

# COVID-19 Prevention Program (CPP) for MOUNTAIN VIEW SURGERY CENTER

Date: **February 24, 2022**

This CPP is designed to control exposures to the SARS-CoV-2 virus (severe acute respiratory syndrome coronavirus 2) that causes COVID-19 (Coronavirus Disease 2019) that may occur in our workplace. Recognizing that local, state, and federal requirements will differ, this written plan is intended to comply with CDPH Public Health Orders, CAL-OSHA Title 8 Section 3205 COVID-19 Prevention, and CDC guidelines and recommendations to the best of our ability.

Throughout this CPP, the terms “**Employee**”, “**Worker**”, “**Staff**” “**Healthcare Professional**” (**HCP**) and or “**Healthcare Worker**” (**HCW**) refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes individuals serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. It includes, but is not limited to, nurses, nursing assistants, physicians, technicians, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, vendors, administrative, billing, and volunteer personnel).

## Authority and Responsibility

**The Administrator** has overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining in the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

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

## Definitions

The following definitions are based on definitions established by CCR Title 8 Section 3205.

“**Close contact**” means being within 6 feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings. EXCEPTION: Employees have not had a close contact if they wore a respirator required by their employer and used in compliance with section 5144 whenever they were within 6 feet of the COVID-19 case during the high-risk exposure period.

“**COVID-19 case**” means a person who:

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

“**COVID-19 hazard**” means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols and

airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing or coughing or sneezing or from procedures performed on persons, which may aerosolize saliva or respiratory tract fluids. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.

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

**“COVID-19 test”** means a test for SARS-CoV-2 that is: (A) cleared, approved or authorized, including in an Emergency Use Authorization (EUA), by the United States Food and Drug Administration (FDA) to detect current infection with the SARS-CoV-2 virus (e.g., a viral test; (B) administered in accordance with the authorized instructions and (C) not both self-administered and self-read unless observed by the employer or an authorized telehealth proctor. Examples of tests that satisfy this requirement include tests with specimens that are processed by a laboratory (including home or on-site collected specimens that are processed either individually or as pooled specimens), proctored over-the-counter tests, point-of-care tests and tests where specimen collection and processing is either done or observed by an employer.

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

(A) For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area or a common area at work.

(B) If the COVID-19 case was part of a distinct group of employees who were not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift; only employees within that distinct group are part of the exposed group.

(C) If the COVID-19 case visited a work location, working area or a common area at work for less than 15 minutes during the high-risk exposure period and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area or common area are not part of the exposed group. NOTE: An exposed group may include the employees of more than one employer.

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

**“High-risk exposure period”** means the following period:

(A) For people with COVID-19 who develop COVID-19 symptoms, from two days before they first develop symptoms until all of the following are true: It has been 10 days since symptoms first appeared, 24 hours have passed with no fever without the use of fever-reducing medications and symptoms have improved.

(B) For people with COVID-19 who never develop COVID-19 symptoms, from two days before until 10 days after the specimen for their first positive test for COVID-19 was collected.

## Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form allowing for staff input to identify hazards and assessing community transmission levels and supplies of personal protective equipment.
- 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.
- Conduct periodic inspections using the **Appendix B: COVID-19 Inspections form** as needed to identify unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.
- In addition, this facility has considered how employees and others enter, leave and travel through the workplace and works to minimize crossflow.

### Staff participation

- This facility has conducted a comprehensive risk assessment of all work areas and tasks by the **Appendix A: Identification of COVID-19 Hazards**, allowing for staff input to identify hazards and express concerns without fear of reprisal.
- Staff are encouraged to immediately report to their supervisor any possible COVID-19 hazards in the work areas.

