-19. To reopen America, we will need to continue these practices:

- social distancing (specifically, staying 6 feet away from others when you must go into a shared space)
- frequently washing hands or use alcohol-based (at least 60% alcohol) hand sanitizer when soap and water are not available
- wearing cloth face coverings
- avoiding touching eyes, nose, and mouth
- staying home when sick
- cleaning and disinfecting frequently touched objects and surfaces

It's important to continue to follow federal, state, tribal, territorial, and local guidance for reopening America. Check this resource for [updates on COVID-19](#). This will help you change your plan when situations are updated.

### Consider practices that reduce the potential for exposure

It is also essential to change the ways we use public spaces to work, live, and play. We should continue thinking about our safety and the safety of others.

To reduce your exposure to or the risk of spreading COVID-19 after reopening your business or facility, consider whether you need to touch certain surfaces or materials. Consider wiping public surfaces before and after you touch them. These types of behavioral adjustments can help reduce the spread of COVID-19. There are other resources for more information on [COVID-19](#) and how to [Prevent Getting Sick](#).

Another way to reduce the risk of exposure is to make long-term changes to practices and procedures. These could include reducing the use of porous materials used for seating, leaving some doors open to reduce touching by multiple people, opening windows to improve ventilation, or removing objects in your common areas, like coffee creamer containers. There are many other steps that businesses and institutions can put into place to help reduce the spread of COVID-19 and protect their staff and the public. More information can be found at [CDC's Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission](#).

## CONCLUSION

Reopening America requires all of us to move forward together using recommended best practices and maintaining safe daily habits in order to reduce our risk of exposure to COVID-19. Remember: We're all in this together!

### Additional resources with more specific recommendations.

<b>HEALTHCARE SETTINGS</b>	<b>Long-term Care Facilities, Nursing Homes</b>	<a href="#">Infection Control in Healthcare Settings</a>
		<a href="#">Using Personal Protective Equipment</a>
		<a href="#">Hand Hygiene</a>
		<a href="#">Interim Guidance for Infection Prevention</a>
		<a href="#">Preparedness Checklist</a>
		<a href="#">Things Facilities Should Do Now to Prepare for COVID-19</a>
		<a href="#">When there are Cases in the Facility</a>
	<b>Dialysis Facilities</b>	<a href="#">Infection Control in Healthcare Settings</a>
		<a href="#">Using Personal Protective Equipment</a>
		<a href="#">Hand Hygiene</a>
<a href="#">Interim guidance for Outpatient Hemodialysis Facilities</a>		
<a href="#">Patient Screening</a>		
<b>Blood and Plasma Facilities</b>	<a href="#">Infection control in Healthcare Settings</a>	
	<a href="#">Infection Control and Environmental Management</a>	
	<a href="#">Using Personal Protective Equipment</a>	
	<a href="#">Hand Hygiene</a>	
	<a href="#">Interim Guidance for Blood and Plasma Collection Facilities</a>	
<b>Alternate Care Sites</b>	<a href="#">Infection Prevention and Control</a>	
<b>Dental Settings</b>	<a href="#">Infection Control in Healthcare Settings</a>	
	<a href="#">Using Personal Protective Equipment</a>	
	<a href="#">Hand Hygiene</a>	
	<a href="#">Interim Guidance for Dental Settings</a>	
<b>Pharmacies</b>	<a href="#">Infection Control in Healthcare Settings</a>	
	<a href="#">Using Personal Protective Equipment</a>	
	<a href="#">Hand Hygiene</a>	
	<a href="#">Interim Guidance for Pharmacies</a>	
	<a href="#">Risk-Reduction During Close-Contact Services</a>	
<b>Outpatient and ambulatory care facilities</b>	<a href="#">Infection Control in Healthcare Settings</a>	
	<a href="#">Using Personal Protective Equipment</a>	
	<a href="#">Hand Hygiene</a>	
	<a href="#">Interim Guidance for Outpatient &amp; Ambulatory Care Settings</a>	
<b>Postmortem Care</b>	<a href="#">Using Personal Protective Equipment</a>	
	<a href="#">Hand Hygiene</a>	
	<a href="#">Collection and Submission of Postmortem Samples</a>	
	<a href="#">Cleaning and Waste Disposal</a>	
	<a href="#">Transportation of Human Remains</a>	

<b>COMMUNITY LOCATIONS</b>	<b>Critical Infrastructure Employees</b>	<a href="#">Interim Guidance for Critical Infrastructure Employees</a>
		<a href="#">Cleaning and Disinfecting your Facility</a>
	<b>Schools and childcare programs</b>	<a href="#">K-12 and Childcare Interim Guidance</a>
		<a href="#">Cleaning and Disinfecting your Facility</a>
		<a href="#">FAQ for Administrators</a>
		<a href="#">Parent and Teacher Checklist</a>
	<b>Colleges and universities</b>	<a href="#">Interim Guidance for Colleges &amp; Universities</a>
		<a href="#">Cleaning and Disinfecting your Facility</a>
		<a href="#">Guidance for Student Foreign Travel</a>
		<a href="#">FAQ for Administrators</a>
	<b>Gatherings and community events</b>	<a href="#">Interim Guidance for Mass Gatherings and Events</a>
		<a href="#">Election Polling Location Guidance</a>
		<a href="#">Events FAQ</a>
	<b>Community- and faith-based organizations</b>	<a href="#">Interim Guidance for Organizations</a>
		<a href="#">Cleaning and Disinfecting your Facility</a>
	<b>Businesses</b>	<a href="#">Interim Guidance for Businesses</a>
	<b>Parks &amp; Rec Facilities</b>	<a href="#">Guidance for Administrators of Parks</a>
	<b>Law Enforcement</b>	<a href="#">What Law Enforcement Personnel Need to Know about COVID-19</a>
	<b>Homeless Service Providers</b>	<a href="#">Interim Guidance for Homeless Service Providers</a>
	<b>Retirement Homes</b>	<a href="#">Interim Guidance for Retirement Communities</a>
	<a href="#">FAQ for Administrators</a>	
<b>Correction &amp; Detention Facilities</b>	<a href="#">Interim Guidance for Correction &amp; Detention Facilities</a>	
	<a href="#">FAQ for Administrators</a>	
<b>HOME SETTING</b>	<b>Preventing Getting Sick</b>	<a href="#">How to Protect Yourself and Others</a>
		<a href="#">How to Safely Sterilize/Clean a Cloth Face Covering</a>
		<a href="#">Cleaning and Disinfecting your Home</a>
		<a href="#">Tribal - How to Prevent the Spread of Coronavirus (COVID-19) in Your Home</a>
		<a href="#">Tribal - How to Care for Yourself at Home During Covid-19</a>
	<b>Running Errands</b>	<a href="#">Shopping for Food and Other Essential Items</a>
		<a href="#">Accepting Deliveries and Takeout</a>
		<a href="#">Banking</a>
		<a href="#">Getting Gasoline</a>
		<a href="#">Going to the Doctor and Pharmacy</a>
<b>If you are sick</b>	<a href="#">Steps to Help Prevent the Spread of COVID19 if You are Sick</a>	

<b>TRANSPORTATION</b>	<b>Ships</b>	<a href="#">Interim Guidance for Ships on Managing Suspected COVID-19</a>
	<b>Airlines</b>	<a href="#">Cleaning Aircraft Carriers</a>
		<a href="#">Airline Agents Interim Guidance</a>
	<b>Buses</b>	<a href="#">Bus Transit Operator</a>
	<b>Rail</b>	<a href="#">Rail Transit Operators</a>
		<a href="#">Transit Station Workers</a>
	<b>EMS Transport Vehicles</b>	<a href="#">Interim Guidance for EMS</a>
	<b>Taxis and Rideshares</b>	<a href="#">Keeping Commercial Establishments Safe</a>
<b>RESTAURANTS &amp; BARS</b>		<a href="#">Best Practices from FDA</a>

# Exhibit C



## **COVID-19 PUBLIC HEALTH GUIDANCE**

### **Self-Isolation for Older Adults and Those Who Have Elevated Risk**

**March 16, 2020**

This guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19). The California Department of Public Health (CDPH) will update this guidance as needed and as additional information becomes available.

This document is intended to be statewide guidance to help older adults and individuals who are at high risk for serious illness, this includes:

- Individuals over 65 years of age
- Individuals who have serious chronic medical conditions like:
  - Heart disease
  - Diabetes
  - Lung disease
- Individuals who have compromised immune systems

This guidance does not apply to people who work in essential services, such as hospital and health care workers, pharmacists, peace officers, firefighters, staff at skilled nursing facilities and residential care facilities for the elderly, and other essential workers.

### **Background**

COVID-19 is a respiratory illness caused by a novel virus that has been spreading worldwide. Community-acquired cases have now been confirmed in California. We are gaining more understanding of COVID-19's epidemiology, clinical course, immunogenicity, and other factors as time progresses, and the situation is changing daily. CDPH is in the process of monitoring COVID-19, conducting testing with local and federal partners, and providing guidance and resources to prevent, detect and respond to the occurrence of COVID-19 cases in California.

At this time, community transmission of COVID-19 has occurred in California. All individuals should prepare for possible impacts of COVID-19 and take precautions to prevent the spread of COVID-19 as well as other infectious diseases, including influenza and gastroenteritis.

### **Illness Severity**

The complete clinical picture with regard to COVID-19 is not fully understood. Reported illnesses have ranged from mild to severe, including illness resulting in death. Older people, those with compromised immune systems, and people with certain underlying health conditions like heart disease, lung disease and diabetes, for example, seem to be at greater risk of serious illness.

## Measures for Older Adults and Those Who Have Elevated Risk

Individuals at elevated risk can take steps now to slow reduce the risk from infectious diseases, including COVID-19. CDPH recommends implementing the following steps:

- Remain at home until further guidance is issued.
  - Cancel any non-essential travel, appointments, etc.
  - For routine medical care, contact your health care provider to discuss rescheduling, if not urgent. Otherwise, discuss alternative provision of services, such as telehealth or in-home care.
  - If you are in need of medical care, and in consultation with your health care provider, make an appointment and visit your provider to get the necessary care. If you have an emergency and need immediate medical care, call 9-1-1.
  
- Continue with outdoor activities.
  - As long as you practice social distancing, we encourage you to continue your outdoor activities such as walks, runs and yardwork, to the extent your health allows it.
  
- Practice social distancing, both in and outside the home.
  - Maintain distance, at least six feet, between yourself and anyone who is coughing or sneezing.
  - Avoid handshaking, hugging or other intimate types of greetings—greet others with a wave, nod or bow instead.
  
- Stay in touch with others by phone, email, or other on-line tools (like Skype and Facebook).
  - Ask friends, family, neighbors, and other networks to do any essential grocery shopping, picking up medications, etc. Consider on-line ordering for food and other supplies.
  - Ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
  - Identify friends, family, neighbors, and other networks who can provide you with care if your caregiver gets sick or otherwise adjusts their scheduled services.
  
- Identify Family, Friends, Neighbors, and Caregivers who can provide Support
  - Family, friends, neighbors, and caregivers who come to homes to provide support should be asymptomatic, meaning having no fever, cough, or other respiratory symptoms.
  - Family, friends, neighbors, and caregivers can support by knowing what medications your loved one or client is taking and seeing if you can help them have extra on hand; monitoring food and medical supplies (oxygen, incontinence, dialysis, and wound care) needed and creating a back-up plan; and stocking up on non-perishable food items to have on hand in your home.
  
- Have supplies on hand
  - Contact your healthcare provider to ask about obtaining extra necessary medications to have on hand.

- If you cannot get extra medications, consider using mail-order for medications.
- Be sure you have over-the-counter medicines and medical supplies (tissues, etc.) to treat fever and other symptoms.
  
- Have a plan for if you get sick
  - Consult with your health care provider for more information about monitoring your health for symptoms suggestive of COVID-19.
  - Stay in touch with others by phone or email. You may need to ask for help from friends, family, neighbors, community health workers, etc. if you become sick.
  - Watch for symptoms and emergency warning signs
    - Pay attention to potential COVID-19 symptoms including fever, cough and shortness of breath. If you develop symptoms, call your doctor or local public health department.
    - If you develop emergency warning signs for COVID-19, get medical attention immediately. In adults, emergency warning signs\* include:
      - Difficulty breathing or shortness of breath
      - Persistent pain or pressure in the chest
      - New confusion or inability to arouse
      - Bluish lips or face
      - \*This list is not all inclusive. Please consult your medical provider for any other symptom that is severe or concerning.
  
- Practice Hand washing
  - Wash hands frequently for at least 20 seconds.
  - Encourage hand washing by family and friends, particularly children.
  - Provide alcohol based hand sanitizers to supplement hand washing.
  - Avoid touching eyes, nose, or mouth with unwashed hands.
  - Clean frequently used devices, such as mobile phones.
  
- Use “respiratory etiquette”
  - Cover cough with a tissue or sleeve. See CDC’s Cover Your Cough page for multilingual posters and flyers, posted at the bottom of webpage.
  - Provide adequate supplies within easy reach, including tissues and no touch trash cans.
  
- Clean and disinfect your home to remove germs: practice routine cleaning of frequently touched surfaces (for example: tables, doorknobs, light switches, handles, desks, toilets, faucets, sinks & cell phones) with common cleaning supplies
  
- See the Center for Disease Control and Prevention’s guidance regarding the prevention of disease in homes and residential communities.

# Exhibit D

## SAFETY AND HEALTH GUIDANCE

# COVID-19 Infection Prevention in Construction

May 13, 2020

California employers are required to establish and implement an Injury and Illness Prevention Program (IIPP) to protect employees from all worksite hazards, including infectious diseases. This guidance does not impose any new legal obligations. It contains information for construction employers on ways to update their IIPPs to include information on employee training and preventing the spread of coronavirus (SARS-CoV-2), the virus that causes COVID-19, at construction sites. This is mandatory in most California workplaces since COVID-19 is widespread in the community.



### Train Employees on COVID-19

Provide training in a form that is readily understandable by all employees on the following topics:

- Information related to COVID-19 from the Centers for Disease Control and Prevention (CDC) – check for updates frequently - including:
  - **What COVID-19 is and how it is spread.**
  - **Preventing the spread of COVID-19 if you are sick.**
  - **Symptoms of COVID-19 and when to seek medical attention.**
  - How an infected person can spread COVID-19 to others even when they don't feel sick.
- Additional helpful information is on **California's COVID-19 Response** webpage.
- The importance of frequent hand-washing with soap and water (or using hand sanitizer as a last resort where employees cannot feasibly get to a sink or hand washing station), including:
  - Following CDC guidelines to scrub for at least 20 seconds.
  - When employees arrive at work and before they leave work.
  - Before and after eating or using the toilet.
  - After close interaction with other persons.

- After contacting shared surfaces, equipment or tools.
- Before and after wearing masks or gloves.
- After blowing nose or sneezing.

NOTE: Hand sanitizers must have at least 60% alcohol. They are less effective than hand-washing in preventing the spread of COVID-19 but can be used as an interim measure if a hand-washing station is not immediately available.

- Maintaining more than six feet of separation with others and eliminating close contact with others (see Physical Distancing information on next page).
- Methods to avoid touching eyes, nose and mouth.
- The use of cloth face coverings, including:
  - Cloth face coverings are not personal protective equipment (PPE) and do not protect the person wearing the face covering.
  - **CDC has issued guidelines** that everyone should **use cloth face coverings** when around other persons. Employers should provide these coverings for their employees or at least encourage them to use their own.
  - Cloth face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent hand washing.

*(continued on next page)*

- Employees should wash or sanitize hands before and after using or adjusting face coverings.
- Face coverings should be washed after each shift and should be discarded if they no longer cover the nose and mouth, have stretched out or damaged ties or straps, cannot stay on the face, or have holes or tears.
- Coughing and sneezing etiquette, including covering a cough or sneeze with a tissue or a sleeve instead of a hand.
- Safely using cleaners and disinfectants, which includes:
  - The hazards of the cleaners and disinfectants used at the worksite.
  - Wearing personal protective equipment (such as gloves).
  - Ensuring cleaners and disinfectants are used in a manner that does not endanger employees.
- The importance of not coming to work if they have a frequent cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, or recent loss of taste or smell, or if they or someone they live with has been diagnosed with COVID-19.
- To seek medical attention if the symptoms become severe including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- Use repeated safety stand-downs or toolbox/tailgates – while maintaining physical distancing - to re-emphasize the training.
- Designate a site-specific COVID-19 officer at every job site to observe and ensure site workers are implementing what they have been trained to do.

## **Increase Cleaning and Disinfection**

Establish and implement the following procedures to help prevent the spread of COVID-19:

- Make hand-washing stations more readily available and encourage their use.
- Employers should change productivity expectations to allow extra time for employees to wash their hands thoroughly and frequently.
- Establish procedures to routinely clean and disinfect commonly touched surfaces and objects

(e.g., door handles, steering wheels, touch screens, mobile equipment controls, carts, shared power tools) throughout the workday, including:

- Using disinfectants that are **EPA-approved** for use against the virus that causes COVID-19.
- Providing EPA-registered disposable wipes for employees to wipe down commonly used surfaces before and after use.
- Following the manufacturer's instructions for all cleaning and disinfection products (e.g., safety requirements, protective equipment, proper dilution, contact time).
- Following safe work practices such as never mixing products together and using adequate ventilation.
- Cleaning visibly dirty surfaces first before disinfection. Disinfectants are less effective if used on soiled surfaces.
- Ensuring there are adequate supplies to support cleaning and disinfection practices, including cleaning products and tools and chemical resistant gloves. Make sure disinfectants are available to workers throughout the worksite.
- Cleaning and disinfecting vehicles between shifts and between workers.

## **Increase Physical Distancing**

Physical distancing, also referred to as social distancing, is an infection control measure that can stop or slow down the spread of an infectious disease by limiting contact between people. Use the following distancing measures:

- Practice physical distancing at all times, including during work, breaks and in vehicles.
- Plan for office staff to have the ability to work from home.
- Stagger break and lunch times and spread out where employees spend their breaks by providing additional seating and shade areas.
- Limit crew size by staggering or increasing the number of work shifts.
- Maintain separation of six feet or more during work:
  - Limit the number of employees gathered at the start of a shift, in break areas or during trainings and other meetings to allow employees to spread out.

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- Limit the number of personnel riding construction passenger elevators at one time.
- Ensure employees allow for at least 6 feet of clearance between each other when lining up for the lunch truck and restrooms.
- Hold meetings electronically rather than in person whenever possible.
- Perform job interviews and orientations over the phone or using video conferencing.
- Identify choke points where workers are forced to stand together (e.g. hallways, hoists, buses) and control them.
- Provide additional seating and shade structures.
- If employees are dispatched from a hiring hall, encourage the hiring hall to implement physical distancing measures, such as using additional locations for dispatch.
- Limit interaction with other contractors.
  - Where possible, limit the number of trades in the same area at the same time.
  - Maintain distance during interactions and deliveries.
- Encourage employees to avoid large gatherings and practice physical distancing during non-work hours.
- Create specific instructions for deliveries to your worksites.
  - Establish a drop-off location and all the procedures to be used at the drop-off point.
  - Create signage to easily identify drop-off points. Include contact information on the signs to assist with questions leading up to delivery and upon arrival.
  - Create procedures to disinfect deliveries, such as wiping down boxes and delivered items.
- Provide alternative methods to reduce the spread of infection when physical distancing is not possible. Engineering controls such as physical barriers between workers and face coverings like bandanas, scarfs, buffs, neck gaiters or homemade masks can help reduce community spread of the virus.

