



**Learning for Life Charter School**

**2021-22**

**COVID-19 Safety Plan**

**Version 4.0:**

**Safe Return to In-Person  
Instruction and Continuity of  
Services Plan**

*January 27, 2022*

**2021-22 COVID-19 Safety Plan, v4.0**  
**Safe Return to In-Person Instruction**  
**and Continuity of Services Plan**  
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# LEA Plan for Safe Return to In-Person Interactions and Continuity of Services

LEA Name: Learning for Life Charter School

Option for ensuring safe in-person instruction and continuity of services:

X has developed a plan                      \_\_\_\_\_ will amend its plan

1. Please choose one:

X The LEA had a plan, as of March 11, 2021, that is already compliant with the ARP statute and will review and, as appropriate, revise it every six months to take into consideration the additional requirements of the IFR; or

**NOTE: If your LEA already has a compliant plan as of March 11, 2021, and has assured such by checking the box above, then you may skip questions 2-4 and complete the Assurance and Contact sections.**

\_\_\_\_\_ The LEA has amended/created a plan compliant with the IFR using this template and has posted/will post it within 30 days of completing the ESSER III Assurances.

**NOTE: If checking the box above that you are using this template to meet the 30 day plan requirements, you must respond to each question in the template.**

Please note whether the LEA has a compliant plan and include a link to the plan, or acknowledge that the LEA is submitting a new plan and will post it within 30 days of receiving funds.

LFLCS has a compliant plan, that can be accessed at:

<https://lflcs.org/wp-content/uploads/2021/04/LFLCS-2020-21-COVID19-Response-Plan-v2.3.pdf>

2. The LEA will maintain the health and safety of students, educators, and other school and LEA staff, and the extent to which it has adopted policies, and a description of any such policies, on each of the CDC's safety recommendations, including: universal and correct wearing of masks; modifying facilities to allow for physical distancing; handwashing and respiratory etiquette; cleaning and maintaining healthy facilities, including improving ventilation; contact tracing in combination with isolation and quarantine, in collaboration with the State, local, territorial, or Tribal health departments; diagnostic and screening testing; efforts to provide vaccinations to school communities; appropriate accommodations for children with disabilities with respect to health and safety policies; and coordination with State and local health officials.

Describe how the LEA will maintain, or continue to maintain, health and safety policies and procedures. Include a description of any adopted policies and procedures regarding the CDC's safety recommendations (or available LEA website links to such policies). Include descriptions of appropriate accommodations adopted and coordination efforts conducted with outside State and local health officials. Please include or describe current public health conditions, applicable State and local rules and restrictions, and other contemporaneous information that informs your decision-making process.

NA

3. The LEA will ensure continuity of services, including but not limited to services to address students' academic needs and students' and staff social, emotional, mental health and other needs, which may include student health and food services.

Describe how the LEA will ensure continuity of services in case isolation, quarantine, or future school closures are required, including how the LEA will meet the needs of students with disabilities and English learners.

NA

4. The LEA sought public comments in the development of its plan and took those comments into account in the development of its plan.

Describe the LEA's policy or practice that provided the public with an opportunity to provide comments and feedback and the collection process. Describe how any feedback was incorporated into the development of the plan.

NA

In addition, the LEA provides the following assurances:

- The LEA has made (in the case of statutorily compliant plans) or will make (in the case of new plans) its plan publicly available no later than 30 days after receiving its ARP ESSER allocation.

Please insert link to the plan:

<https://lflcs.org/wp-content/uploads/2022/04/LFLCS-2020-21-COVID19-Response-Plan-v4.0.pdf>

- The LEA sought public comment in the development of its plan and took those public comments into account in the development of its plan.
- The LEA will periodically review and, as appropriate revise its plan, at least every six months.
- The LEA will seek public comment in determining whether to revise its plan and, if it determines revisions are necessary, on the revisions it makes to the plan.

- If the LEA revises its plan, it will ensure its revised plan addresses each of the aspects of safety currently recommended by the Centers for Disease Control (CDC), or if the CDC has revised its guidance, the updated safety recommendations at the time the LEA is revising its plan.
- The LEA has created its plan in an understandable and uniform format.
- The LEA's plan is, to the extent practicable, written in a language that parents can understand, or if not practicable, orally translated.
- The LEA will, upon request by a parent who is an individual with a disability, provide the plan in an alternative format accessible to that parent.