### Staff Screening

- All staff, licensed practitioners, students, trainees, volunteers, vendors of/to this facility will be instructed to self-monitor for viral symptoms. In addition, proof of COVID-19 vaccination or a medical or religious exemption will be on file in the facility.
- Staff are asked to evaluate their own symptoms prior to reporting to work each scheduled shift.
- Staff are required to contact the employer and not enter the workplace if they are experiencing any of the following:
  - Symptoms of COVID-19 including:
    - Cough
    - Shortness of breath or difficulty breathing
    - Fever
    - Chills
    - Repeated shaking with chills
    - Muscle pain
    - Headache
    - Sore throat
    - New loss of taste or smell
  - Fever equal to or higher than 100.4 degrees Fahrenheit.
  - Under evaluation for COVID-19 (for example, waiting for the results of a viral test to confirm infection).
  - Have been diagnosed with COVID-19 and are not yet cleared to discontinue isolation.
- Unvaccinated exempt staff and booster-eligible workers/staff who have not yet received their booster must provide proof of negative Covid test at least weekly. See **Appendix E-Mandatory Covid-19 Vaccination Policy-Updated 1.25.22.**
- If anyone should start to exhibit symptoms while at the facility, they will be asked to leave immediately. Others at the facility with close contact within 6 feet of the staff member during this time may be considered exposed.

### Screening of Patients and Others

This facility does not knowingly treat individuals who are positive for COVID-19 or who are exhibiting COVID-19 symptoms. Center staff will administer a symptom questionnaire prior to day of procedure. The day of procedure the symptom questionnaire will be reviewed again with patient for any changes and temperature checked.

If the patient has a fever, is experiencing any symptoms and/or doesn't have an appropriate face covering, they will be asked to go home and their procedure will be rescheduled.

Patients are discouraged from bringing others to an appointment, except when a parent, guardian or caretaker must accompany a minor patient or special needs patient to the appointment. Staff should ensure patients and others comply with physical distancing rules while in the practice. Staff will remind patients and other individuals to wear face coverings while in the facility and may provide face coverings. Patients and other individuals are encouraged to use hand sanitizer provided for their use.

## Correction of COVID-19 Hazards

Unsafe or unhealthy work conditions, practices or procedures will be documented on the **Appendix B: COVID-19 Inspections** form, and corrected in a timely manner based on the severity of the hazards, as follows:

- **Administrator** to evaluate the severity of the hazard
- **Administrator** to contact employees at risk of potential exposure
- COVID-19 testing provided at no cost to employees at risk of potential exposure
- Employees experiencing symptoms are sent home and instructed to follow-up with their primary care provider
- See “**Return to Work Criteria**” in this CPP

## Control of COVID-19 Hazards

### Mandatory Covid-19 Vaccination Policy

Current California Public Health Orders (**Updated as of January 25, 2022**) require workers to be up to date with vaccinations and receive boosters by March 1, 2022, or within 15 days of becoming eligible for a booster if they are not eligible as of March 1, 2022., unless exempt. See **Appendix E-Mandatory Covid-19 Vaccination Policy-Updated 1.25.22.**

### Face Coverings

This facility provides clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health(CDPH) or local health department.

- Disposable face coverings are provided to all employees, as well as patients and visitors that present to the clinic without an appropriate face covering
- Employees to report non-compliance to the **Administrator** who will immediately address the person not wearing a face covering appropriately or not at all.

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

- When an employee is alone in a room.
- While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Alternatives will be considered on a case-by-case basis.

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

### Personal Protective Equipment (PPE)

Staff performing or assisting in patient treatment must wear appropriate PPE to cover their hands, faces, body and clothing. This facility will utilize CDC-recommended strategies when the PPE supply is at

contingent or crisis levels.

Staff involved in clinical care are instructed on the proper procedures for putting on and taking off their PPE.

This facility provides the minimum PPE required for staff as shown in the Table below. The Infection Control Coordinator is responsible for ensuring the facility has at least a two-week supply of PPE during any public health emergency, as recommended by the CDPH. When adequate PPE is not available, patient treatment will be rescheduled.