- In addition to physical distancing, provide face coverings or encourage employees to use their own face covers. Ensure they are used in accordance with CDC guidelines.

## Ensure Good Hygiene Practices

Ensure toilets and hand-washing facilities are readily accessible to all employees at all times.

Employers should adjust productivity expectations to allow extra time for employees to thoroughly and frequently wash their hands.

- Restrooms must be clean and sanitary.
- Handwashing facilities must be located at or near the restrooms.
- Soap or other suitable cleansing agent and single-use towels must be provided.
- Additional handwashing supplies should be placed as close to work areas and break areas as possible to allow for frequent handwashing.
- Encourage more frequent hand-washing.
- Encourage more thorough hand-washing. Hands should be washed with soap and water for at least 20 seconds.
- For delivery drivers, normally accessible restrooms on routes (e.g., restaurants, coffee shops) may be closed. Employers should provide employees alternative restroom locations and allow time for employees to use them.
- If employees have limited access to hand-washing or hand sanitizing, employees as a last resort can use disposable gloves to limit hand contact with potentially contaminated surfaces. Employers should encourage employees to change gloves frequently and before touching their face, smoking, eating or using the restroom. In addition, provide an adequate supply of gloves and make them readily available. Employees should wash or sanitize hands as soon as possible after removing gloves.

**At this time, health experts do not recommend the use of respirators by the general public for protection against COVID-19. However, if available, employers must provide them to workers in the construction industry when needed to protect against other respiratory hazards.**

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- Provide hand sanitizer throughout worksites and to delivery drivers for times when access to soap and water may be limited.
- If respirators and other PPE is worn to protect against other hazards at work, hands should be washed before putting on PPE and after taking it off. Reusable PPE should be cleaned and sanitized per manufacturers' instructions.

## Implement Safe Work Practices

- Limit the sharing of tools as much as possible. If tools must be shared try to group them to be used by people who reside together or travel to work together.
- If fans or other means of ventilation are used on the job, place them to avoid blowing air from one worker or group of workers to another.
- Encourage workers to drive to worksites or parking areas by themselves. They should avoid having passengers or carpooling together unless they are already sheltering in place together. If carpooling cannot be avoided riders should sit as far apart as possible, wear face coverings and wash hands after the trip.
- Discourage shaking hands.
- Discourage the sharing of food and water. Provide single use bottles rather than using shared water stations or dispensers.

## What to do with Workers Who Might Be Sick with COVID-19

- Immediately send employees with acute respiratory illness symptoms home or to medical care as needed.
- Actively encourage sick employees to stay home.
- Ensure employees who are out ill with fever or acute respiratory symptoms do not return to work until both of the following occur:
  - At least three full days pass with no fever (without the use of fever-reducing medications) and improvement in respiratory symptoms.
  - At least 10 full days pass since symptoms first appeared.
- Ensure employees who return to work following an illness promptly report any recurrence of symptoms.
- Employees who are well but who have a sick

family member at home with COVID-19 should notify their supervisor and follow [CDC-recommended precautions](#).

- Encourage sick workers to stay home by implementing work policies that do not penalize workers for missing work because they have been diagnosed with COVID-19. Consider paid sick leave benefits to help prevent the spread among workers who might otherwise work out of economic necessity. Educate eligible employees on other benefits they can access if symptoms, illness or caring for an ill family member prevents them from working.
- The [Families First Coronavirus Response Act](#) requires certain employers to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
- If someone goes home because they are sick, the area where the person worked and the tools and equipment they used should be disinfected prior to use by others.
- Establish procedures to notify local health officials upon learning that someone has a COVID-19 infection. These officials will help employers determine a course of action.
- Employers can implement health screening programs to ensure that employees showing up to work are healthy. Employers may choose to prohibit employees with a high temperature (e.g., above 100.4 degrees F) from entering the worksite. Train employees on self-screening before they come to work. If conducting workplace screening, provide employees performing screening with appropriate personal protective equipment. In light of personal protective equipment shortages, use gloves, eye protection and a face covering. Have screened employees wear a face covering or cover their nose and mouth with cloth or other material during screening. If possible, use touchless thermometers. Disinfect contact-thermometers between employees. Ensure screeners maximize their distance from the employee being screened.
- Immediately send employees with acute respiratory illness symptoms home or to medical care as needed. Establish procedures to notify local health officials upon learning that someone has a COVID-19 infection. These officials will help employers determine a course of action.

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## Additional COVID-19 Resources for Construction

- **California Coronavirus (COVID-19) Response**
- California Division of Occupational Safety and Health. **Cal/OSHA Interim Guidelines for General Industry on 2019 Novel Coronavirus Disease (COVID-19)**
  - **Cal/OSHA Injury and Illness Prevention Program**
  - **Log 300 recordkeeping requirements**
  - Reporting Work-Connected Injuries - **Section 342**
- California Department of Public Health. **Face Coverings Guidance**
- California Labor and Workforce Development Agency. **Coronavirus 2019 (COVID-19) Resources for Employers and Workers**
- Centers for Disease Control and Prevention. **Coronavirus Disease (COVID-19)**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **How It Spreads**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **Interim Guidance for Businesses and Employers**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **Recommendation Regarding the Use of Cloth Face Coverings**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **Steps to help prevent the spread of COVID-19 if you are sick**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **Symptoms**
  - Centers for Disease Control and Prevention. Coronavirus Disease. **Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings (Interim Guidance)**
  - Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19): **Cleaning and Disinfecting Your Facility**
- Federal OSHA: **COVID-19**
- Los Angeles County: **COVID-19: What you need to know about cloth face coverings**
- New York Times: **How to Stop Touching Your Face**
- Ohio Department of Health. COVID-19 Information for Businesses and Employers: **Screening Employees for COVID-19**
- The Center for Construction Research and Training (CPWR): COVID-19 Resources (**English**), (**Spanish**)
- U.S. Environmental Protection Agency. **Disinfectants for Use Against SARS-CoV-2** (the virus that causes COVID-19)
- U.S. Department of Labor. **Families First Coronavirus Response Act: Employee Paid Leave Rights**



# Exhibit E



# COVID-19 INDUSTRY GUIDANCE: Construction

July 29, 2020

[covid19.ca.gov](https://covid19.ca.gov)



## OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact or in a poorly ventilated area with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include hospitals, long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by workers (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training workers on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

## PURPOSE

This document provides guidance for the construction industry to support a safe, clean environment for workers. The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.<sup>1</sup> Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their Cal/OSHA COVID-19 Infection Prevention for Construction

Employers and Workers [webpage](#). CDC has additional guidance [for businesses and employers](#).

## Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are engaged in work, whether at the workplace or performing work off-site, when:

- Interacting in-person with any member of the public;
- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance; or,
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace. Employers must provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them.

Employers should develop an accommodation policy for any worker who meets one of the exemptions from wearing a face covering. If a worker who would otherwise be required to wear a face covering because of frequent contact with others cannot wear one due to a medical condition, they should be provided with a non-restrictive alternative, such as a face shield with a drape attached to the bottom edge, if feasible, and if the medical condition permits it.

Businesses that are open to the public should be cognizant of the exemptions to wearing face coverings in the [CDPH Face Covering Guidance](#) and may not exclude any member of the public for not wearing a face covering if that person is complying with the [guidance](#). Businesses will need to develop policies for handling these exemptions among customers, clients, visitors, and workers.



## Worksite Specific Plan

- Establish a written, worksite-specific COVID-19 prevention plan at every location, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each establishment to implement the plan.
- Incorporate the [CDPH Face Covering Guidance](#) into the Workplace Specific Plan and include a policy for handling exemptions.
- Identify contact information for the local health department where the operation is located for communicating information about COVID-19 outbreaks among workers or customers.
- Train and communicate with workers and worker representatives on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the establishment for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker and take steps to isolate COVID-19 positive worker(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



## Topics for Worker Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work:
  - If a worker has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or

difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR

- If a worker was diagnosed with COVID-19 and has not yet been released from isolation, OR
- If, within the past 14 days, a worker has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e. still on isolation).
- To return to work after a worker receives a COVID-19 diagnosis only if 10 days have passed since symptoms first appeared, their symptoms have improved, and the worker has had no fevers (without the use of fever reducing medications) for the last 72 hours. A worker without symptoms who was diagnosed with COVID-19 can return to work only if 10 days have passed since the date of the first positive COVID-19 test.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) when workers cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
  - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  - Face coverings must cover the nose and mouth.
  - Workers should wash or sanitize hands before and after using or adjusting face coverings.
  - Avoid touching the eyes, nose, and mouth.
  - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face](#)

[Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the employer's policies on how people who are exempted from wearing a face covering will be handled.

- Ensure any independent contractors, temporary, or contract workers at the worksite are also properly trained in COVID-19 prevention policies and have necessary supplies and PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and workers' compensation for COVID-19](#), including workers' sick leave rights under the [Families First Coronavirus Response Act](#) and the Governor's [Executive Order N-51-20](#), and workers' rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#) while that Order is in effect.



## Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or other workers entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Worker Training section above.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers must provide and ensure workers use all required protective equipment, including eye protection and gloves where necessary.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Non-workers entering the jobsite should be restricted to only those classified as essential by management and they must complete a temperature and/or symptom screening before entering.

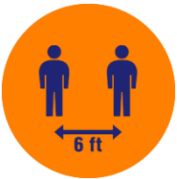


## Cleaning and Disinfecting Protocols

- Perform thorough cleaning on high traffic areas such as break rooms, lunch areas, and changing areas, and areas of ingress and egress including, stairways and stairwells, handrails, elevators controls and frequently disinfect commonly used surfaces, including, doorknobs, toilets, handwashing facilities, etc.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, handles and latches, and controls on stationary and mobile equipment, including surfaces in the cabs of all vehicles.
- Require workers to wash hands or use sanitizer between the use of shared equipment, such as workstation tools, radios, time clocks, mobilized carts, and other items and allow paid work time to do so.
- Require that employer-owned and controlled equipment, such as hard hats and any face shields, be sanitized at the end of each shift. Clean and disinfect the inside of the equipment, then the outside, then wash hands.
- Encourage workers who own their own hard hats to follow the same cleaning protocol and provide the proper cleaning and sanitation products. Allow paid work time to complete such cleaning.
- Avoid sharing phones, office supplies, other work tools, or handheld mobile communications equipment wherever possible. Individually-assigned peripheral equipment (keyboards, handsets, headsets, chairs, etc.) should be provided wherever possible. If necessary, clean and disinfect them before and after each use. Never share PPE.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the worker's job duties.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- Provide additional sanitary facilities (including portable toilets and handwashing stations) if feasible and necessary to maintain physical distancing during scheduled breaks.
- Install hands-free devices, if possible, including motion sensor sinks, soap dispensers, sanitizer dispensers, and paper towel dispensers.
- To minimize the risk of [Legionnaires' disease](#) and other diseases

associated with water, [take steps](#) to ensure that all water systems and features are safe to use after a prolonged facility shutdown.

- When choosing disinfecting chemicals, employers should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the chemical hazards, manufacturer's directions, ventilation requirements, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves and other protective equipment as required by the product instructions. Follow the [asthma-safer cleaning methods](#) recommended by the California Department of Public Health and ensure proper ventilation.
- Consider installing portable high-efficiency air cleaners, upgrading the building or construction trailer's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in work and break areas.



## Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers. These can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where workers should stand). Reassign personal staging areas to increase distance between workers. Designate separate entrance and exits and post signage to this effect.
- Adjust on-site meetings to ensure physical distance and instead implement smaller individual safety meetings at the jobsite to maintain physical distancing guidelines. Transition other meetings and interviews to phone or digital platforms or hold outside or in a space allowing for at least six feet of physical distance between workers.
- Consider offering workers who request modified duties options that minimize their contact with any customers or other workers (e.g., managing inventory rather or managing administrative needs through telework).
- Utilize work practices, when feasible and necessary, to limit the number of workers on the jobsite at one time. This may include scheduling (e.g. staggering shift start/end times) or rotating crew access to a designated area during a shift. Stage the jobsite to stagger work and limit overlap of work crews. Place additional limitations on the number of workers in enclosed areas, where six feet of separation may not be

sufficient to limit transmission of the virus.

- Stagger worker breaks, within compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.
- Workers should consider bringing a lunch made at home or purchase take out or delivery where available as long as they can avoid congested areas.
- Use the following hierarchy to prevent transmission of COVID-19 in production and other work areas: engineering controls, administrative controls, and PPE.
  - Engineering controls include creating physical or spatial barriers between workers such as Plexiglas or other sturdy and impermeable partitions. Where appropriate, install such barriers in offices to create separation between workers.
  - Administrative controls include slowing operations and increasing shifts, within safety requirements, and ensuring adequate time for proper cleaning and disinfection protocols.
  - PPE includes face shields, [some types of masks](#), and impermeable gloves. Note that some disposable equipment, such as respirators, are prioritized for health care workers and workers that handle pathogens and should not otherwise be used. If those are in use, consider changing to reusable elastomeric respirators to conserve supplies for healthcare facilities.

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<sup>1</sup>Additional requirements must be considered for vulnerable populations. Employers must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.



# COVID-19 General Checklist for Construction Employers

July 2, 2020

This checklist is intended to help construction employers implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Construction Employers](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



## Contents of Written Workplace Specific Plan

- The person(s) responsible for implementing the plan.
- A risk assessment and the measures that will be taken to prevent spread of the virus.
- Use of face coverings, in accordance with the [CDPH guidance](#).
- Training and communication with workers and worker representatives on the plan.
- A process to check for compliance and to document and correct deficiencies.
- A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts and infected workers.
- Protocols for when the workplace has an outbreak, in accordance with [CDPH guidance](#).
- Update the plan as necessary to prevent further cases.



## Topics for Employee Training

- Information on [COVID-19](#), preventing spread, and who is especially vulnerable.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if workers have a cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea, or if they or someone they had contact with has been diagnosed with COVID-19.
- To return to work after a COVID-19 diagnosis only after 10 days since symptom onset and 72 hours of no fever.
- When to seek medical attention.
- The importance of hand washing.
- The importance of physical distancing, both at work and off work time.

- ❑ Proper use of cloth face covers, including information in the [CDPH guidance](#).
- ❑ Information on leave benefits, including the [Families First Coronavirus Response Act](#) and the Governor's [Executive Order N-51-20](#), and workers' compensation benefits under the Governor's [Executive Order N-62-20](#) while that Order is in effect.
- ❑ Train any independent contractors, temporary, or contract workers in these policies and ensure they have necessary PPE.



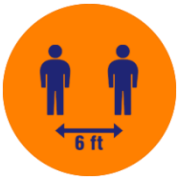
## Individual Control Measures & Screening

- ❑ Symptom screenings and/or temperature checks.
- ❑ Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- ❑ Encourage frequent handwashing and use of hand sanitizer.
- ❑ Provide and ensure workers use PPE, such as eye protection and gloves.
- ❑ Provide disposable gloves to workers as a supplement to frequent hand washing for tasks such as handling commonly touched items or conducting symptom screening.
- ❑ Restrict non-employee personnel on the job site and conduct screening.



## Cleaning and Disinfecting Protocols

- ❑ Perform thorough cleaning in high traffic areas.
- ❑ Frequently disinfect commonly used surfaces.
- ❑ Clean and sanitize shared equipment between each use.
- ❑ Clean touchable surfaces between shifts or between users, whichever is more frequent.
- ❑ Require workers to wash hands or use sanitizer after using shared equipment.
- ❑ Sanitize PPE at the end of the shift.
- ❑ Avoid sharing phones, work tools, etc., wherever possible.
- ❑ Provide adequate time for workers to clean during their shift.
- ❑ Keep sanitary facilities operational and stocked at all times.
- ❑ Provide additional toilets and hand washing stations if needed for physical distancing during breaks.
- ❑ Ensure all water systems and features are safe to use after a prolonged facility shutdown.
- ❑ Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, and Cal/OSHA requirements. Follow CDPH [asthma-safer cleaning methods](#).
- ❑ Install hands-free devices if possible, including motion sensor sinks, soap dispensers, sanitizer dispensers, and paper towel dispensers.
- ❑ Consider upgrades to improve air filtration and ventilation.



## Physical Distancing Guidelines

- Implement measures to ensure workers stay at least six feet apart.
- Adjust on-site meetings to ensure physical distancing.
- Limit the number of workers on the jobsite at one time if necessary.
- Stagger worker breaks, if needed, to maintain physical distancing protocols.
- Reconfigure break areas for physical distance.
- Avoid congested areas at lunch.
- Use the following hierarchy to prevent transmission of COVID-19 in production and other work areas: engineering controls, administrative controls, and PPE.



# Exhibit F

# SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms\* can include

FEVER



COUGH



\*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

SHORTNESS OF BREATH



[cdc.gov/COVID19-symptoms](https://cdc.gov/COVID19-symptoms)

# Exhibit G

# Steps to help prevent the spread of COVID-19 if you are sick

**FOLLOW THE STEPS BELOW:** If you are sick with COVID-19 or think you might have COVID-19, follow the steps below to help protect other people in your home and community.

## Stay home except to get medical care

- **Stay home:** Most people with COVID-19 have mild illness and are able to recover at home without medical care. Do not leave your home, except to get medical care. Do not visit public areas.
- **Stay in touch with your doctor.** Call before you get medical care. Be sure to get care if you have trouble breathing, or have any other emergency warning signs, or if you think it is an emergency.
- **Avoid public transportation:** Avoid using public transportation, ride-sharing, or taxis.



## Separate yourself from other people in your home, this is known as home isolation

- **Stay away from others:** As much as possible, stay away from others. You should stay in a specific “sick room” if possible, and away from other people in your home. Use a separate bathroom, if available.
  - See COVID-19 and Animals if you have questions about pets. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html#COVID19animals>



## Call ahead before visiting your doctor

- **Call ahead:** Many medical visits for routine care are being postponed or done by phone or telemedicine.
- If you have a medical appointment that cannot be postponed, call your doctor’s office, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.



## If you are sick wear a facemask in the following situations, if available.

- **If you are sick:** You should wear a facemask, if available, when you are around other people (including before you enter a healthcare provider’s office).
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then as their caregiver, you should wear a facemask when in the same room with them. Visitors, other than caregivers, are not recommended.