The following person or persons is/are the appropriate contact person for any questions or concerns about the aforementioned plan.

Please list name(s), title(s), address, county, and contact information for the person or persons responsible for developing, submitting, and amending the LEA plan.

Kenneth Lawrence-Emanuel, Executive Director  
Learning for Life Charter School  
3180 Imjin Rd, Suite 110, Marina, CA 93933  
kennethl@lflcs.org  
(831) 582-9820

# 2021-22 COVID-19 School Guidance Checklist

Name of Local Educational Agency : Learning for Life Charter School

Number of schools: 1

Enrollment: 2021-22 Projected Average: 188

Superintendent (or equivalent) Name: Kenneth Lawrence-Emanuel

Address: 3180 Imjin Rd, Suite 110 Marina, CA 93933

Phone Number: (831) 582-9820

Email: kennethl@lflcs.org

Date of proposed reopening: August 4, 2021

County: Monterey

Current Tier: NA

Type of LEA: Charter School

Grade Levels: 7th, 8th, 9th, 10th, 11th, 12th

X I, Kenneth Lawrence-Emanuel, post to the website of the local educational agency the COVID-19 Safety Plan, which consists of two elements: the **COVID-19 Prevention Program (CPP)**, pursuant to CalOSHA requirements, and this **CDPH COVID-19 Guidance Checklist** and accompanying documents, which satisfies requirements for the safe reopening of schools per CDPH [Guidance on Schools](#).

I confirm that reopening plan(s) address the following, consistent with guidance from the California Department of Public Health and the local health department:

X **Stable group structures (where applicable):** How students and staff will be kept in stable groups with fixed membership that stay together for all activities (e.g., instruction, lunch, recess) and minimize/avoid contact with other groups or individuals who are not part of the stable group.

Please provide specific information regarding:

How many students and staff will be in each planned stable, group structure? (If planning more than one type of group, what is the minimum and maximum number of students and staff in the groups?)

Students will be assigned to pods of up to 6 students that will be scheduled onto campus every other week, along with at most 3 other pods.

If you have departmentalized classes, how will you organize staff and students in stable groups? If you have electives, how will you prevent or minimize in-person contact for members of different stable groups?

Both regularly-scheduled courses and specially-scheduled remediation or acceleration courses will be held during blocks of time when no pods are scheduled onto campus.

**X Entrance, Egress, and Movement Within the School:** How movement of students, staff, and parents will be managed to avoid close contact and/or mixing of cohorts.

**X Face Coverings and Other Essential Protective Gear:** How CDPH's face covering requirements will be satisfied and enforced for staff and students.

**X Health Screenings for Students and Staff:** How students and staff will be screened for symptoms of COVID-19 and how ill students or staff will be separated from others and sent home immediately.

**X Healthy Hygiene Practices:** The availability of handwashing stations and hand sanitizer, and how their safe and appropriate use will be promoted and incorporated into routines for staff and students.

**X Identification and Tracing of Contacts:** Actions that staff will take when there is a confirmed case. Confirm that the school(s) have designated staff persons to support contact tracing, such as creation and submission of lists of exposed students and staff to the local health department and notification of exposed persons. Each school must designate a person for the local health department to contact about COVID-19.

**X Physical Distancing:** How space and routines will be arranged to allow for physical distancing of students and staff.

**X Staff Training and Family Education:** How staff will be trained and families will be educated on the application and enforcement of the plan.

**X Testing of Staff:** How school officials will ensure that students and staff who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test

results. Below, please describe any planned periodic asymptomatic staff testing cadence.

Staff asymptomatic testing cadence. Please note if testing cadence will differ by tier: **None Planned**

**X Testing of Students:** How school officials will ensure that students who have symptoms of COVID-19 or have been exposed to someone with COVID-19 will be rapidly tested and what instructions they will be given while waiting for test results. Below, please describe any planned periodic asymptomatic student testing cadence. **None Planned**

**X Identification and Reporting of Cases:** At all times, reporting of confirmed positive and suspected cases in students, staff and employees will be consistent with [Reporting Requirements](#).

**X Communication Plans:** How the superintendent will communicate with students, staff, and parents about cases and exposures at the school, consistent with privacy requirements such as FERPA and HIPAA.