STAFF CATEGORY	PPE
Administrative staff	Surgical mask or face covering
Instrument processing staff	Mask, gloves, gown and eye protection appropriate for working with disinfectants and other materials
Clinical care staff, nonaerosol procedures	Face shield or protective eyewear, surgical mask, gloves and gown
Clinical care staff, aerosol procedures	Face shield, NIOSH-approved respirator, gloves and gown

Single-use PPE is disposed immediately after use. These items are gloves, surgical masks, bouffant caps, shoe coverings, disposable surgical gowns. Non-disposable surgical gowns are professionally laundered after each use.

### Engineering Controls

The building managements maximizes, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems.

**The Ventilation system is checked quarterly by the contracted HVAC company. At that time all standard filters are changed. Secondary HEPA filters are checked and changed as needed. Air exchanges in the procedure rooms are tested periodically.**

### Cleaning and Disinfecting

#### Patient Care Areas:

Patient care areas are cleaned and disinfected by assigned staff as soon after each patient treatment is complete. A cleaning schedule is maintained and updated regularly. Disinfectants used shall be labeled effective against SARS-CoV-2 and against HIV and HBV and tuberculosis. Disinfectants will be used in accordance with manufacturers' instructions.

#### Office Environment:

- Public areas, frequently touched objects and surfaces are cleaned and disinfected by assigned staff regularly and at the end of the day. Special attention is given to door handles, chairs and bathrooms. Patients are provided with new or cleaned pens and writing materials. Difficult-to-disinfect items, such as magazines, will not be in the waiting area.
- Items used by employees only, such as chairs, tables, keyboards, headsets and telephones, are cleaned frequently throughout the day..

### Hand Sanitizers:

- Hand hygiene supplies are readily available to all staff throughout the facility.
- Staff perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.
- Staff perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
- Hand sanitizer will be available in the waiting room and all locations a visitor may be in the facility. All visitors will be asked to clean their hands upon entry to the facility and then staff will encourage appropriate hand hygiene while they are in the facility.

### Investigating and Responding to COVID-19 Cases

The **Administrator** investigates and documents findings and actions taken on **Appendix C: Investigating COVID-19 Cases** form.

Staff is required to report without fear of reprisal the following information to **the Administrator** as soon as possible:

- If they are experiencing COVID-19 symptoms.
- If they have a positive COVID-19 test.
- If they had close contact within the past 14 days with an individual who tested positive for COVID-19.

The Administrator will provide for COVID-19 tests to employees experiencing COVID-19 symptoms at work and to unvaccinated employees who had close contact with a COVID-19-positive individual at the facility. The tests are made available to the employees at no cost during their paid time. If a medical care provider determines the employee's symptoms are caused by a known condition that is not COVID-19, the return-to-work criteria described here do not apply to the employee.

The **Administrator** will notify the identified close contacts as soon as reasonably possible (and within 1 business day) to advise them to self-quarantine and to seek medical advice. The **Administrator** will maintain the confidentiality of infected staff and patients and disclose only the minimum necessary information.

The **Administrator** will investigate a reported illness to determine if any work-related factors could have contributed to the infection or exposure. If such factors are identified, corrective action will be taken and this plan will be updated with information to help prevent more infections. If a work-related factor is involved, the information will be recorded as part of an employee's medical record. The employee will be informed to file a workers' compensation claim. Records of workplace exposures and illnesses will be maintained in employee medical records in accordance with CCR 8 Section 3204.

The **Administrator** will document all the above actions. Such information is kept confidential unless disclosure is required or permitted by law.

An employee who is prevented from working due to a work-related COVID-19 illness or close contact may not lose pay or other rights and benefits. Employers may require the use of accrued employer-provided vacation or PTO time. **Need to discuss if Covid Pay applies to MVSC**

### Return To Work Criteria

*The guidance below reflects the new California Department of Public Health (CDPH)*

**All workers that test positive for COVID- 19, regardless of vaccination status:**

- Must isolate and be excluded from the workplace for at least 5 days.
- A worker can return to work after day 5 if they do not have symptoms and test negative.
- If a worker cannot test or declines to test they can return to work after 10 days.
- Must wear a face covering around others at work for a total of 10 days after the positive test.