**Note:** During a public health emergency, facemasks may be reserved for healthcare workers. You may need to improvise a facemask using a scarf or bandana.

## Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.
- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



## Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.



## Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.



[cdc.gov/COVID19](https://www.cdc.gov/COVID19)

## Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.



- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
  - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.
- High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.
- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
  - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.
  - Most EPA-registered household disinfectants should be effective. A full list of disinfectants can be found [here](#).

## Monitor your symptoms

- Common symptoms of COVID-19 include fever and cough. Trouble breathing is a more serious symptom that means you should get medical attention.
- **If you are having trouble breathing, seek medical attention, but call first.**
  - Call your doctor or emergency room before going in and tell them your symptoms. They will tell you what to do.
- **Wear a facemask:** If available, put on a facemask before you enter the building. If you can’t put on a facemask, cover your coughs and sneezes. Try to stay at least 6 feet away from other people. This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider and local health department:** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately.**

Emergency warning signs include\*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

\*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

**Call 911 if you have a medical emergency:** If you have a medical emergency and need to call 911, notify the operator that you have or think you might have, COVID-19. If possible, put on a facemask before medical help arrives.

## How to discontinue home isolation

- People **with COVID-19 who have stayed home (home isolated)** can stop home isolation under the following conditions:
  - **If you will not have a test** to determine if you are still contagious, you can leave home after these three things have happened:
    - You have had no fever for at least 72 hours (that is three full days of no fever without the use medicine that reduces fevers) AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
    - at least 7 days have passed since your symptoms first appeared
  - **If you will be tested** to determine if you are still contagious, you can leave home after these three things have happened:
    - You no longer have a fever (without the use medicine that reduces fevers) AND
    - other symptoms have improved (for example, when your cough or shortness of breath have improved) AND
    - you received two negative tests in a row, 24 hours apart. Your doctor will follow CDC guidelines.



**In all cases, follow the guidance of your healthcare provider and local health department.** The decision to stop home isolation should be made in consultation with your healthcare provider and state and local health departments. Local decisions depend on local circumstances.

More information is available <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Additional information for healthcare providers: [Interim Healthcare Infection Prevention and Control Recommendations for Persons Under Investigation for 2019 Novel Coronavirus.](#)

# Exhibit H



# COVID-19 INDUSTRY GUIDANCE: Office Workspaces

July 29, 2020

[covid19.ca.gov](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Industry-Guidance-Office-Workspaces.aspx)



## OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact or in a poorly ventilated area with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include hospitals, long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by workers (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training workers on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

## PURPOSE

This document provides guidance for businesses operating in office workspaces to support a safe, clean environment for workers. The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.<sup>1</sup> Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on their [Cal/OSHA Guidance on Requirements to Protect Workers from COVID-19 webpage](#). CDC has additional guidance [for businesses and employers](#).

# Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are engaged in work, whether at the workplace or performing work off-site, when:

- Interacting in-person with any member of the public;
- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance;
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace. Employers must provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them.

Employers should develop an accommodation policy for any worker who meets one of the exemptions from wearing a face covering. If a worker who would otherwise be required to wear a face covering because of frequent contact with others cannot wear one due to a medical condition, they should be provided with a non-restrictive alternative, such as a face shield with a drape attached to the bottom edge, if feasible, and if the medical condition permits it.

Businesses that are open to the public should be cognizant of the exemptions to wearing face coverings in the [CDPH Face Covering Guidance](#) and may not exclude any member of the public for not wearing a face covering if that person is complying with the [guidance](#). Businesses will need to develop policies for handling these exemptions among customers, clients, visitors, and workers.



## Workplace Specific Plan

- Establish a written, workplace-specific COVID-19 prevention plan at every office location, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each office workspace to implement the plan.
- Incorporate the [CDPH Face Covering Guidance](#) into the Workplace Specific Plan and include a policy for handling exemptions.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among workers.
- Train and communicate with workers and worker representatives on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the office workspace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker and take steps to isolate COVID-19 positive worker(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



## Topics for Worker Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work:

- If a worker has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR
- If a worker was diagnosed with COVID-19 and has not yet been released from isolation, OR
- If, within the past 14 days, a worker has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e. still on isolation).
- To return to work after a worker receives a COVID-19 diagnosis only if 10 days have passed since symptoms first appeared, their symptoms have improved, and the worker has had no fevers (without the use of fever reducing medications) for the last 72 hours. A worker without symptoms who was diagnosed with COVID-19 can return to work only if 10 days have passed since the date of the first positive COVID-19 test.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) when workers cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
  - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  - Face coverings must cover the nose and mouth.
  - Workers should wash or sanitize hands before and after using or adjusting face coverings.
  - Avoid touching eyes, nose, and mouth.

- Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the employer's policies on how people who are exempted from wearing a face covering will be handled.
- Ensure any independent contractors, temporary, or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary supplies and PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and worker's compensation for COVID-19](#), including workers' sick leave rights under the [Families First Coronavirus Response Act](#) and workers' rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20 while that Order is in effect](#).



## Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors, contractors, or others entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Worker Training section above.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers must provide and ensure workers use all required protective equipment, including eye protection and gloves where necessary.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer;

examples are for workers who are screening others for symptoms or handling commonly touched items.

- Employers must take reasonable measures including posting signage at all entrances and in strategic and highly-visible locations to remind workers that they must use face coverings and practice physical distancing, and that they should frequently wash their hands with soap for at least 20 seconds use hand sanitizer, and not touch their face.



## Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas such as break rooms and lunch areas, and areas of ingress and egress including stairways, stairwells, escalators, handrails, and elevator controls. Frequently disinfect commonly used surfaces including doorknobs, toilets, and handwashing facilities.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the worker's job duties.
- Adjust or modify hours to provide adequate time for regular thorough cleaning and disinfection of office spaces.
- Avoid sharing phones, other work supplies, or office equipment wherever possible. Never share PPE.
- Where such items must be shared, disinfect between shifts or uses, whichever is more frequent, including the following: shared office equipment such as copiers, fax machines, printers, telephones, keyboards, staplers, surfaces in reception areas, shared work stations, etc., with a cleaner appropriate for the surface.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- When choosing disinfecting chemicals, employers should use product approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the chemical hazards, manufacturer's directions, ventilation requirements, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should

wear gloves as required by the product instructions. Follow the [asthma-safer cleaning methods recommended by the California Department of Public Health and ensure proper ventilation.](#)

- Where possible, do not clean floors by sweeping or other methods that can disperse pathogens into the air. Use a vacuum with a HEPA filter wherever possible.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in offices and other spaces.



## Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers and customers. This can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate to where workers and customers/visitors should stand).
- Utilize telework options and modified work schedules.
- Consider offering workers who request modified duties options that minimize their contact with customers and other workers (e.g., managing inventory or managing administrative needs through telework).
- Reconfigure office spaces, cubicles, etc. and decrease the capacity for conference and meeting rooms to ensure workspaces allow for six feet between workers.
- Close or restrict common areas, using barriers, or increasing physical distance between tables/chairs where personnel are likely to congregate and interact, such as kitchenettes and break rooms, and discourage workers from congregating in high traffic areas such as bathrooms, hallways, and stairwells.
- Establish directional hallways and passageways for foot traffic, if possible, to eliminate workers from passing by one another.
- Designate separate routes for entry and exit into office spaces to help maintain social distancing and lessen the instances of people closely passing each other.
- Limit the number of individuals riding in an elevator at a time. Post signage regarding these policies.
- Utilize work practices, when feasible and necessary, to limit the number

of workers at the office at one time. This may include scheduling (e.g. staggering start/end times), establishing alternating days for onsite reporting, returning to the office workspace in phases, or continued use of telework when feasible.

- Stagger worker breaks, within compliance with wage and hour regulations, to maintain physical distancing protocols.
- Discontinue nonessential travel and encourage distance meetings via phone and internet.
- Require workers to avoid handshakes and similar greetings that break physical distance.
- Dedicate staff to direct guests to meeting rooms upon entry to office space rather than congregating in lobbies or common areas.
- Install production transfer-aiding materials, such as shelving and bulletin boards, to reduce person-to-person production hand-offs.

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<sup>1</sup>Additional requirements must be considered for vulnerable populations. Office workspaces must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.



# COVID-19 General Checklist for Office Workspaces

July 2, 2020

This checklist is intended to help employers operating in office workspaces implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Office Workspaces](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



## Contents of Written Workplace Specific Plan

- The person(s) responsible for implementing the plan.
- A risk assessment and the measures that will be taken to prevent spread of the virus.
- Use of face coverings, in accordance with the [CDPH guidance](#).
- Training and communication with workers and worker representatives on the plan.
- A process to check for compliance and to document and correct deficiencies.
- A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts and infected workers.
- Protocols for when the workplace has an outbreak, in accordance with [CDPH guidance](#).



## Topics for Worker Training

- Information on [COVID-19](#), preventing spread, and who is especially vulnerable.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if workers have a cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea, or if they or someone they had contact with has been diagnosed with COVID-19.
- To return to work after a COVID-19 diagnosis only after 10 days since symptom onset and 72 hours of no fever.
- When to seek medical attention.
- The importance of hand washing.
- The importance of physical distancing, both at work and off work time.
- Proper use of cloth face covers, including information in the [CDPH guidance](#).

- Information on paid leave benefits, including the [Families First Coronavirus Response Act](#), and workers' compensation benefits under the Governor's [Executive Order N-62-20](#) while that Order is in effect.
- Train any independent contractors, temporary, or contract workers in these policies and ensure they have necessary PPE.



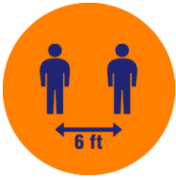
## Individual Control Measures & Screening

- Symptom screenings and/or temperature checks.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Encourage frequent handwashing and use of hand sanitizer.
- Provide and ensure workers use all necessary PPE.
- Provide disposable gloves to workers as a supplement to frequent hand washing for tasks such as handling commonly touched items or conducting symptom screening.
- Post signage to remind workers that they should use face covers, practice physical distancing, not touch their face, wash hands with soap for at least 20 seconds, and use hand sanitizer.



## Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas.
- Frequently disinfect commonly used surfaces and personal work areas.
- Clean and sanitize shared equipment between each use.
- Clean touchable surfaces between shifts or between users, whichever is more frequent.
- Equip shared spaces with proper sanitation products, including hand sanitizer and sanitizing wipes and ensure availability.
- Ensure that sanitary facilities stay operational and stocked at all times.
- Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, and Cal/OSHA requirements. Follow CDPH [asthma-safer cleaning methods](#).
- Provide time for workers to implement cleaning practices during shifts and consider third-party cleaning companies.
- Install hands-free devices if possible.
- Clean floors using a vacuum with HEPA filter or other methods that do not disperse pathogens into the air.
- Consider upgrades to improve air filtration and ventilation.



## Physical Distancing Guidelines

- Implement measures to physically separate workers and customers by at least six feet using measures such as physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers should stand).
- Reconfigure office spaces, cubicles, etc. and decrease maximum capacity for conference and meeting areas.
- Adjust in-person meetings, if they are necessary, to ensure physical distancing.
- Stagger worker breaks, in compliance with wage and hour regulations, if needed.
- Reconfigure, restrict, or close common areas and provide alternative where physical distancing can be practiced.
- Limit the number of individuals riding in an elevator.
- Utilize work practices, when feasible and necessary, to limit the number of employees at the office at one time, such as telework and modified work schedules.
- Dedicate staff to direct guests to meeting rooms upon entry so they do not congregate.



# Exhibit I

# Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

## INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

## ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.



# Exhibit J



# COVID-19 UPDATE GUIDANCE: Child Care Programs and Providers

July 17, 2020

[covid19.ca.gov](https://covid19.ca.gov)



# OVERVIEW

As stay-at-home orders are lifted for multiple industries to promote California's economic recovery, the need for child care and other supports for working families will increase. Every child care program must have a plan in place to minimize the spread of COVID-19 and to ensure the safety of children, providers, and families. As programs begin to reopen and other programs transition from emergency child care for essential workers to enhanced regular operations, all providers must apply new and updated policies and requirements and must update their emergency preparedness plan.

Social distancing with young children is a challenging effort. However, the recommendations set forth aim to keep children and providers safe and healthy, while ensuring children are in a nurturing and responsive environment. Parents may also be concerned about the safety of returning children back to care. It is important to maintain frequent communication with families about the policies and practices implemented in programs to keep everyone safe. This ongoing communication will aid in supporting young children with this new transition and social and physical distancing practice.

The state recognizes this health crisis is a fluid situation and is coordinating joint efforts with state and local agencies to provide support, as well as current information and guidance that is responsive to questions and suggestions from providers, families, and stakeholders. Child care providers should continue to monitor updated guidelines and information posted at <https://covid19.ca.gov>.

These guidelines and considerations are based on the best available public health data at this time, and the practical realities of managing a child care program; as new data and practices emerge, the guidance will be updated.

The state has provided funding and materials to support child care programs to access cleaning supplies and essential protective gear, such as masks. Please contact your [local child care resource and referral agency](#) to learn more about what resources are currently available.

*The California Department of Social Services (CDSS) worked in collaboration with the California Department of Education (CDE) to develop this guidance.*

## Essential Protective Equipment and Supplies

Items	Child Care Workforce	Children
<a href="#"><u>Face Coverings*</u></a>	<b>YES</b>	<p>Never place face coverings on babies or children under 2 because of danger of suffocation</p> <p>Children aged 2 years and older should wear face coverings, especially when indoors or when a six-foot physical distance from others cannot be maintained.</p>
<b>Gloves</b>	<b>YES,</b> for tasks such as serving food, handling trash, or using cleaning and disinfectant products	<b>NO</b>
<p><b>Hand Sanitizer</b> Should contain at least 60% ethyl alcohol (preferred) or at least 70% isopropyl alcohol (a neurotoxin and eye irritant).</p> <p><b>WARNING</b> Do not use any products that contain <a href="#"><u>methanol</u></a></p>	<b>YES, OPTIONAL</b> Note that frequent handwashing is more effective than the use of hand sanitizers	<p>May be used under adult supervision only and must be kept out of children's reach. Call Poison Control if consumed: <b>800-222-1222</b></p> <p>Note that frequent handwashing is more effective than use of hand sanitizers. Sanitizer must be rubbed into children's hands until completely dry.</p> <p>Hand sanitizer is not recommended for children under 24 months.</p>
<b>Disinfectant Cleaning Products</b>	<b>YES</b> Provide training and required protective equipment per manufacturer's recommendations. Must be kept out of children's reach.	<b>NO</b>

\*Masks or face shields may also be worn. Face coverings are strongly encouraged for young children between two years old and second grade, if they can be worn properly. A face shield is an acceptable alternative for children in this cohort. Note that local guidance may apply. Please consult recommendations from the local or county health department.

The Healthy Schools Act requires that anyone using disinfectants at child care centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to <https://apps.cdpr.ca.gov/schoolipm/>. This does not apply to family child care homes.



## Planning

- Have plans in place to protect and support staff, children, and their family members who are at higher risk for severe illness.
- Establish plans for sharing information and guidelines with parents and caregivers in their preferred language.
- Train all staff and communicate with families on the following:
  - Enhanced sanitation practices
  - Physical distancing guidelines
  - [Proper use, removal, and washing of face coverings](#)
  - Personal hygiene
  - Screening practices
  - COVID-19 specific exclusion criteria.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
  - Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
  - Update protocols as needed to prevent further cases. See the CDPH guidelines, *Responding to COVID-19 in the Workplace*, which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicate with employees and other exposed persons, and conducting and assisting with contact tracing.



## Cleaning

- Introduce fresh outdoor air as much as possible, for example by opening windows. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality.
- Implement procedures to frequently [clean and disinfect](#) all high-touch surfaces, such as sink knobs, toilet handles, tables, door handles. (Some programs have one designated staff responsible for routinely cleaning, sanitizing, and disinfecting the site.)
- Designate a container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment.
- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day or provide individually labeled bins with toys and belongings for each child. Toys that may be put in a child's mouth should be cleaned and sanitized. Ensure toys that are difficult to clean (e.g. soft toys) are either removed from the classroom or carefully monitored for use by individual children only.
- When choosing cleaning products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions.
  - To reduce the risk of [asthma related to disinfecting](#), programs should aim to select disinfectant products on the N list with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
  - Avoid products that mix these ingredients with peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
  - Use disinfectants labeled to be effective against emerging viral pathogens, following label directions for appropriate dilution rates and contact times. Provide employees training on [the chemical hazards](#), manufacturer's directions, proper ventilation, on Cal/OSHA requirements for safe use and as required by the Healthy Schools Act training (for child care centers only).
  - Workers using cleaners or disinfectants must wear gloves, eye protection, and other protective equipment as required by the product instructions.

- All products must be kept out of children's reach.



## Hygiene

- Implement and enforce strict [handwashing guidelines](#) for all staff and children. Wash hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly. It may be helpful to sing a 20-second song while children wash.
- Use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Teach children to avoid [contact with one's eyes, nose and mouth](#), and use tissue to wipe their nose and to [cough/sneeze](#) inside their elbow. Model and practice handwashing before and after eating, after coughing or sneezing, after playing outside, and after using the restroom.
- Discontinue brushing teeth during class.
- All personal items should be labeled and kept in a separate bag to ensure personal items are separate from others. Personal toys and blankets should either be sent home with the family each day or washed daily by the provider.
- Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.



## Arrival Procedures

If a parent/caregiver is entering the classroom, ask them to wash their own hands and assist in washing the hands of their children before dropping off, prior to coming for pick up, and as soon as they get home.

- Ask parents/caregivers to meet at the facility entryway for pick-up and drop-off of children whenever possible and to be as brief as possible.
- If parents/caregiver must enter, ask them to enter and exit the room one person at a time to allow for social and physical distancing. Consider asking them to wear face coverings.
- Ask parents/caregivers to bring their own pens when signing children in and out. When that is not possible, collect pens immediately after a single use, deposit them in the cleaning area, and provide a sanitized pen.

- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.
- Take steps to reduce contact between children and adults, including other children's parents during pick-up/drop-off, classroom visits, volunteers.
- If possible, the same parent/caregiver should drop off and pick up the child every day, avoid designating those at high risk.
- Consider staggering arrival and drop off times.
- Consider designating a staff member from each class to escort in or out of facility (if parent/caregiver are comfortable with this option) and signing their child in and out for arrival.



## Health Screening

- Providers must implement screening procedures for all staff and children before they enter the facility. Ask all individuals about [COVID-19](#) symptoms within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test. Exclude anyone who has an affirmative response on any of these points.
- Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of any possible case of COVID-19 while maintaining confidentiality as required by the Americans with Disabilities Act (ADA).
- Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
- Take children's temperature each morning with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is suspected. Thermometers must be properly cleaned and disinfected after each use.
- Monitor staff and children throughout the day for signs of illness; send home children with a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms after isolating from the general room population and notify parents.
- Child care programs must exclude any child, parent, caregiver, or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.

- Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- Advise sick staff members and children not to return until they met CDC criteria to discontinue home isolation.



## Coronavirus Symptoms

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Fatigue
- Muscle pain
- Headache
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea
- New loss of taste or smell



## Group Size and Staffing

- Children should remain in groups as small as possible. Should these guidelines differ from local health ordinances, follow the stricter guidance.
- It is important to keep the same children and teacher or staff with each group and include children from the same family in the same group, to the greatest extent possible.



## Classroom Space / Physical Distancing

- Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.
- For napping, place cots, cribs, and mats 6 feet apart, with heads in opposite directions.
- Use opportunities to reduce time spend indoors by bringing children outside, weather permitting while maintaining physical distancing.
- Offer more opportunities for individual play.
- Plan activities that do not require close physical contact between multiple children.
- Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- Ensure all outdoor play equipment is cleaned and disinfected between use by different groups of children.
- Develop spacing instructions in both indoor and outdoor spaces that are developmentally appropriate and easy for children to understand.



## Meal Times

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Practice proper handwashing before and after eating. Use paper goods and disposable plastic utensils when possible, following CDC and CDPH COVID-19 food handling guidelines.

- Do not allow children or staff to share or touch each other's food.
- Immediately clean and disinfect trays and tables after meals. Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.
- Ensure meals are provided in individual portions and are delivered by staff wearing gloves.
- Implement outdoor meal times if space and weather allow.



## Resources

- California Department of Social Services, Community Care Licensing, Child Care Page: <https://www.cdss.ca.gov/inforesources/child-care-licensing>
- California Division of Occupational Safety and Health (Cal/OSHA): <https://www.dir.ca.gov/dosh/Coronavirus/COVID-19-Infection-Prevention-in-Childcare-Programs-Guidance.pdf>
- California Coronavirus (COVID-19) Resources: <https://covid19.ca.gov/>
- [California Department of Pesticide Regulation Health Schools Act information: https://apps.cdpr.ca.gov/schoolipm/](https://apps.cdpr.ca.gov/schoolipm/)
- Centers for Disease Control and Prevention (CDC): <https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/guidance-for-childcare.html>



# COVID-19 General Checklist for Child Care Programs and Providers

July 17, 2020

This checklist is intended to help child care programs and providers implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Child Care Programs and Providers](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



## Planning

- Have plans in place to protect and support staff, children, and their family members who are at higher risk for severe illness.
- Establish plans for sharing information and guidelines with parents and caregivers in their preferred language.
- Training of staff and communication with families on the plan, including on sanitation, physical distancing, proper use, removal, and washing of face coverings, personal hygiene, screening practices, and COVID-19 specific exclusion criteria.
- Protocols for when the workplace has an outbreak, in accordance with [CDPH guidelines](#), including investigating the COVID-19 illness and updating protocols to prevent further cases.



## Cleaning

- Introduce fresh outdoor air and use the air conditioning setting that brings in fresh air. Replace and check air filters and air filtration systems to ensure optimal air quality.
- Do thorough cleaning without children present and air out the space before children arrive.
- Frequently [clean and disinfect](#) all high-touch surfaces.
- Designate a container for toys that need to be cleaned, sanitized, or disinfected before being introduced back into the classroom environment.
- Have multiple toys and manipulatives accessible that are easy to clean and disinfect throughout the day, or provide individually labeled bins with toys and belongings for each child.
- Clean and sanitize toys that may be put in a child's mouth. Remove toys from the classroom that are difficult to clean or carefully monitor use by individual children only.
- Provide and ensure workers use PPE, such as eye protection and gloves.

- Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, Cal/OSHA requirements, the CDPH [asthma-safer cleaning methods](#), and as required by the Healthy Schools Act (child care centers only).
- Keep all products out of children's reach.



## Hygiene

- Implement and enforce strict [handwashing guidelines](#) for all staff and children.
- Reinforce healthy habits and monitor proper handwashing during bathroom time.
- Teach children to [avoid contact with eyes, nose, and mouth](#), and proper nose wiping and [cough/sneeze](#) etiquette.
- Discontinue brushing teeth during class.
- Label and keep children's personal items in separate bags.
- Send home personal toys and blankets with the family daily or washed daily by the provider.
- Use washable bedding. Keep each child's bedding separate, and store in individually labeled containers. Label cots and mats for each child. Clean bedding weekly if it touches a child's skin, or before use by another child.



## Arrival Procedures

- Ask parents/caregivers who are entering the classroom to wash their hands and assist in washing their children's hands before dropping off, prior to picking up, and as soon as they get home.
- Ask parents/caregivers to meet at the facility entryway to pick up or drop off children, and to be as brief as possible.
- If parents/caregivers must enter, ask them to enter and exit the room one person at a time to allow for social/physical distancing.
- Ask parents/caregivers to bring their own pens when signing children in and out. Otherwise, collect pens immediately after each use for cleaning, and provide a sanitized pen.
- Install hand sanitizers, out of the reach of children, near all entry doors and other high traffic areas.
- Reduce contact between children and adults.
- Encourage the same parents/caregivers to pick up and drop off their child every day.
- Consider staggering arrival and drop-off times.
- Consider designating a staff member from each class to escort children in or out of the facility, if parent/caregiver is comfortable with it, and signing children in and out.



## Health Screening

- ❑ Symptom screenings and/or temperature checks for all staff and children before they enter the facility.
- ❑ Have workers stay home if they are exhibiting [symptoms of COVID-19](#) or if anyone in their home has had COVID-19 symptoms or a positive test.
- ❑ Document/track incidents of possible exposure and notify local health officials, staff, and families immediately of possible cases while maintaining confidentiality.
- ❑ Conduct visual wellness checks of all children upon arrival and ask health questions when concerned.
- ❑ Take children's temperatures with a no-touch thermometer. If a thermometer requiring a touch-method is the only type available, use only if a fever is suspected. Properly clean and disinfect thermometers after each use.
- ❑ Monitor staff and children throughout the day for signs or illness. Send children home with a fever of 100.4 degrees or higher, cough, or other COVID-19 symptoms after isolating from the general room population and notify parents.
- ❑ Exclude children, parents, caregivers and staff who show symptoms of COVID-19. Do not exclude children with a history of allergies if their symptoms are related to those.
- ❑ Establish procedures for safely transporting anyone sick home or to a healthcare facility, as appropriate.
- ❑ Advise sick staff members and children not to return until they met CDC criteria to discontinue home isolation.



## Group Size and Staffing

- ❑ Keep children in groups as small as possible. Follow the local health ordinance if that is stricter.
- ❑ Keep the same children and teacher/staff with each group and include children from the same family in the same group.



## Classroom Space/Physical Distancing

- ❑ Arrange developmentally appropriate activities for smaller group activities and rearrange furniture and play spaces to maintain 6 feet of separation, when possible.
- ❑ For napping, place cots, cribs, and mats 6 feet apart, with heads in opposite directions.
- ❑ Bring children outside as much as possible, while maintaining physical distancing.
- ❑ Offer more opportunities for individual play.
- ❑ Plan activities that do not require close physical contact between multiple children.
- ❑ Stagger indoor and outdoor play and adjust schedules to reduce the number of children in the same area.
- ❑ Clean and disinfect all outdoor play equipment between uses by different groups of children.

- Develop spacing instructions in both indoor and outdoor spaces that are developmentally appropriate and easy for children to understand.



## Meal Times

- Utilize more tables to spread children out or use name cards to ensure adequate spacing of children.
- Practice proper handwashing before and after eating. Use paper goods and disposable plastic utensils when possible.
- Do not allow children or staff to share or touch each other's food.
- Immediately clean and disinfect trays and tables after meals. Avoid family- or cafeteria-style meals, ask staff to handle utensils, and keep food covered to avoid contamination.
- Provide meals in individual portions and wear gloves to deliver them.
- Implement outdoor meal times if space and weather allow.



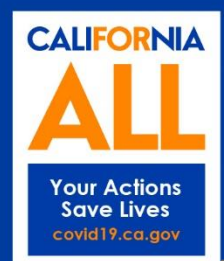
# Exhibit K



# COVID-19 INTERIM GUIDANCE: Day Camps

July 29, 2020

[covid19.ca.gov](https://covid19.ca.gov)



## OVERVIEW

The following guidance is intended to help day camps formulate and implement plans for safe re-opening.

These recommendations depend on community monitoring to prevent COVID-19 from spreading. Communities with adequate surveillance and lower incidence and spread of COVID-19 may put in place the practices described below as part of a phased reopening. All decisions about following these recommendations should be made in collaboration with local health officials and other authorities, and should depend on the levels of COVID-19 community transmission and the capacities of the local public health and healthcare systems, among other relevant factors.

Implementation of these guidelines should be tailored for each setting. Implementation requires training and support for staff and adequate consideration of camper and family needs.

The guidance is not intended to revoke or repeal any employee rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.<sup>1</sup> Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more safety and health guidance on its [Cal/OSHA Guidance on Requirements to Protect Workers from Coronavirus webpage](#).



## 1. General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community. For example:
  - Review and refer to, if applicable, the relevant county variance documentation. Documentation can be found [here](#).
  - Consult with your county health officer, or designated staff, who are best positioned to monitor and provide advice on local conditions. A directory can be found [here](#).
  - Regularly review updated guidance from state agencies, including the [California Department of Public Health](#).
- Ensure external community organizations that use the facilities also follow this guidance.
- Develop a plan for the possibility of repeated closures when persons associated with the facility or in the community become ill with COVID-19.
- Establish a written, worksite-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each school to implement the plan.
  - Identify contact information for the local health department where the school is located for communicating information about COVID-19 outbreaks among students or staff.
  - Incorporate the CDPH Guidance for the Use of Face Coverings, into the Work Site Specific Plan that includes a policy for handling exemptions.
  - Train and communicate with workers and worker representatives on the plan. Make the written plan available and accessible to workers and worker representatives.
  - Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
  - Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.

- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with CDPH guidelines.
  - Identify individuals who have been in close contact (within six feet for 15 minutes or more) of an infected person and take steps to isolate COVID-19 positive person(s) and close contacts. See Section 10 for more detail.
  - Adhere to these guidelines. Failure to do so could result in workplace illnesses that may cause classrooms or the entire school to be temporarily closed or limited.
- The more people a camper or staff member interacts with, and the longer that interaction, the higher the risk of COVID-19 spread. The risk of COVID-19 spread increases in youth camp settings as follows:
    - **Lowest Risk:** Small groups of campers stay together all day, each day. Campers remain at least 6 feet apart and do not share objects. Outdoor activities are prioritized. All campers are from the same local geographic area (e.g., town, city or county).
    - **Highest Risk:** Campers mix between groups and do not remain spaced apart. All campers are not from the local geographic area (e.g., town, city or county).



## • Promote Healthy Hygiene Practices

- Educate staff, campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or have recently had a close contact with a person with COVID-19 to stay home.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans and hand sanitizers with at least 60 percent ethyl alcohol for staff and campers who can safely use hand sanitizer. Employers must provide and ensure staff use face coverings and all required protective equipment.
- Teach and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among campers and staff.
  - Teach campers to use tissue to wipe their nose and to cough/sneeze inside a tissue or their elbow.
  - Campers and staff should wash their hands frequently throughout the day, including before and after eating; after coughing or sneezing;

after classes where they handle shared items, such as outside recreation, art, or shop; and before and after using the restroom.

- Campers and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application.
- Staff should model and practice handwashing. For example, for younger campers, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
- Campers and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
- Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.
- Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children.
  - Isopropyl hand sanitizers are more toxic when ingested or absorbed in skin.
  - Do not use hand sanitizers that may contain [methanol](#) which can be hazardous when ingested or absorbed.
- Consider portable handwashing stations throughout a site to minimize movement and congregations in bathrooms to the extent practicable.
- Consider routines enabling camp staff and campers to regularly wash their hands at staggered intervals.
- Teach and reinforce use of face coverings.
- Face coverings must be used in accordance with CDPH guidelines unless a person is exempt as explained in the guidelines. Physical distancing alone is not sufficient to prevent disease transmission.
  - All camp staff must use face coverings unless Cal/OSHA standards require respiratory protection. In limited situations (i.e. communicating or assisting young children or those with special needs) a face shield can be used instead of a face covering as long as the wearer maintains physical distance from others, to the extent practicable. Staff must return to wearing a face covering when the face shield is not necessary.
  - Children aged 2 years and older should wear face coverings in accordance with CDPH guidelines, especially

when indoors or outdoors when a six-foot physical distance from others cannot be maintained.

- Face coverings should not be placed on children younger than 2 years old. A face covering should not be used by anyone who has trouble breathing, anyone who is unconscious or incapacitated, or anyone who is otherwise unable to remove the face covering without assistance.
- A face covering should be removed for meals, snacks, naptime, or outdoor recreation, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag (marked with the student's name and date) until it needs to be put on again.
- Camp staff and campers should be frequently reminded not to touch the face covering and to [wash their hands](#) frequently.
- Information should be provided to all camp staff and campers on [proper use, removal and washing of face coverings](#).



### 3. Intensify Cleaning, Disinfection, and Ventilation

- Consider suspending or modifying use of site resources necessitating sharing or touching items. For example, consider suspending use of drinking fountains and instead encourage the use of reusable water bottles.
- Staff should [clean and disinfect](#) frequently touched surfaces at camp and on all transportation vehicles, such as buses or vans, at least daily, and, as practicable, frequently throughout the day by trained custodial staff.
- Frequently touched surfaces in the camp include, but are not limited to:
  - Door handles
  - Light switches
  - Sink handles
  - Bathroom surfaces
  - Tables
- Limit use of shared playground equipment in favor of physical activities that require less contact with surfaces.

- Limit sharing of objects and equipment, such as toys, games and art supplies, to the extent practicable. When sharing is allowed, clean and disinfect between uses.
- When choosing disinfecting products, use those approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved list "N"](#) and follow product instructions.
  - To [reduce the risk of asthma](#) and other health effects related to disinfecting, programs should select disinfectant products on list N with asthma-safer ingredients (hydrogen peroxide, citric acid or lactic acid) as recommended by the US EPA Design for Environment program.
  - Avoid products that contain peroxyacetic (paracetic) acid, sodium hypochlorite (bleach) or quaternary ammonium compounds, which can cause asthma.
  - Follow label directions for appropriate dilution rates and contact times. Provide employees training on the [chemical hazards](#), proper ventilation, manufacturer's directions, and on Cal/OSHA requirements for safe use, and as required by the Healthy Schools Act, as applicable.
  - Custodial staff and other employees who clean and disinfect the facility site must be equipped with proper protective equipment, including gloves, eye protection, respiratory protection, and other appropriate protective equipment as required by the product instructions. All products must be kept out of children's reach and stored in a space with restricted access.
  - Establish a cleaning and disinfecting schedule in order to avoid both under- and over-use of cleaning products.
- Ensure safe and correct application of disinfectant and keep products away from campers.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible, for example, by opening windows where practicable. When cleaning, air out the space before children arrive; plan to do thorough cleaning when children are not present. If using air conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality.
  - If opening windows poses a safety or health risk (e.g., by allowing pollen in or exacerbating asthma symptoms) to persons using the

facility, consider alternatives. For example, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).

- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in classrooms, offices and other spaces.
- Take steps to ensure that all water systems and features (for example, drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown to minimize the risk of [Legionnaires' disease](#) and other diseases associated with water.
- Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure that camp staff and campers remain at least 6 feet apart in lines and at other times (e.g., guides for creating "one-way routes" in hallways).
- Follow CDC's considerations for [Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).



## 4. Implementing Distancing

### ARRIVAL AND DEPARTURE

- Limit the number of persons in the camp to the number appropriate for maintaining physical distancing.
- If transport vehicles (e.g., buses) are used by the camp, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings, and physical distancing).
- Minimize contact between camp staff, campers and families at the beginning and end of the day.
- Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- Designate routes for entry and exit, using as many entrances as feasible. Put in place other protocols to limit direct contact with others as much as practicable.
- Open windows and maximize space between campers and the driver on transport vehicles where possible.
- Consider using privacy boards or clear screens.
- Ensure transport vehicles are equipped with extra unused face coverings for students who may have inadvertently failed to bring one.

## RECREATIONAL SPACE

- Campers should remain in the same space and in groups as small and consistent as practicable. Keep the same campers and staff with each group and include campers from the same family in the same group, to the greatest extent practicable.
- Maximize space (minimum 6-foot separation) between seating, desks, and bedding. Consider ways to establish separation of campers through other means, for example, six feet between seats, partitions between seats, markings on floors to promote distancing, arranging seating in a way that minimizes face-to-face contact.
- Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- Staff should develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate.
- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent and disinfect in between uses.
- Limit gatherings, events and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting. For example, consider ways to maximize outside space, and the use of cafeterias and other spaces for use to permit physical distancing.
- Minimize congregate movement as much as practicable.

## MEALS

- Have campers bring their own meals as feasible, and practice physical distancing when eating or within their smaller group, instead of in a communal dining hall or cafeteria. Ensure the [safety of children with food allergies](#).
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Individuals should wash their hands after removing their gloves or after directly handling used food service items.

- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils and ensure the safety of children with food allergies.
- Plan for physical distancing during employee lunch and breaks by staggering times, providing additional break space, or other ways for staff to physical distance. Hold meetings virtually, particularly where physical distancing is a challenge, if possible.



## 5. Limit Sharing

- Keep each camper's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books and other games or learning aids as much as practicable. Where sharing occurs, clean and disinfect between uses.



## 6. Train All Staff and Families

- Train all camp staff and families in the following safety actions:
  - Enhanced sanitation practices
  - Physical distancing guidelines and their importance
  - [Proper use, removal and washing of cloth face coverings.](#)
  - Screening practices
  - COVID-19 specific [exclusion criteria](#)
- Consider conducting the training virtually, or, if in-person, ensure distancing is maintained.
- Designate a staff person (e.g., camp nurse or healthcare provider) to be responsible for responding to COVID-19 concerns. All camp staff and families should know who this person is and how to contact them.



## 7. Check for Signs and Symptoms

- Train staff, and educate campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home.
- Implement screening procedures for all staff and campers before they enter the facility.
  - Conduct visual wellness checks of all campers upon arrival and take campers' temperatures at the beginning of each day with a no-touch thermometer. If a thermometer requiring a touch-method (under the tongue or arm, forehead, etc.) is the only type available, it should only be used when a fever is strongly suspected. Only the person being screened or someone from their household should use a thermometer requiring a touch-method. Thermometers must be properly cleaned and disinfected after each use, and protective sleeves should be used.
  - Ask all individuals about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.
  - Make available and encourage use of handwashing stations or hand sanitizer.
  - Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality.
  - Exclude any child, parent, caregiver or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.
- Monitor staff and campers throughout the day for signs of illness; send home campers and staff with a fever of 100.4 degrees or higher, cough or other [COVID-19 symptoms](#). Send persons to the appropriate medical facility rather than their home when necessary.