**X Consultation: (For schools not previously open)** Please confirm consultation with the following groups

Labor Organization

Name of Organization(s) and Date(s) Consulted:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent and Community Organizations

Name of Organization(s) and Date(s) Consulted:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

*If no labor organization represents staff at the school, please describe the process for consultation with school staff:*

This plan was developed with input from staff gathered at weekly staff meetings, individual consultations with staff members, at a public meetings of our Board of Directors held during the 2020-21 school year.

**Additional Resources:**

[Guidance on Schools](#)

[Safe Schools for All Hub](#)

# Health and Safety Measures for LFLCS

## 1. Masks

At Learning for Life Charter School (LFLCS):

- a. Masks are optional outdoors for all.
- b. Students are required to mask indoors, with exemptions per [CDPH face mask guidance](#). Adults are required to mask when sharing indoor spaces with students.
- c. Persons exempted from wearing a face covering due to a medical condition, must wear a non-restrictive alternative, such as a face shield with a drape on the bottom edge, as long as their condition permits it.
- d. The school will provide a face covering to students who inadvertently fail to bring a face covering to school to prevent unnecessary exclusions.
- e. Consistent with guidance from the 2020-21 school year, the school will enforce the mask requirements. Additionally, the school will offer alternative educational opportunities for students who are excluded from campus because they will not wear a face covering.
- f. In limited situations where a face covering cannot be used for pedagogical or developmental reasons, (e.g., communicating or assisting young children or those with special needs) a face shield with a drape (per [CDPH guidelines](#)) can be used instead of a face covering while in the classroom as long as the wearer maintains physical distance from others. Staff must return to wearing a face covering outside of the classroom.

## 2. Physical distancing

- a. Recent evidence indicates that in-person interactions can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented. This is consistent with [CDC K-12 School Guidance](#).

## 3. Ventilation recommendations

- a. For indoor spaces, ventilation will be optimized, by following [CDPH Guidance on Ventilation of Indoor Environments and Ventilation and Filtration to Reduce Long-Range Airborne Transmission of COVID-19 and Other Respiratory Infections: Considerations for Reopened Schools](#).

The amount of outside air will be minimized due to other hazards, such as heat, wildfire smoke, or when the EPA Air Quality Index is greater than 100 for any pollutant.

The ventilation system will be properly maintained and adjusted by the building's owner. It is currently operated at the highest level of filtration efficiency.

The amount of outside air will be maximized, to the extent feasible, by opening doors and windows.

Portable HEPA filtration will be used in offices and rooms not reached by the ventilation system to reduce the risk of COVID-19 transmission. In addition, portable HEPA filtration will be used to supplement the ventilation areas furthest from doors and windows.

#### **4. Staying home when sick and getting tested**

- a. LFLCS staff and students will follow the strategy for Staying Home when Sick and Getting Tested from the [CDC](#).
- b. Staff will be and students will be encouraged to be tested for COVID-19 when symptoms are [consistent with COVID-19](#) , to help with rapid contact tracing and prevent possible spread at schools.
- c. Staff members and students with symptoms of COVID-19 infection will be advised not to return for in-person interactions until they have met CDPH criteria to return to school for those with symptoms:
  - i. At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
  - ii. Other symptoms have improved; and
  - iii. They have a negative test for SARS-CoV-2, OR a healthcare provider has provided documentation that the symptoms are typical of their underlying chronic condition (e.g., allergies or asthma) OR a healthcare provider has confirmed an alternative named diagnosis (e.g., Streptococcal pharyngitis, Coxsackie virus), OR at least 10 days have passed since symptom onset.

#### **5. Screening testing procedures**

- a. If necessary, LFLCS will implement screening testing, utilizing the CDPH’s robust State- and Federally-funded school testing program and subject matter experts available to support school decision making, including free testing resources to support screening testing programs (software, test kits, shipping, testing, etc.), and resources for schools interested in testing, including California’s Testing Task Force [K-12 Schools Testing Program](#) and [K-12 school-based COVID-19 testing strategies](#); The Safe Schools for [All state technical assistance \(TA\)](#) portal; and the [CDC K-12 School Guidance](#) screening testing considerations (in Section 1.4 and Appendix 2) that are specific to the school setting.