**Unvaccinated Workers Exposed to Someone With COVID-19:**

- Must quarantine and be excluded from the workplace for 5 days after the close contact and take a test on day 5.
- A worker can come back to work after day 5 if they test negative and do not have any symptoms.
- If the worker cannot test or declines to test, they can return to the workplace after day 10 if they do not have symptoms.
- Must wear a face covering around others at work for 10 days after exposure.
- If the worker develops symptoms, they must be excluded pending a test result.

**Booster-eligible, but not boosted workers exposed to someone with COVID-19**

- Does not need to quarantine or be excluded from work if asymptomatic but must have a negative test 3-5 days after close contact.
- Must wear a face covering around others at work for 10 after exposure. If the worker develops symptoms, they must be excluded pending a test result.

**Workers received a booster, or are fully vaccinated but not yet booster-eligible.**

- Does not need to be excluded from work if asymptomatic but must take a test on day 5 after exposure.
- Must wear a face covering around others at work for 10 days after exposure.
- If they develop symptoms, the worker must be excluded from the workplace pending a test result.

**SOURCE: [“What Employers and Workers Need to Know About COVID-19 Isolation and Quarantine” CAL-OSHA Fact Sheet, January 14, 2022](#)**

## **System for Communicating**

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand.

Staff are instructed to report to the **Administrator** without fear of reprisal if they are:

- Experiencing symptoms of COVID-19.
- Diagnosed with or tested positive for COVID-19.
- Come in close contact with a COVID-19-positive individual.
- Someone at home has been quarantined because they have been diagnosed with or is exhibiting symptoms of COVID-19.
- If an employee would like to request workplace accommodations, they will contact the **The Administrator** to ensure requested accommodations can be granted according to California Public Health Orders.

Staff are provided with verbal and written instruction and reminders on:

- Covering a cough or sneeze with a tissue or inside elbow and not with a hand.
- Washing hands often with soap for at least 20 seconds.
- Using hand sanitizer if soap and water are not readily available.
- Using hand sanitizer when donning and doffing PPE.
- Avoiding touching their eyes, nose and mouth with unwashed hands.
- Not sharing personal items, such as cups, with others.
- Avoiding contact with individuals exhibiting symptoms of the illness.
- Entering patient treatment areas only when necessary.

Any employee who appears to be sick upon arrival to work will be sent home immediately. Any employee who starts to exhibit symptoms of COVID-19 while at work will be sent home and asked to keep the **Administrator** informed of their health status.

## **Workplace Exposure/Illness Reporting to Employees and Agencies**

The facility will provide to employees a written “**Notice of Potential Exposure to COVID-19**” within one business day of learning a COVID-19-positive individual is at the workplace. The notice will be provided in a manner normally used to communicate employment-related information and may include notification via text, email or hard copy to all workers at the worksite the same day as the COVID-19 positive individual whether or not there was close contact.

The **Administrator** will submit the “**GO-FORWARD EMPLOYER REPORTING FORM**” to Pacific compensation

The **Administrator** will notify the local health department when three or more employees test positive or are diagnosed with COVID-19 within a 14-day period. Notification will occur no more than 48 hours after the facility learns the third employee has COVID-19. **When this outbreak occurs**, the facility must comply with the requirements of Title 8 Section 3205.1, which include:

1. Providing COVID-19 testing during regular working hours to employees who were in the exposed group at the same time as the employee with COVID-19. Testing must be provided immediately after the facility learns of the third employee’s COVID-19 test or diagnosis and weekly thereafter until the local health department determines an outbreak no longer exists.
2. Excluding from the facility employees who have COVID-19 or who had close contact with an individual with COVID-19.
3. Investigating any work-related factors in the outbreak and correction of any hazard. This will be documented.
4. Providing the local health department with requested information about individual employees as described in the regulation and Labor Code Section 6409.6.