## 8. Plan for When a Staff Member, Child or Visitor Becomes Sick

- Work with camp staff, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Any campers or staff exhibiting symptoms should immediately be required to wear a face covering and be required to wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- Establish procedures for safely transporting anyone sick to home or a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms:
  - Fever
  - Cough
  - Shortness of breath or difficulty breathing
  - Chills
  - Repeated shaking with chills
  - Fatigue
  - Muscle pain
  - Headache
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
  - New loss of taste or smell
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).

- Notify local health officials, staff, and all families immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws.
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep cleaning and disinfectant products away from children.
- Advise sick staff members and campers not to return until they have met CDC criteria to discontinue [home isolation](#), including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared.
- For areas with a large geographic distribution, consider restricting attendance to campers who live in the local geographic area and ask campers to avoid movement between camps when they are from a high transmission area.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
- Update protocols as needed to prevent further cases. See the CDPH guidelines, [Responding to COVID-19 in the Workplace](#), which are incorporated into this guidance and contain detailed recommendations for establishing a plan to identify cases, communicate with employees and other exposed persons, and conducting and assisting with contact tracing.



## 9. Maintain Healthy Operations

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- Monitor the types of illnesses and symptoms among your camp staff and campers to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Employees should know about who they are and how to contact them. The liaison should be trained to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.

- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.



## 10. Considerations for Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a camper or staff member tests positive for COVID-19 and has exposed others at the camp, implement the following steps:
  - In consultation with the local public health department, the appropriate camp official may consider if closure is warranted and length of time based on the risk level within the specific community as determined by the local public health officer.
  - Given standard guidance for isolation at home for at least 14 days after close contact, the facility or office where the patient was based will typically need to close temporarily as campers or staff isolate.
  - Additional close contacts at camp should also isolate at home.
  - Additional areas of the camp facility visited by the COVID-19 positive individual may also need to be closed temporarily for cleaning and disinfection.
  - Implement communication plans for camp closure to include outreach to campers, parents, staff and the community.
  - Maintain regular communications with the local public health department.



# Cal/OSHA COVID-19 General Checklist for Day Camps

July 17, 2020

This checklist is intended to help day camps implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Day Camps](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



## General Measures

- Establish and continue communication with local and State authorities to determine current disease levels and control measures in your community.
- Ensure external community organizations that use the facilities also follow this guidance.
- Develop a plan for the possibility of repeated closures when persons associated with the facility or in the community become ill with COVID-19.
- Establish and implement a workplace-specific COVID-19 prevention plan to protect employees that includes:
  - The person(s) responsible for implementing the plan.
  - A risk assessment and the measures that will be taken to prevent spread of the virus.
  - Use of face coverings, in accordance with the [CDPH guidance](#).
  - Training and communication with workers and worker representatives on the plan.
  - A process to check for compliance and to document and correct deficiencies.
  - A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts and infected workers.
  - Protocols for when the workplace has an outbreak, in accordance with [CDPH guidance](#).



## Promote Healthy Hygiene Practices

- Educate staff, campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or have recently had a close contact with a person with COVID-19 to stay home.
- Ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trashcans and hand sanitizers.

- Provide and ensure staff use face coverings and all required protective equipment.
- Teach and reinforce [washing hands](#), avoiding [contact with one's eyes, nose, and mouth](#), and [covering coughs and sneezes](#) among campers and staff.
- Consider portable handwashing stations throughout a site to minimize movement and congregations in bathrooms to the extent practicable.
- Consider routines enabling camp staff and campers to regularly wash their hands at staggered intervals.
- Teach and reinforce use of [face coverings](#).
- Face coverings must be used in accordance with [CDPH guidelines](#) unless a person is exempt as explained in the guidelines, Cal/OSHA standards require respiratory protection, or in limited circumstances when a face shield along with physical distancing is allowed.
- When a face covering is temporarily removed for meals, snacks, naptime, or outdoor recreation, place it in a clean paper bag marked with the student's name and date until it needs to be put on again.
- Frequently remind staff and campers not to touch the face covering and to [wash their hands](#) frequently.
- Provide information to all camp staff and campers on [proper use, removal and washing of face coverings](#).

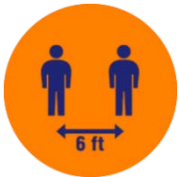


## Intensify Cleaning, Disinfection, and Ventilation

- Consider suspending or modifying use of site resources necessitating sharing or touching items, such as using personal reusable water bottles instead of shared drinking fountains.
- Staff should [clean and disinfect](#) frequently touched surfaces at camp and on all transportation vehicles, such as buses or vans, at least daily, and, as practicable, frequently throughout the day by trained custodial staff.
- Limit use of shared playground equipment.
- Limit sharing of objects and equipment such as toys, games, and art supplies. If sharing is allowed, clean and disinfect between uses.
- Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, Cal/OSHA requirements, the CDPH [asthma-safer cleaning methods](#), and as required by the Healthy Schools Act, as applicable. Avoid use of products containing peroxyacetic (peracetic) acid, sodium hypochlorite (bleach), or quaternary ammonium compounds.
- Provide proper PPE to custodial staff and other employees who clean and disinfect.
- Ensure safe and correct application of disinfectant and keep products away from campers.
- Ensure proper ventilation during cleaning and disinfecting. Introduce fresh outdoor air as much as possible. Do thorough cleaning when children are not present. When cleaning, air out the space before children arrive. If using air

conditioning, use the setting that brings in outside air. Replace and check air filters and filtration systems to ensure optimal air quality.

- ❑ If opening windows poses a safety or health risk, maximize central air filtration for HVAC systems (targeted filter rating of at least MERV 13).
- ❑ Consider upgrades to improve air filtration and ventilation.
- ❑ Ensure all water systems are safe to use to minimize risk of [Legionnaires' disease](#).
- ❑ Provide physical guides, such as tape on floors or sidewalks and signs on walls, to ensure camp staff and campers remain at least 6 feet apart at all times.
- ❑ Follow CDC's considerations for [Pools, Hot Tubs, and Water Playgrounds During COVID-19](#).



## Implementing Distancing

### ARRIVAL AND DEPARTURE

- ❑ Limit the number of persons in the camp to the number appropriate for maintaining physical distancing.
- ❑ If transport vehicles (e.g., buses) are used by the camp, drivers should practice all safety actions and protocols as indicated for other staff (e.g., hand hygiene, face coverings, and physical distancing).
- ❑ Minimize contact between camp staff, campers and families at the beginning and end of the day.
- ❑ Stagger arrival and drop off-times and locations as consistently as practicable as to minimize scheduling challenges for families.
- ❑ Designate routes for entry and exit, using as many entrances as feasible.
- ❑ Put in place other protocols to limit direct contact with others as much as practicable.
- ❑ Open windows and maximize space between campers and the driver on transport vehicles where possible.
- ❑ Consider using privacy boards or clear screens.
- ❑ Equip transport vehicles with extra unused face coverings for students who may have failed to bring one.

### RECREATIONAL SPACE

- ❑ Campers should remain in the same space and in groups as small and consistent as practicable. Keep the same campers and staff with each group and include campers from the same family in the same group, to the greatest extent practicable.
- ❑ Maximize space (minimum 6-foot separation) between seating, desks, and bedding, arrange seating to minimize face-to-face contact, and use physical partitions where needed.
- ❑ Consider redesigning activities for smaller groups and rearranging furniture and play spaces to maintain separation.
- ❑ Develop instructions for maximizing spacing and ways to minimize movement in both indoor and outdoor spaces that are easy for children to understand and are developmentally appropriate.

- Restrict nonessential visitors, volunteers, and activities involving other groups at the same time.
- Restrict communal activities where practicable. If this is not practicable, stagger use, properly space occupants, keep groups as small and consistent and disinfect in between uses.
- Limit gatherings, events and extracurricular activities to those that can maintain physical distancing and support proper hand hygiene.
- Use alternative spaces as needed, including regular use of outdoor space, weather permitting.
- Minimize congregate movement as much as practicable.

### MEALS

- Have campers bring their own meals as feasible, and practice physical distancing when eating or within their smaller group, instead of in a communal dining hall or cafeteria. Ensure the [safety of children with food allergies](#).
- Use disposable food service items (e.g., utensils and plates). If disposable items are not feasible, ensure that all non-disposable food service items are handled with gloves and washed with dish soap and hot water or in a dishwasher. Wash hands after removing gloves or after directly handling used food service items.
- If food is offered at any event, have pre-packaged boxes or bags for each attendee instead of a buffet or family-style meal. Avoid sharing of foods and utensils and ensure the safety of children with food allergies.
- Stagger employee breaks and lunch times, provide additional break space, and create other ways for staff to physically distance. Adjust any staff meetings and interviews to ensure physical distancing or hold them over the phone, via webinar, or outdoors.



## Limit Sharing

- Keep each camper's belongings separated and in individually labeled storage containers, cubbies or areas. Ensure belongings are taken home each day to be cleaned and disinfected.
- Ensure adequate supplies to minimize sharing of high-touch materials (art supplies, equipment, etc.) to the extent practicable or limit use of supplies and equipment to one group of children at a time and clean and disinfect between uses.
- Avoid sharing electronic devices, clothing, toys, books, and other games or learning aids as much as practicable. If sharing occurs, clean and disinfect between uses.



## Train All Staff and Families

- Train all camp staff and families in enhanced sanitation practices, physical distancing guidelines and their importance, [proper use, removal, and washing of cloth face coverings](#), screening practices, and COVID-19 specific [exclusion criteria](#).
- Consider conducting the training virtually, or, if in-person, ensure distancing is maintained.

- Designate a staff person (e.g., camp nurse or healthcare provider) to be responsible for responding to COVID-19 concerns. Teach all camp staff and families who this person is and how to contact them.



## Check for Signs and Symptoms

- Train staff, and educate campers and their families about when they should stay home and when they can return to camp. Actively encourage staff and campers who are sick or who have recently had [close contact](#) with a person with COVID-19 to stay home.
- Symptom screenings and/or temperature checks for all staff and campers before they enter the facility.
- Conduct visual wellness checks of all children upon arrival.
- Take temperatures with a no-touch thermometer. If a thermometer requiring a touch method is the only type available, only use it when a fever is strongly suspected. Properly clean and disinfect thermometers after each use, and use protective sleeves.
- Ask all individuals about [COVID-19 symptoms](#) within the last 24 hours and whether anyone in their home has had COVID-19 symptoms or a positive test.
- Make available and encourage use of handwashing stations or hand sanitizer.
- Document/track incidents of possible exposure and notify local health officials, staff and families immediately of any positive case of COVID-19 while maintaining confidentiality.
- Exclude any child, parent, caregiver or staff showing symptoms of COVID-19. Staff should discuss with parent/caregiver and refer to the child's health history form and/or emergency card to identify if the child has a history of allergies, which would not be a reason to exclude.
- Monitor staff and campers throughout the day for signs of illness; send home campers and staff with a fever of 100.4 degrees or higher, cough or other [COVID-19 symptoms](#). Send persons to the appropriate medical facility rather than their home when necessary.



## Plan for When a Staff Member, Child, or Visitor Becomes Sick

- Work with camp staff, nurses and other healthcare providers to identify an isolation room or area to separate anyone who exhibits symptoms of COVID-19.
- Immediately require any campers or staff exhibiting symptoms to wear a face covering and wait in an isolation area until they can be transported home or to a healthcare facility, as soon as practicable.
- Establish procedures for safely transporting anyone sick to home or a healthcare facility, as appropriate, when an individual is exhibiting COVID-19 symptoms.
- For serious injury or illness, call 9-1-1 without delay. Seek medical attention if COVID-19 symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).

- Notify local health officials, staff, and all families immediately of any positive case of COVID-19 while maintaining confidentiality as required by state and federal laws.
- Close off areas used by any sick person and do not use before cleaning and disinfection. To reduce risk of exposure, wait 24 hours before you [clean and disinfect](#). If it is not possible to wait 24 hours, wait as long as practicable. Ensure a [safe and correct application](#) of disinfectants using personal protective equipment and ventilation recommended for cleaning. Keep cleaning and disinfectant products away from children.
- Advise sick staff members and campers not to return until they have met CDC criteria to discontinue [home isolation](#), including 3 days with no fever, symptoms have improved and 10 days since symptoms first appeared.
- For areas with a large geographic distribution, consider restricting attendance to campers who live in the local geographic area and ask campers to avoid movement between camps when they are from a high transmission area.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Investigate the COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update protocols as needed to prevent further cases.
- Update protocols as needed to prevent further cases. See the CDPH guidelines, [Responding to COVID-19 in the Workplace](#).



## Maintain Healthy Operations

- Monitor staff absenteeism and have a roster of trained back-up staff where available.
- Monitor the types of illnesses and symptoms among your camp staff and campers to help isolate them promptly.
- Designate a staff liaison or liaisons to be responsible for responding to COVID-19 concerns. Train employees on who they are and how to contact them. Train the liaison to coordinate the documentation and tracking of possible exposure, in order to notify local health officials, staff and families in a prompt and responsible manner.
- Maintain communication systems that allow staff and families to self-report symptoms and receive prompt notifications of exposures and closures, while maintaining confidentiality.



## Considerations for Partial or Total Closures

- Check State and local orders and health department notices daily about transmission in the area or closures and adjust operations accordingly.
- When a camper or staff member tests positive for COVID-19 and has exposed others at the camp, consider closing the camp or areas of the camp for cleaning and disinfection, have close contacts isolate at home, implement communication plans for camp closure to include outreach to campers, parents,

staff, and the community, and maintain regular communications with the local public health department.



# Exhibit L



# COVID-19 INDUSTRY GUIDANCE: Energy and Utilities

July 29, 2020

[covid19.ca.gov](https://covid19.ca.gov)



# OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact or in a poorly ventilated area with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include hospitals, long-term care facilities, prisons, food production, warehouses, meat processing plants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by workers (where respiratory protection is not required) and customers/clients,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training workers on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

# PURPOSE

This document provides guidance for the energy and utilities industry to support a safe, clean environment for workers.

**NOTE:** Employers engaged in construction of energy and utilities infrastructure should also refer to the guidelines for construction employers available on the [COVID-19 Resilience Roadmap website](#).

The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related

regulatory requirements such as those of Cal/OSHA.<sup>1</sup> Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more comprehensive guidance on their [Cal/OSHA General Guidelines on Protecting Workers from COVID-19 webpage](#). CDC has additional guidance [for businesses and employers](#).

## Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure.

People in California must wear face coverings when they are engaged in work, whether at the workplace or performing work off-site, when:

- Interacting in-person with any member of the public;
- Working in any space visited by members of the public, regardless of whether anyone from the public is present at the time;
- Working in any space where food is prepared or packaged for sale or distribution to others;
- Working in or walking through common areas, such as hallways, stairways, elevators, and parking facilities;
- In any room or enclosed area where other people (except for members of the person's own household or residence) are present when unable to physically distance;
- Driving or operating any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle when passengers are present. When no passengers are present, face coverings are strongly recommended.

Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#). Face coverings are strongly encouraged in other circumstances, and employers can implement additional face covering requirements in fulfilling their obligation to provide workers with a safe and healthful workplace. Employers must provide face coverings to workers or reimburse workers for the reasonable cost of obtaining them.

Employers should develop an accommodation policy for any worker who meets one of the exemptions from wearing a face covering. If a worker who would otherwise be required to wear a face covering because of frequent contact with others cannot wear one due to a medical condition, they should be provided with a non-restrictive alternative, such as a face shield with a drape attached to the bottom edge, if feasible, and if the medical condition permits it.

Businesses that are open to the public should be cognizant of the exemptions to wearing face coverings in the [CDPH Face Covering Guidance](#) and may not exclude any member of the public for not wearing a face covering if that person is complying with the [guidance](#). Businesses will need to develop policies for handling these exemptions among customers, clients, visitors, and workers.



## Worksite Specific Plan

- Establish a written, workplace-specific COVID-19 prevention plan at every location, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each establishment to implement the plan.
- Incorporate the [CDPH Face Covering Guidance](#) into the Workplace Specific Plan and include a policy for handling exemptions.
- Identify contact information for the local health department where the operation is located for communicating information about COVID-19 outbreaks among workers or customers.
- Train and communicate with workers and worker representatives on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the establishment for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#).
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker and take steps to isolate COVID-19 positive worker(s) and close contacts.
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



## Strategic Operation Plan

- Identify whether decisions to increase/suspend/reduce operations at key accounts will impact load balancing.
- Determine whether the organization has identified facilities critical to the operation of the energy grid and has made accommodations for sequestering at those facilities (on-site food/water/hygiene/medical, family services, personal protective equipment, etc.).
- Develop a plan and process to prioritize work in areas involving exposure to hazardous substances, including prioritization of work orders and

requests and response times for leaks.

- Implement or expand programs that provide utility assistance such as the low-income home energy assistance program or similar methods that provide financial assistance for home air conditioner use.



## Topics for Worker Training

- Information on [COVID-19](#), how to prevent it from spreading, and which underlying health conditions may make individuals more susceptible to contracting the virus.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work:
  - If a worker has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR
  - If a worker was diagnosed with COVID-19 and has not yet been released from isolation, OR
  - If, within the past 14 days, a worker has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e. still on isolation).
- To return to work after a worker receives a COVID-19 diagnosis only if 10 days have passed since symptoms first appeared, their symptoms have improved, and the worker has had no fevers (without the use of fever reducing medications) for the last 72 hours. A worker without symptoms who was diagnosed with COVID-19 can return to work only if 10 days have passed since the date of the first positive COVID-19 test.
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).
- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) when workers cannot get to a sink or handwashing station, per [CDC guidelines](#)).
- The importance of physical distancing, both at work and off work time

(see Physical Distancing section below).

- Proper use of face coverings, including:
  - Face coverings do not protect the wearer and are not personal protective equipment (PPE).
  - Face coverings can help protect people near the wearer, but do not replace the need for physical distancing and frequent handwashing.
  - Face coverings must cover the nose and mouth.
  - Workers should wash or sanitize hands before and after using or adjusting face coverings.
  - Avoid touching the eyes, nose, and mouth.
  - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the employer's policies on how people who are exempted from wearing a face covering will be handled.
- Ensure any independent contractors, temporary, or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary supplies and PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and workers' compensation for COVID-19](#), including workers' sick leave rights under the [Families First Coronavirus Response Act](#) and workers' rights to workers' compensation benefits and presumption of the work-relatedness of COVID-19 pursuant to the Governor's [Executive Order N-62-20](#) while that Order is in effect.



## Individual Control Measures and Screening

- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any personnel entering the facility. Non-workers entering the facility should be restricted to only those classified as essential by management and they must complete a temperature and/or symptom screening before entering. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Worker Training section above.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers must provide and ensure workers use all required protective equipment, including eye protection and gloves where necessary.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items.
- Provide the necessary equipment and accommodations for line crews that may need to respond to grid disruption, including all required safety equipment for crews operating in areas with high numbers of infections.
- Conduct daily safety briefings prior to field workers going on service calls and develop internal communications that can be regularly updated on the use of PPE and other mitigation requirements.