The **Administrator** will report to the nearest Cal/OSHA office any serious illness or injury or the death of an employee that occurred at work or in connection with work within eight hours of when they knew or should have known of the illness, injury or death. This includes a COVID-19 illness if it meets the definition of serious illness. “Serious injury or illness” is defined in Title 8 Section 330(h) and includes in-patient hospitalization for a reason other than medical observation or diagnostic testing.

- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA or CDPH immediately upon request.
- Use the **Appendix C: Investigating COVID-19 Cases** form to keep a record of and track all COVID-19 cases. The information will be made available to employees, authorized employee.

representatives, or as otherwise required by law, with personal identifying information removed.

## Training and Instruction

We provide effective employee training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards, and how to participate in the identification and evaluation of COVID-19 hazards.
- Information regarding COVID-19-related benefits (including mandated sick and vaccination leave) to which the employee may be entitled under applicable federal, state, or local laws.
- The fact that:
  - COVID-19 is an infectious disease that can be spread through the air.
  - COVID-19 may be transmitted when a person touches a contaminated object and then touches their eyes, nose, or mouth.
  - An infectious person may have no symptoms.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing, face coverings, increased ventilation indoors, and respiratory protection decrease the spread of COVID-19 and are most effective when used in combination.
- The right of employees that are not fully vaccinated to request a respirator for voluntary use, without fear of retaliation, and our policies for providing the respirators. Employees voluntarily using respirators will be trained according to section 5144(c)(2) requirements:
  - How to properly wear them.
  - How to perform a seal check according to the manufacturer's instructions each time a respirator is worn, and the fact that facial hair can interfere with a seal.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment. Since COVID-19 is an airborne disease, N95s and more protective respirators protect the users from airborne disease, while face coverings primarily protect people around the user.
  - The conditions where face coverings must be worn at the workplace.
  - That face coverings are additionally recommended outdoors for people who are not fully vaccinated if six feet of distance cannot be maintained.
  - Employees can request face coverings and can wear them at work regardless of vaccination status and without fear of retaliation.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- Information on our COVID-19 policies and how to access COVID-19 testing and vaccination, and the fact that vaccination is effective at preventing COVID-19, protecting against both transmission and serious illness or death.

**Appendix D: COVID-19 Training Roster** will be used to document this training.

## Appendix A: Identification of COVID-19 Hazards

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 or clients, and independent contractors. We will consider how employees and other persons enter, leave, and travel through the workplace, in addition to addressing fixed work locations.

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

**[enter date]**

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

Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards	Places and times	Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers	Existing and/or additional COVID-19 prevention controls, including barriers, partitions and ventilation
Patient Waiting Area	During Surgery Center Hours of Operation	Medium	Patient pre-screening, Staff self-screen daily prior to arrival; Social distancing & masking required
Reception Area	During Surgery Center Hours of Operation	Medium	Patient pre-screening; Mandatory vaccination or weekly testing of exempt or booster ineligible staff ; Staff self-screen daily prior to arrival; Social distancing & masking required
Pre/Post Op Area	During Surgery Center Hours of Operation	Minimal	Patient pre-screening; Mandatory vaccination or weekly testing of exempt or booster ineligible staff ; Staff self-screen daily prior to arrival; Social distancing & masking required
Procedure Rooms	During Surgery Center Hours of Operation	Minimal	Patient pre-screening; Mandatory vaccination or weekly testing of exempt or booster ineligible staff ; Staff self-screen daily prior to arrival; Social distancing & masking required
Clean/Soiled Utility	During Surgery Center Hours of Operation	Minimal	Mandatory vaccination or weekly testing of exempt or booster ineligible staff ; Staff self-screen daily prior to arrival; Social distancing &

			masking required
Break Room	During Surgery Center Hours of Operation	Minimal	

## Appendix B: COVID-19 Inspections

Date: **[enter date]**

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

Work location evaluated: **[enter information]**

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
<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			
<b>PPE</b> (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
Training and communication with all employees			
Self-screening per CDPH/CDC guidelines			
COVID screening questionnaire			
Signage reminder staff and employees to use face covers, practice social distancing, wash hands or use hand sanitizer			