## Cleaning and Disinfecting Protocols

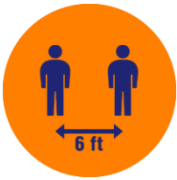
- Perform thorough cleaning in high traffic areas, such as break rooms, lunch areas, and changing areas, and areas of ingress and egress, including stairways and stairwells, handrails, and elevator controls. Frequently disinfect commonly used surfaces, including doorknobs, toilets, and handwashing facilities.
- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, handles and latches, and controls on stationary, hand-held, and

mobile equipment (including surfaces in the cabs of vehicles, two-way radios, gas detectors, electricity meters, and controls in aerial lift buckets).

- Avoid sharing phones, handheld mobile communications, office supplies, other work tools, or equipment wherever possible. Individually-assigned peripheral equipment (keyboards, handsets, headsets, chairs, etc.) should be provided wherever possible. Never share PPE.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed. Provide additional sanitary facilities if several workers need to take use the restroom at the same time, e.g., during scheduled breaks.
- To minimize the risk of [Legionnaires' disease](#) and other diseases associated with water, [take steps](#) to ensure that all water systems and features are safe to use after a prolonged facility shutdown.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the worker's job duties.
- When choosing disinfecting chemicals, employers should use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the chemical hazards, manufacturer's directions, ventilation requirements, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants should wear gloves and other protective equipment as required by the product instructions. Follow the [asthma-safer cleaning methods](#) recommended by the California Department of Public Health and ensure proper ventilation.
- For those field technicians using such equipment, require that hard hats and face shields be sanitized at the end of each shift. Clean the inside of the face shield, then the outside, then wash hands. Provide hand sanitizer to all field staff.
- Where possible, do not clean floors by sweeping or other methods that can disperse pathogens into the air. Use a vacuum with a HEPA filter wherever possible.
- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and

ventilation in offices and other spaces.

- Modify offerings in on-site cafeterias, including using prepackaged foods, and safe options for drink, condiment, and flatware dispensing.



## Physical Distancing Guidelines

- Implement measures to ensure physical distancing of at least six feet between workers. These can include use of physical partitions or visual cues (e.g., floor markings or signs to indicate where workers should stand).
- Develop a process workflow with questions and talking points for workers to use at the customer's door to identify suspected COVID-19 concerns. The workflow will give workers the flexibility to gauge the situation when the response requires entering a home/building.
- Contact customers before visits to confirm appointments and check if there are infected people on premises; check again when workers are at the door. Request customers use face coverings during the visit and maintain safe distancing of at least six feet from workers.
- Consider offering workers who request modified duties options that minimize their contact with customers and other workers (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework).
- Allow field personnel to call a "safety stop" when they are reluctant to enter a dwelling or other building. A field worker should call a supervisor and discuss what work is essential to complete immediately and proper precautions to take.
- Limit exposure for field technicians and personnel by implementing remote diagnostics and self-install/repair strategies, e.g., support through video calls and instruction videos, wherever possible.
- Adjust safety meetings to ensure physical distance and implement smaller safety meetings at facilities to maintain physical distancing guidelines.
- Transition all meetings and interviews to phone or virtual platforms or hold outside or in a space allowing for at least six feet of physical distance between workers.
- Utilize work practices, when feasible, to limit the number of workers on-site at one time. This may include scheduling (e.g., staggering shift start/end times) or rotating access to a designated area during a shift.

Stage facilities to stagger work and limit overlap of work crews. Place additional limitations on the number of workers in enclosed areas to ensure at least six feet of separation to limit transmission of the virus.

- Where physical distancing cannot be maintained, crews responding to outages or other service calls should drive separate vehicles if feasible. If not feasible, require that workers keep the cab well ventilated and do not reassign or comingle crew members.
- Stagger worker breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Close breakrooms, use barriers, or increase distance between tables/chairs to separate workers and discourage congregating during breaks. Where possible, create outdoor break areas with shade covers and seating that ensures physical distancing.
- Designate separate entrances and exits and post signage to this effect.
- Reassign lockers or limit or stagger locker use to increase distance between workers.
- Information and communications technology resources should be appropriate to accommodate increased use of remote work arrangements consistent with business continuity plans, without compromising security. Consider conducting planned stress tests for these arrangements.
- For field workers operating in a restricted area or containment zone, organizations should consider:
  - Offering alternate lodging, such as mobile homes and RVs equipped with washer/dryers, showers, and kitchens.
  - Dividing workers into small teams and keeping those teams separated with assigned vehicles and different base camp/staging area locations. Consider rental options to keep the number of workers in a single vehicle low.
  - Instituting triple wellness checks with mandatory temperature and/or symptom screenings at arrival, at mid-shift, and when going off-duty, with a health survey.



## Additional Considerations for Protecting Control Centers

- Identify essential workers to develop effective strategies for mitigating their risk of infection. Develop a plan if they need to be removed from the workforce.
- Crews on shift work schedules should be segregated. System operators should be split (days/nights or split individual shifts) between primary and backup control centers. Operating night shifts and day shifts in different locations will provide a 12-hour window between occupation to allow for enhanced cleaning.
- Outside visitors should not be allowed in control centers (e.g., no tours or non-essential personnel from the same organization).
- Consider which, if any, personnel can perform their jobs in spaces adjacent to an existing control room.
- In any scenario where a shift of control center personnel is not in the same room, the lines of communication between workers should remain open, clear, and easily accessible.
- Workstations should allow for at least six feet of space between workers. Take into account room design and other physical space limitations, including the placement of wiring that may restrict options for where workstations can be located. Physical barriers between workers can be used for additional protection when six feet of distance is not possible.
- Contractors/vendors should be screened with a health questionnaire and/or temperature check before being allowed onsite for deliveries, repairs, etc. Access should be limited to critical activities only.
- Consider control room functions that can be performed remotely, like monitoring or data analytics.
- Control center support staff (engineering, transmission scheduling, compliance, etc.) should be allowed to work remotely (e.g., VPN) to the extent permissible.
- Logistics plans for housing operators onsite, including bedding, hygiene facilities, entertainment, and food accommodations, should be developed.

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<sup>1</sup>Additional requirements must be considered for vulnerable populations. The energy and utilities industry must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers should be prepared to alter their operations as those guidelines change.



# COVID-19 General Checklist for Energy and Utilities Employers

July 2, 2020

This checklist is intended to help energy and utilities employers implement their plan to prevent the spread of COVID-19 in the workplace and is supplemental to the [Guidance for Energy and Utilities Employers](#). This checklist is a summary and contains shorthand for some parts of the guidance; familiarize yourself with the guidance before using this checklist.



## Contents of Written Workplace Specific Plan

- The person(s) responsible for implementing the plan.
- A risk assessment and the measures that will be taken to prevent spread of the virus.
- Use of face coverings, in accordance with the [CDPH guidance](#).
- Training and communication with workers and worker representatives on the plan.
- A process to check for compliance and to document and correct deficiencies.
- A process to investigate COVID-cases, alert the local health department, and identify and isolate close workplace contacts and infected workers.
- Update the plan as necessary to prevent further cases.
- Protocols for when the workplace has an outbreak, in accordance with [CDPH guidance](#).
- Employers engaged in construction of energy and utilities infrastructure should also refer to the directions for construction employers.
- Incorporate COVID-19 precautions into emergency planning for mass outages, fires, etc. (see detailed guidance).



## Topics for Worker Training

- Information on [COVID-19](#), preventing spread, and who is especially vulnerable.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work if workers have a cough, fever, difficulty breathing, chills, muscle pain, headache, sore throat, recent loss of taste or smell, congestion or runny nose, nausea or vomiting, or diarrhea, or if they or someone they had contact with has been diagnosed with COVID-19.
- To return to work after a COVID-19 diagnosis only after 10 days since symptom onset and 72 hours of no fever.

- When to seek medical attention.
- The importance of hand washing.
- The importance of physical distancing, both at work and off work time.
- Proper use of cloth face covers, including information in the [CDPH guidance](#).
- Information on leave benefits, including the [Families First Coronavirus Response Act](#) and workers' compensation benefits under the Governor's [Executive Order N-62-20](#) while that Order is in effect.
- Train any independent contractors, temporary, or contract workers in these policies and ensure they have necessary PPE.



## Individual Control Measures & Screening

- Symptom screenings and/or temperature checks.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Provide and ensure workers use all necessary PPE.
- Encourage frequent handwashing and use of hand sanitizer.
- Provide disposable gloves to workers as a supplement to frequent hand washing for tasks such as handling commonly touched items or conducting symptom screening.
- Provide the necessary equipment and accommodations for line crews that may need to respond to grid disruption.
- Conduct daily safety briefings prior to field workers going on service calls.



## Cleaning and Disinfecting Protocols

- Perform thorough cleaning in high traffic areas.
- Frequently disinfect commonly used surfaces.
- Clean and sanitize shared equipment between each use.
- Clean touchable surfaces between shifts or between users, whichever is more frequent.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer.
- Ensure all water systems and features are safe to use after a prolonged facility shutdown.
- Use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and train workers on chemical hazards, product instructions, ventilation requirements, and Cal/OSHA requirements. Follow CDPH [asthma-safer cleaning methods](#).
- Provide time for workers to implement cleaning practices during their shifts.
- Clean and sanitize personal equipment at the end of each shift. Provide hand sanitizer to all field staff.
- Clean floors using a vacuum with HEPA filter or other methods that do not disperse pathogens into the air.

- Consider upgrades to improve air filtration and ventilation.
- Modify offerings in on-site cafeterias, including using prepackaged foods and flatware.



## Physical Distancing Guidelines

- Implement measures to physically separate workers by at least six feet using measures such as physical partitions or visual cues (e.g., floor markings, colored tape, or signs to indicate to where workers should stand).
- Develop a process workflow for employees to use to identify suspected COVID-19 concerns during customer calls.
- Contact customers before visits to confirm appointments and check if there are infected people on premises.
- Allow field personnel to call a "safety stop" when they are reluctant to enter a dwelling or other building.
- Limit exposure for field technicians and personnel by implementing remote diagnostics and self-install/repair strategies wherever possible.
- Adjust in-person meetings, if they are necessary, to ensure physical distancing.
- Hold meetings and interviews by phone or virtual platforms.
- Limit the number of workers on-site at one time.
- Have field crews drive separate vehicles if feasible. Otherwise, keep the cab well ventilated and do not reassign or comingle crew members.
- Stagger worker breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols. Close or limit access to breakrooms, use barriers, or spread out tables/chairs. Where possible, create outdoor break areas with shade and seating arrangements that ensure physical distancing.
- Post signage to designate separate entrances and exits.
- Reassign lockers or limit or stagger locker use.
- For field workers operating in a restricted area or containment zone, organizations should consider:
  - Offering alternate lodging, such as mobile homes and RVs equipped with washer/dryers, showers, and kitchens.
  - Dividing workers into small teams that do not comingle.
  - Instituting triple wellness checks with mandatory temperature and/or symptom screenings at arrival, at mid-shift, and when going off-duty, with a health survey.

# Additional Considerations for Protecting Control Centers

- Identify essential workers to develop effective strategies for mitigating their risk of infection. Develop a plan if they need to be removed from the workforce.
- Segregate crews to limit cross-contamination.
- Limit outside visitors.
- Consider which, if any, personnel can perform their jobs in spaces adjacent to an existing control room.
- Where a shift of control center personnel is not in the same room, maintain open lines of communication.
- Workstations should allow for at least six feet of space between workers. Physical barriers between employees can be used for additional protection when six feet of distance is not possible.
- Contractors/vendors should be screened with a health questionnaire and/or temperature check. Access should be limited to critical activities only.
- Consider control room functions that can be performed remotely, like monitoring or data analytics.
- Control center support staff should be allowed to work remotely to the extent permissible.
- Logistics plans for housing operators onsite, including bedding, hygiene facilities, entertainment, and food accommodations, should be developed.



# Exhibit M



# COVID-19 INTERIM GUIDANCE: Youth Sports

Release date: **August 3, 2020**

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*All guidance should be implemented only with local health officer approval following their review of local epidemiological data including cases per 100,000 population rate*



Consistent with the July 20, 2020 [announcement](#) of the California Interscholastic Federation, this document provides guidance for all youth sports programs—including school-based, club, and recreational programs—to support a safe environment for players, coaches and trainers, families, spectators, event/program/facility managers, workers, and volunteers. For further guidance related to school settings, please see this [updated guidance for schools and school-based programs](#).

**NOTE:** The risk of transmitting the COVID-19 virus depends on several factors germane to sports, including:

- Number of people in a location
- Type of location (indoor versus outdoor)
- Distance between people
- Length of time at a location
- Physical contact between people
- Touching of shared objects
- Use of face coverings
- Mixing of people from locations with different levels of community transmission

As general guidance, smaller groups are safer than larger; outdoor locations are safer than indoor; sports that can ensure distance of six feet or more are safer than close contact; and shorter duration is safer than longer. Leagues, coaches, parents, and athletes need to consider all these factors as they plan to return to play.

- Outdoor and indoor sporting events, assemblies, and other activities that require close contact or that would promote congregating are not permitted at this time. For example, tournaments, events, or competitions, regardless of whether teams are from the same school or from different schools, counties, or states are not permitted at this time.
- Youth sports and physical education are permitted only when the following can be maintained: (1) physical distancing of at least six feet; and (2) a stable cohort, such as a class, that limits the risks of transmission (see [CDC Guidance on Schools and Cohorting](#)). Activities should take place outside to the maximum extent practicable.
- For sports that cannot be conducted with sufficient distancing or cohorting, only physical conditioning and training is permitted and ONLY where physical distancing can be maintained. Conditioning and training should focus on individual skill-building (e.g., running drills and body weight resistance training) and should take place outside, where practicable. Indoor physical conditioning and training is allowed only in counties where gyms and fitness centers are allowed to operate indoors.

- Avoid equipment sharing, and if unavoidable, clean and disinfect shared equipment between use by different people to reduce the risk of COVID-19 spread.
- Consistent with guidance for gyms and fitness facilities, cloth face coverings must be worn during indoor physical conditioning and training or physical education classes (except when showering). Activities that require heavy exertion should be conducted outside in a physically distanced manner without face coverings. Activities conducted inside should be those that do not require heavy exertion and can be done with a face covering. Players should take a break from exercise if any difficulty in breathing is noted and should change their mask or face covering if it becomes wet and sticks to the player's face and obstructs breathing. Masks that restrict airflow under heavy exertion (such as N-95 masks) are not advised for exercise.
- Youth sports programs and schools should provide information to parents or guardians regarding this and related guidance, along with the safety measures that will be in place in these settings with which parents or guardians must comply.



# Exhibit N



## Best Practices for Curbside Library Services

- The library building must remain physically closed to the public, but Curbside Library Services may begin delivering requested materials to patrons either via curbside service.
- Library Personnel must wear masks as required by the Health Officer Order on Face Coverings, gloves, and strictly comply with all Social Distancing Requirements when inside the library preparing materials for mailing or pickup.
- Materials will be provided to patrons in one or more enclosed single use bags at designated times or by appointment. Library items may not be handled or touched during curbside transactions.
- Personnel and patrons will maintain at least 6 feet social distancing with no physical contact. Social distancing will be enforced using signs and markings on the sidewalk.
- Curbside pick-up/return access points shall be clearly designated and marked and meet the criteria established by the local jurisdiction to do so.
- Library items may not be displayed on the sidewalk or outside of the building.
- Personnel will clean book drop handles regularly throughout the day and encourage patrons through signage to be diligent about handwashing after opening book drops.
- Patrons will be directed to place curbside returns in bins; these bins shall then be moved inside the library and quarantined for 96 hours.
- Any materials returned at curbside or through the mail will be deposited in designated return areas by patrons or Personnel, then quarantined for 96 hours. Quarantine length may be adjusted based on changes to industry standards and/or pending results from studies from the Institute on Museum and Library Services (IMLS) and the library professional community.
- Materials will be checked in by library staff using appropriate PPE and in compliance with all Social Distancing Requirements.
- Quarantined materials will be placed on tables, dated, and stored.
- Quarantined materials will be organized by date, preferably in open air.
- Materials returned on the same day will be kept together on carts, tables, etc., with a date label attached
- No materials shall leave the library prior to the end of the 96-hour quarantine period.
- Sorting of combined material bins will be handled at San Mateo County Library headquarters.
- No materials will be moved between libraries unless they have been quarantined for a minimum of 96 hours.

For additional information, please contact the Library at (650) 616-7078

# Exhibit O



**ORDER No. c19-11 OF THE HEALTH OFFICER  
OF THE COUNTY OF SAN MATEO DIRECTING  
ALL INDIVIDUALS IN THE COUNTY TO LIMIT GATHERINGS TO NOT EXCEED  
50 PEOPLE, ALLOW SOCIAL BUBBLES, ADHERE TO SOCIAL DISTANCING  
REQUIREMENTS, FACE COVERING REQUIREMENTS, AND REQUIRING  
BUSINESSES TO IMPLEMENT A SOCIAL DISTANCING PROTOCOL AND  
WRITTEN HEALTH AND SAFETY PLANS**

**DATE OF ORDER: June 17, 2020**

**Please read this Order carefully. Violation of or failure to comply with this Order is a misdemeanor punishable by fine, imprisonment, or both. (California Health and Safety Code § 120295, *et seq.*; Cal. Penal Code §§ 69, 148(a)(1))**

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101085, AND 120175, THE HEALTH OFFICER OF THE COUNTY OF SAN MATEO (“HEALTH OFFICER”) ORDERS:

1. **Introduction.** On June 12, 2020, after having addressed the criteria listed in the COVID-19 County Variance Attestation form as set forth by the California Department of Public Health (“CDPH”), the County of San Mateo (the “County”) submitted a written attestation to CDPH that the County has addressed the readiness criteria in order to qualify for a variance. On June 16, 2020, CDPH approved the County’s submission. Because the County has a variance, as of the effective date and time of this Order set forth in Section 15 below, the County can continue the gradual re-opening to match the maximum allowed by the State’s Resilience Roadmap. This Order is intended to fully harmonize the County with the State as to the activities and businesses allowed. If an activity or business is allowed under the March 19, 2020 Order of the State Public Health Officer (the “State Shelter Order”) as subsequently interpreted or modified by the State, the intention is that it is allowed under this Order. Further, as the State continues to allow additional activities and businesses in variance counties, it is the intention that those activities and businesses will automatically be allowed in San Mateo County. However, this Order provides for certain additional behavioral restrictions to ensure continued social distancing and limit person-to-person contact to reduce the rate of transmission of Novel Coronavirus Disease 2019 (“COVID-19”). Specifically, this Order requires the continued practice of Social Distancing and Face Covering Requirements as described in Section 13.d and Section 13.e, a prohibition on gatherings that exceed 50 people as set forth in Section 12, the allowance of Social Bubbles as set forth in Section 13.f, and the requirement that businesses must implement and produce a Social Distancing Protocol as described in Section 13.b and a written health and safety plan compliant with State guidance and described in Section 13.c.



2. **Rescindment of Shelter in Place Order.** This Order rescinds the June 4, 2020 Order of the Health Officer No. c19-5f (and all Appendices to the Shelter in Place Order issued June 4, 2020) directing all individuals to shelter in place (“Shelter in Place Order”) and the May 19, 2020 Order of the Health Officer No. c19-8b (the “Face Covering Order”). However, this Order incorporates the Face Covering Order for continued adherence of Face Covering Requirements as described in Section 13.e.
3. **Reasoning.** This Order is issued based on evidence of continued significant community transmission of COVID-19 within the County and throughout the Bay Area; continued uncertainty regarding the degree of undetected asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that the age, condition, and health of a significant portion of the population of the County places it at risk for serious health complications, including death, from COVID-19; and further evidence that others, including younger and otherwise healthy people, are also at risk for serious outcomes. Due to the outbreak of the COVID-19 disease in the general public, which is now a pandemic according to the World Health Organization, there is a public health emergency throughout the County. Making the problem worse, some individuals who contract the virus causing the COVID-19 disease have no symptoms or have mild symptoms, which means they may not be aware they carry the virus and are transmitting it to others. Further, evidence shows that the virus can survive for hours to days on surfaces and be indirectly transmitted between individuals. Because even people without symptoms can transmit the infection, and because evidence shows the infection is easily spread, gatherings and other direct or indirect interpersonal interactions can result in preventable transmission of the virus.
4. **Health Officer Will Continue to Monitor.** As further provided in Section 6 below, the Health Officer will continue to monitor the risks of the activities and businesses allowed under this Order based on the COVID-19 Indicators (as defined in Section 6) and other data, and may, if conditions support doing so, adjust the Order. The contents of this Order will be assessed on an ongoing basis and it may need to be modified if the risk associated with COVID-19 increases in the future.
5. **Cases Within the County and Surrounding Bay Area.** The collective efforts taken to date regarding this public health emergency have slowed the virus’ trajectory, but the emergency and the attendant risk to public health remain significant. As of June 17, 2020, there are 2,653 confirmed cases of COVID-19 in the County (up from 44 on March 15, 2020, just before the first shelter-in-place order) as well as at least 16,168 confirmed cases (up from 2,092 confirmed cases on March 15, 2020) and at least 476 deaths (up from 51 deaths on March 15, 2020) in the seven Bay Area jurisdictions that first issued the Shelter in Place Order on March 16, 2020. The cumulative number of confirmed cases continues to increase, though the rate of increase has slowed in the weeks leading up to this Order. Evidence suggests that the restrictions on mobility and Social Distancing Requirements imposed by the Shelter in Place Order (and the orders that preceded it) are slowing the rate of increase in community transmission and confirmed cases by limiting interactions among people, consistent with scientific evidence of the efficacy of similar measures in other parts of the country and world.
6. **COVID-19 Indicators.** The Health Officer is monitoring several key indicators (“COVID-19 Indicators”), which are among the many factors informing the decision whether to modify existing



health officer orders. Progress on some of these COVID-19 Indicators—specifically related to hospital utilization and capacity makes it appropriate, at this time, to allow for increased activity. But the continued prevalence of the virus that causes COVID-19 requires activities and business functions to remain restricted, and those activities that are allowed by the State of California to occur must do so subject to social distancing and other infection control practices identified by the Health Officer or the State. Evaluation of the COVID-19 Indicators will be critical to determinations by the Health Officer regarding whether to maintain the Order or if the restrictions imposed by this Order will be further modified. The Health Officer will continually review whether modifications to the Order and others are warranted based on (1) progress on the COVID-19 Indicators; (2) developments in epidemiological and diagnostic methods for tracing, diagnosing, treating, or testing for COVID-19; and (3) scientific understanding of the transmission dynamics and clinical impact of COVID-19. The COVID-19 Indicators include, but are not limited to, the following:

- a. The capacity of hospitals and the health system in the County and region, including acute care beds and intensive care unit beds, to provide care for COVID-19 patients and other patients, including during a surge in COVID-19 cases.
- b. The supply of personal protective equipment (“PPE”) available for hospital staff and other healthcare providers and personnel who need PPE to safely respond to and treat COVID-19 patients.
- c. The ability and capacity to quickly and accurately test persons to determine whether they are COVID-19 positive, especially those in vulnerable populations or high-risk settings or occupations.
- d. The ability to conduct case investigation and contact tracing for the volume of cases and associated contacts that will continue to occur, isolating confirmed cases and quarantining persons who have had contact with confirmed cases.

7. **Incorporation of County Orders.** This Order is issued in accordance with, and incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom, the March 3, 2020 Proclamation by the Director of Emergency Services Declaring the Existence of a Local Emergency in the County, the March 3, 2020 Declaration of Local Health Emergency Regarding Novel Coronavirus 2019 (COVID-19) issued by the Health Officer, the March 10, 2020 Resolution of the Board of Supervisors of the County of San Mateo Ratifying and Extending the Declaration of a Local Health Emergency, the April 7, 2020, Board of Supervisors’ Resolution Further Extending the Proclamation of Local Health Emergency Until the County Takes Action to Terminate the Local Emergency, the June 15, 2020 Order of the Health Officer No. c19-1c extending and revising the Order restricting visitors to skilled nursing facilities to all residential type facilities, the March 24, 2020 Order of the Health Officer No. c19-4 directing all laboratories conducting COVID-19 diagnostic tests to report COVID-19 test information, the May 14, 2020 Orders of the Health Officer Nos. c19-6b and c19-7b requiring isolation for COVID-19 positive individuals and quarantine of Close Contacts of COVID-19 positive individuals, the Vehicle-Based Gathering Order issued May 11, 2020 Health Officer Order



No. c19-9; and the May 13, 2020 Order of the Health Officer No. c19-10 directing clinical laboratories to accept assignments for diagnostic tests from Optum Serve and Logistics Health Inc.

8. **Incorporation of State Orders.** This Order is also issued in light of State Shelter Order, which set baseline statewide restrictions on non-residential business activities and personal activities, effective until further notice, and the Governor's March 19, 2020 Executive Order N-33-20 directing California residents to follow the State Shelter Order. The May 4, 2020 Executive Order issued by Governor Newsom and May 7, 2020 Order of the State Public Health Officer permit certain businesses to reopen if a local health officer believes the conditions in that jurisdictions warrant it, but expressly acknowledge the authority of local health officers to establish and implement public health measures within their respective jurisdictions that are more restrictive than those implemented by the State Public Health Officer as well as subsequent modifications to orders. This Order may adopt in certain respects more stringent restrictions addressing the particular facts and circumstances in this County, which are necessary to control the public health emergency as it is evolving within the County and the Bay Area. Without this tailored set of restrictions that further reduces the number of interactions between persons, scientific evidence indicates that the public health crisis in the County will worsen to the point at which it may overtake available health care resources within the County and increase the death rate. Also, this Order sets forth mandatory Social Distancing and Face Covering Requirements for all individuals in the County when engaged in activities outside their residences; and adds a mechanism to ensure that all businesses with facilities that are allowed to operate comply with the Social Distancing Requirements and prepare, post, implement, and distribute to their personnel a plan that is compliant with State guidance. Where a conflict exists between this Order and any state public health order related to the COVID-19 pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080 and the Health Officer Practice Guide for Communicable Disease Control in California, except where the State Health Officer may issue an order expressly directed at this Order and based on a finding that a provision of this Order constitutes a menace to public health, any more restrictive measures in this Order continue to apply and control in this County.
9. **Applicability.** All individuals, businesses and other entities in the County are ordered to comply with this Order. For clarity, individuals who do not currently reside in the County must comply with all applicable requirements of the Order when in the County. Schools may take measures, to the extent practicable, within the scope and intent of these orders in order to balance the educational and developmental needs of children with the risk of disease transmission.
10. **Social Distancing and Face Covering Requirements.** When people need to leave their place of residence, they must strictly comply with Social Distancing and Face Covering Requirements as defined in Sections 13.d and 13.e.
11. **Social Distancing Protocol and Written Health and Safety Plan.** As a condition of operating under this Order, the operators of all businesses must prepare or update, post, implement, and distribute to their personnel a Social Distancing Protocol for each of their facilities in the County frequented by personnel or members of the public, as specified in Section 13.b. In addition to the Social Distancing Protocol, all businesses allowed to operate under this Order must follow any industry-specific guidance issued by the Health Officer and the State of California related to COVID-19 and any conditions on operation



specified in this Order. Furthermore, businesses must prepare, post, implement, and distribute to their personnel a written health and safety plan as required by the State of California outlined in its guidance, as specified in Section 13.c.

12. **Gathering Limitation.** Gatherings of any size outside of a single household or living unit remain discouraged because they carry significant risk of exposure to COVID-19. Accordingly, except to the extent that the State of California has adopted or adopts in the future a specific limitation or allowance on the size of gatherings (which are hereby incorporated by reference), all public and private gatherings must not exceed 50 people. For example, this limitation does not supersede the specific limitation/allowance the State has set for protest gatherings and places of worship, which can exceed the 50-person limit when in compliance with the State Shelter Order. And, participants of gatherings of any size must adhere to Social Distancing and Face Covering Requirements as set forth below in Sections 13.d and 13.e. unless it is a small outdoor gathering of individuals belonging to the same Social Bubble as defined in Section 13.f below.

13. **Definitions and Additional Requirements.**

- a. **Business.** For the purposes of this Order, a “business” includes any for-profit, non-profit, or educational entity, whether a corporate entity, organization, partnership or sole proprietorship, and regardless of the nature of the service, the function it performs, or its corporate or entity structure.
- b. **Social Distancing Protocol.** For the purposes of this Order, facilities in the County visited or used by the public or personnel must, as a condition of such operation, prepare and post a “Social Distancing Protocol” for each of the facility. The Social Distancing Protocol must be substantially in the form attached to this Order as Appendix A, and it must be updated from prior versions to address new requirements listed in this Order or in related guidance or directives from the Health Officer or State of California. The Social Distancing Protocol must be posted at or near the entrance of the relevant facility, and shall be easily viewable by the public and personnel. A copy of the Social Distancing Protocol must also be provided to each person performing work at the facility. All businesses subject to this paragraph shall implement the Social Distancing Protocol and provide evidence of its implementation to any authority enforcing this Order upon demand. The Social Distancing Protocol must explain how the business is achieving the following, as applicable:
  - i. Limiting the number of people who can enter into the facility at any one time to ensure that people in the facility can easily maintain a minimum six-foot distance from one another at all times—for clarity this limitation does not require social distancing where it would make performing business functions impossible (e.g., while a barber is cutting hair);
  - ii. Requiring face coverings to be worn by all persons entering the facility, other than those exempted from face covering requirements (e.g. young children) or as necessarily required by the businesses operation (e.g., while eating);
  - iii. Where lines may form at a facility, marking six-foot increments at a minimum, establishing where individuals should stand to maintain adequate social distancing;



- iv. Providing hand sanitizer, soap and water, or effective disinfectant at or near the entrance of the facility and in other appropriate areas for use by the public and personnel, and in locations where there is high-frequency employee interaction with members of the public (e.g. cashiers);
  - v. Providing for contactless payment systems or, if not feasible to do so, the providing for disinfecting all payment portals, pens, and styluses after each use;
  - vi. Regularly disinfecting other high-touch surfaces;
  - vii. Posting a sign at the entrance of the facility informing all personnel and customers that they should: avoid entering the facility if they have any COVID-19 symptoms; maintain a minimum six-foot distance from one another; sneeze and cough into one's elbow; not shake hands or engage in any unnecessary physical contact; and
  - viii. Any additional social distancing measures being implemented (see the Centers for Disease Control and Prevention's guidance at: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>).
- c. **Health and Safety Plan**. For the purposes of this Order, all businesses that are operating at locations in the County visited or used by the public or personnel must, as a condition of such operation, prepare, post, implement, and distribute to their personnel a written health and safety plan that addresses how it will comply with all applicable Statewide guidance issued by the State of California, which is hereby incorporated by reference and should be treated as if issued by the Health Officer and made mandatory to the extent applicable. If it is a service business that operates at customer homes, it must instead of posting at the home, send an electronic version of the plan to the customer at least one day in advance of the service being provided. In addition, businesses must post any additional placards or other content as directed by San Mateo County Health and found at <https://www.smchealth.org/health-officer-orders-and-statements>. Statewide guidance can be found as of the date of this Order at the following locations: <https://covid19.ca.gov/roadmap-counties/> and <https://covid19.ca.gov/industry-guidance/>. If the State guidance provides a "checklist", the "checklist" may serve as the framework for the required plan.
- d. **Social Distancing Requirements**. For purposes of this Order, "Social Distancing Requirements" means:
- i. Maintaining at least six-foot social distancing from individuals who are not part of the same household or living unit;
  - ii. Frequently washing hands with soap and water for at least 20 seconds, or using hand sanitizer that is recognized by the Centers for Disease Control and Prevention as effective in combatting COVID-19;
  - iii. Covering coughs and sneezes with a tissue or fabric or, if not possible, into the sleeve or elbow (but not into hands);
  - iv. Wearing a face covering when out in public, consistent with the orders or guidance of the Health Officer; and
  - v. Avoiding all social interaction outside the household when sick with a fever, cough, or other COVID-19 symptoms.



All individuals, including for persons responsible for supervising minors, must strictly comply with Social Distancing Requirements, except to the limited extent necessary to provide care (including childcare, adult or senior care, care to individuals with special needs, and patient care) or as necessary to carry out an activity.

- e. **Face Covering Requirements.** A “Face Covering” means a covering made of cloth, fabric, or other soft or permeable material, without holes, that covers only the nose and mouth and surrounding areas of the lower face. A covering that hides or obscures the wearer’s eyes or forehead is not a Face Covering. Examples of Face Coverings include a scarf or bandana; a neck gaiter; a homemade covering made from a t-shirt, sweatshirt, or towel, held on with rubber bands or otherwise; or a mask, which need not be medical-grade. A Face Covering may be factory-made or may be handmade and improvised from ordinary household materials. The Face Covering should be comfortable, so that the wearer can breathe comfortably through the nose and does not have to adjust it frequently, so as to avoid touching the face. For as long as medical grade masks such as N95 masks and surgical masks are in short supply, members of the public should not purchase those masks as Face Coverings under this Order; those medical grade masks should be reserved for health care providers and first responders. In general, even when not required by this Order, people are strongly encouraged to wear Face Coverings when in public. Also, for Face Coverings that are not disposed of after each use, people should clean them frequently and have extra ones available so that they have a clean one available for use.

Note that any mask that incorporates a one-way valve (typically a raised plastic cylinder about the size of a quarter on the front or side of the mask) that is designed to facilitate easy exhaling is not a Face Covering under this Order and is not to be used to comply with this Order’s requirements. Valves of that type permit droplet release from the mask, putting others nearby at risk. Face shields are also not Face Coverings under this Order.

Information about how to wear and clean Face Coverings may be found at the website of Centers for Disease Control and Prevention, at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html>.

- i. All members of the public, except as specifically exempted below, must wear a Face Covering outside their home or other place they reside in the following situations:
1. When they are inside of, or in line to obtain goods and/or services, any business or other entity allowed to operate, including but not limited to, grocery stores, convenience stores, supermarkets, laundromats, restaurants, salons and government facilities;
  2. When they are engaged in work at a business or other entity allowed to operate;
  3. When they are obtaining services at healthcare operations, including hospitals, clinics, COVID-19 testing locations, dentists, pharmacies, blood banks and blood drives, other healthcare facilities, mental health providers, or facilities providing veterinary care and similar healthcare services for animals, unless directed otherwise by an employee or worker at the healthcare operation; or



4. When they are waiting for or riding on public transportation (including without limitation any bus, BART or CalTrain) or paratransit or are in a taxi, private car service, or ride-sharing vehicle.
- ii. Each driver or operator of any public transportation or paratransit vehicle, taxi, or private car service or ride-sharing vehicle must wear a Face Covering while driving or operating such vehicle, regardless of whether a member of the public is in the vehicle, due to the need to reduce the spread of respiratory droplets in the vehicle at all times.
- iii. Except as required herein, this Order does not require any person to wear a Face Covering while driving alone, or exclusively with other members of the same family or household, in a motor vehicle.
- iv. All businesses and other entities operating must:
  1. Require their employees, contractors, owners, and volunteers to wear a Face Covering at the workplace and when performing work off-site any time the employee, contractor, owner, or volunteer is:
    - a. interacting in person with any member of the public;
    - b. working in any space visited by members of the public, such as by way of example and without limitation, reception areas, grocery store or pharmacy aisles, service counters, public restrooms, cashier and checkout areas, waiting rooms, service areas, and other spaces used to interact with the public, at all times regardless of whether anyone from the public is present;
    - c. working in any space where food is prepared or packaged for sale or distribution to others;
    - d. working in or walking through common areas such as hallways, stairways, elevators, and parking facilities; or
    - e. in any room or enclosed area when other people (except for members of the person's own household or residence) are present.
  2. For clarity, a Face Covering is not required when a person is in a personal office (a single room) when others outside of that person's household are not present as long as the public does not regularly visit the room. By way of example and without limitation, a construction worker, plumber, bank manager, accountant, or bike repair person is not required to wear a Face Covering if that individual is alone and in a space not regularly visited by the public, but that individual must put on a Face Covering when coworkers are nearby, when being visited by a client/customer, and anywhere members of the public or other coworkers are regularly present. Additionally, a brief removal of a Face Covering when necessary to preserve health and safety, shall not constitute a violation of this Order.
  3. Take reasonable measures, such as posting signs, to remind their customers and the public of the requirement that they wear a Face Covering while inside of or waiting in line to enter the business, facility, or location. Businesses and other entities allowed to operate under any Health Officer order must take all reasonable steps such as clear signage and verbal directives to prohibit any member of the public who is not wearing a Face Covering from entering, must not



serve that person if those efforts are unsuccessful, and may call the police for assistance if that person refuses to leave.