## Appendix C: Investigating COVID-19 Cases

All personal identifying information of COVID-19 cases or persons with COVID-19 symptoms, and any employee required medical records will be kept confidential unless disclosure is required or permitted by law. Un-redacted information on COVID-19 cases will be provided to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH) immediately upon request, and when required by law.

**Date:** [enter date COVID-19 case – suspected/confirmed - became known to the employer]

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

**Name of COVID-19 case (employee or non-employee\*) and contact information:** [enter information]

**Occupation (if non-employee\*, why they were in the workplace):** [enter information]

\*If we are made aware of a non-employee COVID-19 case in our workplace

**Names of employees/representatives involved in the investigation:** [enter information]

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

**Locations where the COVID-19 case was present in the workplace during the high-risk exposure period, and activities being performed:** [enter information]

**Date and time the COVID-19 case was last present and excluded from the workplace:** [enter information]

**Date of the positive or negative test and/or diagnosis:** [enter information]

**Date the case first had one or more COVID-19 symptoms, if any:** [enter information]

**Information received regarding COVID-19 test results and onset of symptoms (attach documentation):** [enter information]

Summary determination of who may have had a close contact with the COVID-19 case during the high-risk exposure period. Attach additional information, including:

- The names of those found to be in close contact.
- Their vaccination status.
- When testing was offered, including the results and the names of those that were exempt from testing because:
  - They returned to work per our return-to-work criteria and have remained symptom free for 90 days (or a different period than 90 days if it is required by a CDPH regulation or order) or, for those that never developed symptoms, for 90 days (or a different period than 90 days if it is required by a CDPH regulation or order) after the initial positive test.
- The names of those close contacts that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirements.
- The names of those close contacts exempt from exclusion requirements because:
  - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms, and are required to wear a face covering and maintain six feet of distance from others at the workplace for 14 days following the last date of close contact.
  - They returned to work per our return-to-work criteria and have remained symptom free, and are required to wear a face covering and maintain six feet of physical distance from others at the workplace for 14 days following the last date of close contact.

- They never developed symptoms and are required to wear a face covering and maintain six feet of physical distance from others at the workplace for 14 days following the last date of close contact.

**[enter information]**

Notice given (within one business day, in a way that does not reveal any personal identifying information of the COVID-19 case) of the potential COVID-19 exposure to:

1. All employees who were on the premises at the same worksite as the COVID-19 case during the high-risk exposure period
2. Their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a) (2) and (c))

Names of employees that were notified:	Names of their authorized representatives:	Date

Independent contractors and other employers on the premises at the same worksite as the COVID-19 case during the high-risk exposure period.

Names of individuals that were notified:	Date

Names of individuals that were notified:	Date

What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?  
**[enter information]**

What could be done to reduce exposure to COVID-19?  
**[enter information]**

Was local health department notified? Date?  
**[enter information]**

## Appendix D: COVID-19 Training Roster

Date: **[enter date]**

Person that conducted the training: **[enter name(s)]**

Employee Name	Signature

## Appendix E: MANDATORY COVID-19 VACCINATION POLICY-Updated 1.25.22

In accordance with this facility’s duty to provide and maintain a workplace that is free of known hazards, we are adopting this policy to safeguard the health of our employees and their families, our customers and visitors and the community at large from infectious diseases, such as COVID-19, that may be reduced by vaccinations. This policy complies with California Department of Public Health Orders and is based on guidance from the Centers for Disease Control and Prevention and state and local health authorities as applicable.