4. A sample sign to be used for notifying customers can be found at the County website, at <https://cmo.smcgov.org/document/face-covering-signs-businesses>.
- v. Any child aged two years or less must not wear a Face Covering because of the risk of suffocation. This Order does not require that any child aged twelve years or less wear a Face Covering. Parents and caregivers must supervise use of Face Coverings by children to avoid misuse.
- vi. Wearing a Face Covering is recommended while engaged in outdoor land-based recreation such as walking, hiking, bicycling, or running, but not required unless conditions make it impossible to maintain Social Distancing Requirements (as defined herein), including maintaining at least six feet of separation from all other people. Accordingly, each person engaged in such activity must bring a Face Covering and wear that Face Covering in circumstances where it is difficult to maintain compliance with Social Distancing Requirements (as defined herein), and that they carry the Face Covering in a readily accessible location, such as around the person's neck or in a pocket, for such use. Because running or bicycling causes people to more forcefully expel airborne particles, making the usual minimum six feet distance less adequate, runners and cyclists must take steps to avoid exposing others to those particles, which include the following measures: wearing a Face Covering when possible; crossing the street when running to avoid sidewalks with pedestrians; slowing down and moving to the side when unable to leave the sidewalk and nearing other people; never spitting; and avoiding running or cycling directly in front of or behind another runner or cyclist who is not in the same household.
- vii. A Face Covering is also not required by this Order to be worn by a particular individual if the person (or, if applicable, the person's conservator, guardian or a minor's parent) can show either: (1) a healthcare professional has advised that wearing a Face Covering may pose a risk to the person wearing the Face Covering for reasons related to physical or mental health, such as an impairment or disability that significantly impacts the person's ability to safely use a Face Covering; or (2) wearing a Face Covering would create a risk to the person related to their work as determined by local, state, or federal regulators or workplace safety guidelines. A Face Covering should not be used by anyone who has trouble breathing or is unconscious, incapacitated, or otherwise unable to remove the Face Covering without assistance.
- viii. COVID-19 spreads easily in households. People in the County are encouraged to consider whether wearing a Face Covering in their household or living unit would protect someone else living there who is vulnerable to COVID-19. Vulnerable people include: people sixty years old and older; people with serious heart conditions, hypertension, severe obesity, diabetes, chronic lung disease, chronic kidney disease being treated by dialysis, and moderate-to-severe asthma; and those who are immunosuppressed. This determination is left to the individual but should be strongly considered for anyone who lives with a vulnerable person and is engaged in frequent out-of-home activity.



- f. **Social Bubble.** A Social Bubble is defined as a group of twelve or fewer people from different households or living units who have agreed amongst themselves to only socialize with members of their group. A Social Bubble must be maintained for a minimum of three weeks. And people can only be members of one Social Bubble at a time. While face coverings and social distancing are always recommended, members of a Social Bubble are relieved of these requirements when with members of their Social Bubble in outdoor settings in the same manner as if they belonged to a single household or living unit.
14. **Enforcement.** Pursuant to Government Code sections 26602 and 41601 and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment, or both.
15. **Effective Date and Time.** This Order shall become effective immediately and will continue to be in effect until it is rescinded, superseded, or amended in writing by the Health Officer.
16. **Copies.** Copies of this Order shall promptly be: (1) made available at 400 County Center, Redwood City, CA 94063; (2) posted on the County Public Health Department website ([www.smchealth.org](http://www.smchealth.org)); and (3) provided to any member of the public requesting a copy of this Order.
17. **Severability.** If any provision of this Order or its application to any person or circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

**IT IS SO ORDERED:**

\_\_\_\_\_  
Scott Morrow MD, MPH  
Health Officer of the County of San Mateo

\_\_\_\_\_  
Dated: June 17, 2020

Attachments: Appendix A – Social Distancing Protocol

# Exhibit P



## APPENDIX A: Social Distancing Protocol (Updated June 17, 2020)

Facility name:

Facility Address:

Approximate gross square footage of space open to the public:

**Facility must implement all applicable measures listed below, and be prepared to explain why any measure that is not implemented is inapplicable to the business.**

---

**Signage:**

Signage at each public entrance of the facility to inform the public that they should: avoid entering the facility if they have COVID-19 symptoms; maintain a minimum six-foot distance from one another; sneeze and cough into a cloth or tissue or, if not available, into one's elbow; wear face coverings, as appropriate; and not shake hands or engage in any unnecessary physical contact.

Signage posting a copy of the Social Distancing Protocol at each public entrance to the facility.

---

**Measures To Protect Employee & Public Health (check all that apply to the facility):**

All employees have been told not to come to work if sick.

Symptom checks are being conducted before employees may enter the work space.

Employees are required to wear face coverings, as appropriate.

All desks or individual work stations are separated by at least six feet.

Break rooms, bathrooms, and other common areas are being disinfected frequently, on the following schedule:

Break rooms:

Bathrooms:

Other

Disinfectant and related supplies are available to all employees at the following location(s):

Hand sanitizer effective against COVID-19 is available to all employees at the following location(s):

Soap and water are available to all employees at the following location(s):





SAN MATEO COUNTY HEALTH

## PUBLIC HEALTH, POLICY & PLANNING

- All employees and members of the public are required to comply with the Face Covering Requirements of the Health Order (Order c19-11).
- Copies of this Protocol have been distributed to all employees.
- Optional—Describe other measures:

---

### **Measures To Keep People At Least Six Feet Apart (check all that apply to the facility)**

- Limit the number of individuals in the facility at any one time to [Click or tap here to enter text.](#), which allows for individuals to easily maintain at least six-foot distance from one another at all practicable times.
- Post an employee at the door to ensure that the maximum number of individuals in the facility set forth above is not exceeded.
- Placing signs outside the facility reminding people to be at least six feet apart, including when in line.
- Placing tape or other markings at least six feet apart in areas where individuals stand or sit for prolonged periods of time inside and outside the facility with signs directing customers to use the markings to maintain distance.
- All employees have been instructed to maintain at least six feet distance from other individuals, except employees may momentarily come closer when necessary or when the employees are providing a service that requires being within six feet.
- Optional—Describe other measures:

---

### **Measures To Prevent Unnecessary Contact (check all that apply to the facility):**

- Preventing people from self-serving any items.
- Bulk-item food bins are not available for individuals self-service use.
- Not permitting individuals to bring their own pens/pencils, bags, mugs, or other reusable items from home.
- Providing for contactless payment systems or, if not feasible, sanitizing payment systems regularly.  
Describe:
- Optional—Describe other measures (e.g. providing senior-only hours):

---

### **Measures To Increase Sanitization (check all that apply to the facility):**

- Disinfecting wipes that are effective against COVID-19 are available near shopping carts and shopping baskets.
- Hand sanitizer, soap and water, or effective disinfectant is available to the public at or near the entrance of the facility and anywhere else where people have direct interactions.
- Disinfecting all payment portals, pens, and styluses after each use.
- Disinfecting all high-contact surfaces frequently.



SAN MATEO COUNTY HEALTH

**PUBLIC HEALTH,  
POLICY & PLANNING**

Optional—Describe other measures:

\* Any additional measures not included here should be listed on separate pages and attached to this document.

**You may contact the following person with any questions or comments about this protocol:**

**Name:**

**Phone number:**

# Exhibit Q

# COVID-19 PREPARED

PREPARADO PARA EL COVID-19 | COVID-19準備工作



**This business has completed a Social Distancing Protocol to prevent the spread of COVID-19.**

Este negocio implementó un protocolo de distanciamiento social para evitar la propagación del COVID-19.

該企業已完成《社交距離規定》，以防止COVID-19的傳播。

To report a complaint about this or another business not following a Social Distancing, please contact

Para presentar una queja sobre este u otro negocio que no cumpla el distanciamiento social, comuníquese con | 如需投訴該企業或其他企業未遵守《社交距離規定》，請聯絡

Name of Dept | Nombre del departamento | 部門名稱

Contact Email/Phone for Dept | Correo electrónico de contacto/teléfono del departamento | 聯絡該部門的電子郵箱/電話號碼

The person responsible for implementing this protocol is

La persona responsable de implementar el protocolo es | 負責執行本規定的人員是

Full Name | Nombre completo | 全名

Title | Puesto | 職務

Email | Correo electrónico | 電子郵箱

Phone | Teléfono | 電話號碼



**SAN MATEO  
COUNTY HEALTH**

[smchealth.org/coronavirus](https://smchealth.org/coronavirus)

# Exhibit R

# Protect yourself and others from COVID-19

## Please stay home if...

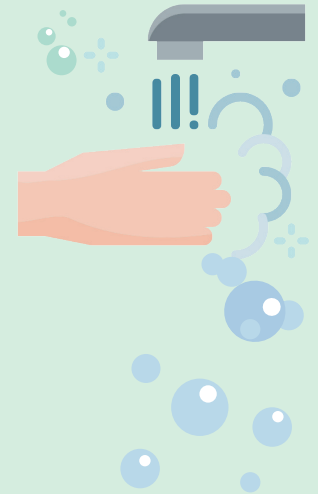
You are experiencing COVID-19 symptoms, such as:

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



## Wash your hands first.

Please wash your hands with soap and water or use hand sanitizer.



## Social distancing (at least 6-feet) must be maintained.

Sneeze and cough into a cloth or tissue or, if not available, into one's elbow; wear face coverings, as appropriate; and do not shake hands or engage in any unnecessary physical contact.



## Our COVID-19 Social Distancing Protocol is posted

so you can see how we are operating safely.



**REMEMBER: You must wear a face covering.**

Businesses: Post this sign at each public entrance of your facility.

For more information, contact Environmental Health Services at (650) 372-6200, or visit [smchealth.org/eh](https://smchealth.org/eh).



SAN MATEO COUNTY HEALTH  
**ENVIRONMENTAL  
HEALTH SERVICES**

# Exhibit S



## COVID-19 EXPOSURE IN THE WORKPLACE

COVID-19 is a respiratory illness caused by the novel coronavirus SARS-CoV-2. Coronaviruses are generally thought to spread from person-to-person through the air via respiratory droplets from an infected person, or by touching surfaces contaminated by the bodily fluids of infected persons.

**The symptoms of COVID-19 may include: Fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea.**

The goals of the recommendations below are: 1) to protect people patronizing and working at the location, as well as the local community from COVID-19 infection, and 2) to reduce community transmission and introductions of COVID-19 into new communities.

### EMPLOYEE HEALTH

**Employers are responsible for ensuring employees are healthy enough to be at the facility.**

- A. Screen your employees at the beginning of each shift for possible COVID-19 symptoms.
  1. Ask if they are experiencing any of the symptoms listed above.
  2. You may also want to consider checking each employee's temperature when they arrive onsite.
  3. A temperature above 100.4 degrees F is considered a fever.
- B. If an employee shows any of these symptoms, exclude them from your facility and encourage them to go home and follow the Centers for Disease Control and Prevention (CDC) COVID-19 "What To Do If You Are Sick" guidelines found [here](#).
- C. Employees who are living with someone who has tested positive should also follow these guidelines.

### WHAT IF MY EMPLOYEE TESTS POSITIVE FOR COVID-19?

**Upon notification that an employee has tested positive for COVID-19 or exhibits symptoms directly associated with COVID-19<sup>1</sup>, the facility owner/manager shall take the following actions:**

- A. Exclude the employee from the facility and encourage the employee to adhere to the [Health Officer Order \(HOO\) Appendix B-1](#) for the control of COVID-19.
- B. Discard or disinfect any items handled by the ill employee in the last 48 hours, including but not limited to, food, utensils, office supplies, tools, and merchandise.
- C. Disinfect your work area immediately using the [CDC's disinfection guidance](#).

<sup>1</sup> Symptoms directly associated with COVID-19 include fever, 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 and diarrhea.



- D. Any known close contacts of the ill employee should also be excluded from the facility for at least 14 days since their last contact with the ill employee. A close contact is defined as being within six feet of the ill employee for 15 minutes or longer.
- E. Inform all employees of the day(s) of their possible exposure to COVID-19 at the facility, but do **not** disclose the identity of the ill employee. This is private health information.
- F. Encourage employees to monitor themselves more closely for potential symptoms and seek free testing if desired by contacting their primary care physician, or through [Project Baseline](#).
- G. Facility owner/manager should monitor employees more closely for potential symptoms for at least 14 days since the ill employee last worked at that location.

### IF THE SICK EMPLOYEE HAS BEEN AT THE FACILITY IN THE LAST SEVEN DAYS

- A. Immediately cease operation and clean and sanitize the facility according to [CDC's disinfection guidance](#).
- B. Cleaning and sanitizing may be conducted by any individual trained on the proper use of the cleaners/sanitizer, including facility owners, employees, or outside contractors.

**Your facility can resume operation once it has been thoroughly cleaned and disinfected, and is in full compliance with all San Mateo County Health Officer Orders, [Statewide Industry Specific Guidance](#), and all CDC COVID-19 Guidance/Requirements.**

**If the affected individual has not been at the facility in the past seven days, operations may continue uninterrupted. Additional cleaning and sanitizing are not necessary.**

- C. Excluded employee(s) (who tested positive for COVID-19) include:
  - 1. If an employee is asymptomatic, and has not tested positive for COVID-19, they may return to the facility 14 days after the last close contact with a confirmed case.
  - 2. If an employee is symptomatic but did not test positive for COVID-19 or did not get tested, the employee may return 10 days after symptom onset or 72 hours after symptoms resolve (without continued use of medication), whichever is later<sup>2</sup>.

<sup>2</sup> [cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx#](https://cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Workplace-Outbreak-Employer-Guidance.aspx#)

# **Exhibit T**

# Cleaning And Disinfecting Your Facility

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

## Everyday Steps, Steps When Someone is Sick, and Considerations for Employers

### How to clean and disinfect

**Wear disposable gloves** to clean and disinfect.

#### Clean

- **Clean surfaces using soap and water.** Practice routine cleaning of frequently touched surfaces.



#### High touch surfaces include:

Tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, sinks, etc.



#### Disinfect

- Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
- **Recommend use of EPA-registered household disinfectant.** **Follow the instructions on the label** to ensure safe and effective use of the product.

Many products recommend:

- Keeping surface wet for a period of time (see product label).
- Precautions such as wearing gloves and making sure you have good ventilation during use of the product.

- **Diluted household bleach solutions may also be used** if appropriate for the surface. Check to ensure the product is not past its expiration date. Unexpired household bleach will be effective against coronaviruses when properly diluted.

**Follow manufacturer's instructions** for application and proper ventilation. Never mix household bleach with ammonia or any other cleanser.

**Leave solution** on the surface for **at least 1 minute**

Bleach solutions will be **effective** for disinfection **up to 24 hours**.

**To make a bleach solution**, mix:

- 5 tablespoons (1/3rd cup) bleach per gallon of water

OR

- 4 teaspoons bleach per quart of water

- **Alcohol solutions with at least 70% alcohol.**



### Soft surfaces

For soft surfaces such as **carpeted floor, rugs, and drapes**

- **Clean the surface using soap and water** or with cleaners appropriate for use on these surfaces.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

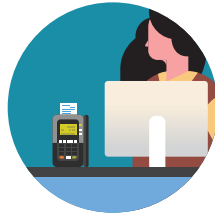
- **Launder items** (if possible) according to the manufacturer's instructions. Use the warmest appropriate water setting and dry items completely.

OR

- **Disinfect with an EPA-registered household disinfectant.** [These disinfectants](#) meet EPA's criteria for use against COVID-19.

## Electronics

- For electronics, such as **tablets, touch screens, keyboards, remote controls, and ATM machines**
- Consider putting a **wipeable** cover on electronics.
- **Follow manufacturer's instruction** for cleaning and disinfecting.
  - If no guidance, **use alcohol-based wipes or sprays containing at least 70% alcohol.** Dry surface thoroughly.



## Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. Use the **warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- **Remove gloves,** and wash hands right away.



## Cleaning and disinfecting your building or facility if someone is sick

- **Close off areas** used by the person who is sick.
- **Open outside doors and windows** to increase air circulation in the area. **Wait 24 hours** before you clean or disinfect. If 24 hours is not feasible, wait as long as possible.
- Clean and disinfect **all areas used by the person who is sick**, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines.
- 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.



## When cleaning

- **Wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.**
  - Additional personal protective equipment (PPE) might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
- **Wash your hands often** with soap and water for 20 seconds.
  - Always wash immediately after removing gloves and after contact with a person who is sick.



- Hand sanitizer: If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains at least 60% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

- **Additional key times to wash hands** include:

- After blowing one's nose, coughing, or sneezing.
- After using the restroom.
- Before eating or preparing food.
- After contact with animals or pets.
- Before and after providing routine care for another person who needs assistance (e.g., a child).

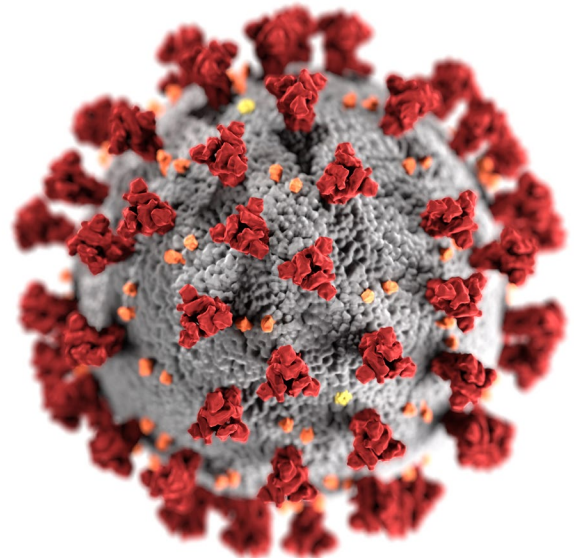
## Additional Considerations for Employers



- **Educate workers** performing cleaning, laundry, and trash pick-up to recognize the symptoms of COVID-19.
- Provide instructions **on what to do if they develop symptoms within 14 days** after their last possible exposure to the virus.
- Develop **policies for worker protection and provide training** to all cleaning staff on site prior to providing cleaning tasks.
  - Training should include when to use PPE, what PPE is necessary, how to properly don (put on), use, and doff (take off) PPE, and how to properly dispose of PPE.
- Ensure workers are **trained on the hazards of the cleaning chemicals** used in the workplace in accordance with OSHA's Hazard Communication standard ([29 CFR 1910.1200](#)).
- **Comply** with OSHA's standards on Bloodborne Pathogens ([29 CFR 1910.1030](#)), including proper disposal of regulated waste, and PPE ([29 CFR 1910.132](#)).

## For facilities that house people overnight:

- Follow CDC's guidance for [colleges and universities](#). Work with state and local health officials to determine the best way to isolate people who are sick and if temporary housing is needed.
- For guidance on cleaning and disinfecting the bedroom/bathroom for someone who is sick, review CDC's guidance on [disinfecting your home if someone is sick](#).



# **Exhibit U**

# COVID-19 Infectious Disease Preparedness and Response Plan



## Identification of COVID-19 Hazards Form

**Instructions:**

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: meetings, entrances, bathrooms, hallways, aisles, walkways, elevators, break or eating areas, cool-down areas, and waiting areas.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including coworkers, employees of other entities, members of the public, customers, and contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

Person(s) conducting the evaluation: \_\_\_\_\_ Date: \_\_\_\_\_

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

# **Exhibit V**

# COVID-19 Infectious Disease Preparedness and Response Plan



## COVID-19 Inspection Form

Person(s) conducting the evaluation: \_\_\_\_\_ Date: \_\_\_\_\_

Work location evaluated: \_\_\_\_\_

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
<b>Engineering</b>			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
<b>Administrative</b>			
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			