### DEFINITIONS:

Throughout this CPP, the terms “**Employee**”, “**Worker**”, “**Healthcare Professional**” (**HCP**) and or “**Healthcare Worker**” (**HCW**) refers to all paid and unpaid individuals who work in indoor settings where (1) care is provided to patients, or (2) patients have access for any purpose. This includes individuals serving in health care or other health care settings who have the potential for direct or indirect exposure to patients or SARS-CoV-2 airborne aerosols. It includes, but is not limited to, nurses, nursing assistants, physicians, technicians, students and trainees, contractual staff not employed by the health care facility, and persons not directly involved in patient care, but who could be exposed to infectious agents that can be transmitted in the health care setting (e.g., clerical, vendors, administrative, billing, and volunteer personnel).

**Up to date** means a person has received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.

**Fully vaccinated** means a person has received their primary series of COVID-19 vaccines.

### SCOPE:

Current California Public Health Orders (**Updated as of January 25, 2022**) require HCP be up to date with vaccinations and receive boosters by March 1, 2022, or within 15 days of becoming eligible for a booster if they are not eligible as of March 1, 2022., unless exempt.

### PROCEDURES:

1. **Boosters:** All workers currently eligible for boosters, who provide services or work in facilities described in subdivision 1(a) must be "fully vaccinated and boosted" for COVID-19 receiving all recommended doses of the primary series of vaccines and a vaccine booster dose pursuant to Table A below.

Table A:

California Immunization Requirements for Covered Workers

COVID-19 Vaccine	Primary vaccination series	When to get the vaccine booster dose	Which vaccine booster dose to receive
Moderna or Pfizer-BioNTech	1st and 2nd doses	Booster dose 6 mos after 2nd dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-

			BioNTech are preferred.
Johnson and Johnson [J&J]/Janssen	1st dose	Booster dose 2 mos after 1st dose	Any of the COVID-19 vaccines authorized in the United States may be used for the booster dose, but either Moderna or Pfizer-BioNTech are preferred.
World Health Organization (WHO) emergency use listing COVID-19 vaccine	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine
A mix and match series composed of any combination of FDA-approved, FDA-authorized, or WHO-EUL COVID-19 vaccines	All recommended doses	Booster dose 6 mos after getting all recommended doses	Single booster dose of Pfizer-BioNTech COVID-19 vaccine

2. Those workers currently eligible for booster doses per the Table above must receive their booster dose by no later than March 1, 2022. Workers not yet eligible for boosters must be in compliance no later than 15 days after the recommended timeframe above for receiving the booster dose.
3. **Exemptions:** Workers may be exempt from the vaccination requirements only upon providing the operator of the facility a declination form, signed by the individual, stating either of the following:
  - (a) the worker is declining vaccination based on Religious Beliefs, or
  - (b) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).
4. If an operator of a facility deems a worker to have met the requirements of an exemption OR deems a booster-eligible worker to have not yet received their booster dose), the worker must meet the following requirements when entering or working in such facility:
  - a. **Testing:** Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur at least once weekly for unvaccinated exempt workers and booster-eligible workers who have not yet received their booster. Facilities must begin testing of all booster-eligible workers who have not yet received their booster by December 27, 2021.
  - b. **Masking:** Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility.
5. **Recordkeeping:** Consistent with applicable privacy laws and regulations, the operator of the facility must maintain records of workers' vaccination or exemption status. If the worker is exempt, the operator of the facility then also must maintain records of the worker's testing results.

- a. The facility must provide such records to the local or state Public Health Officer or their designee promptly upon request, and in any event no later than the next business day after receiving the request.
- b. Operators of the facilities must maintain records pursuant to the **CDPH Guidance for Vaccine Records Guidelines & Standards**  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Vaccine-Record-Guidelines-Standards.aspx>
- c. For unvaccinated workers: signed declination forms with written health care provider's statement where applicable, as described above.
- d. Testing records must be maintained in secured storage.