#### **6. Case reporting, contact tracing and investigation**

- a. Per AB 86 (2021) and California Code Title 17, section 2500, LFLCS will report COVID-19 cases to the local public health department.
- b. LFLCS’s COVID-19 liaison will assist the local health department with contact tracing and investigation.

**7. Quarantine recommendations for student close contacts who have completed the primary series of COVID-19 vaccines OR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days:**

- a. Quarantine is NOT recommended. Students without symptoms may remain in school and participate in all school activities. If symptoms develop, they should test and stay home; OR
- b. LFLCS may follow the recommendations provided in the [Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting](#)

**8. Quarantine recommendations for student close contacts who have NOT completed the [primary series](#) of COVID-19 vaccines NOR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days for exposures when both parties were wearing a mask, as required in K-12 indoor settings.**

These are adapted from the CDC K-12 guidance and CDC definition of a close contact. See the [K-12 Schools Guidance 2021-2022 Questions & Answers](#) for additional recommendations to focus on high-value contact tracing to protect students and staff.

- a. When both parties were wearing a mask in any school setting in which students are supervised by school staff (including indoor or outdoor school settings and school buses, including on buses operated by public and private school systems), students close contacts (more than 15 minutes over a 24-hour period within 0-6 feet) may undergo a modified quarantine as follows. They may continue to attend school for in-person instruction if they:
  - i. Are asymptomatic;
  - ii. Continue to appropriately mask, as required;
  - iii. Undergo at least twice weekly testing during quarantine; and
  - iv. Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting; OR
- b. Schools may follow the recommendations provided in the [Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting](#)

## 9. Quarantine durations for student close contacts who have NOT completed the [primary series](#) of COVID-19 vaccines NOR were previously infected with (laboratory confirmed) SARS-CoV-2 within the last 90 days:

- Standard quarantine (i.e., students who were not wearing masks or for whom the infected individual was not wearing a mask during the exposure); OR
- Modified quarantine (i.e., students as described in #8 above).

a. Quarantine can end after day 5 if symptoms are not present and a diagnostic specimen collected on day 5 or later tests negative. If unable to test or choosing not to test, and symptoms are not present, quarantine can end after day 10; OR

b. Schools may follow the recommendations provided in the [Group-Tracing Approach to Students Exposed to COVID-19 in a K-12 setting](#)

## 10. Isolation procedures

a. For both vaccinated and unvaccinated persons, LFLCS will follow the CDPH [Isolation Guidance](#) for those diagnosed with COVID-19. See Table 1, below.

## 11. Hand hygiene procedures

a. LFLCS will teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.

b. LFLCS will promote hand washing throughout the day, especially before and after eating, after using the toilet, and after handling garbage, or removing gloves.

c. LFLCS will ensure adequate supplies to support healthy hygiene behaviors, including soap, tissues, no-touch trash cans, face coverings, and hand sanitizers with at least 60 percent ethyl alcohol for staff and children who can safely use hand sanitizer.

## 12. Cleaning procedures

a. LFLCS will clean once a day to sufficiently remove potential virus that may be on surfaces.

LFLCS will also, as needed, disinfect (using disinfectants on the [U.S. Environmental Protection Agency COVID-19](#) list) to remove any remaining germs on surfaces, to further reduce any risk of spreading infection.

b. LFLCS will follow the recommendations in the CDC's [Cleaning and Disinfecting Your Facility](#) on cleaning its facility regularly, when to clean more frequently or disinfect, cleaning the facility when someone is sick, safe storage of cleaning and disinfecting products, and considerations for protecting workers who clean facilities.

c. When the facility has had a sick person with COVID-19 within the last 24 hours, LFLCS will clean AND disinfect the spaces occupied by that person during that time.

**Table 1**

<b>Persons Who Test Positive for COVID-19 (Isolation)</b>	<b>Recommended Action</b>
Everyone, regardless of vaccination status, previous infection or lack of symptoms.	<ul style="list-style-type: none"><li>● <b>Stay home</b> (PDF) for at least 5 days.</li><li>● Isolation can end after day 5 if symptoms are not present or are resolving <b>and</b> a diagnostic specimen* collected on day 5 or later tests negative.</li><li>● If unable to test or choosing not to test, and symptoms are not present or are resolving, isolation can end after day 10.</li><li>● If fever is present, isolation should be continued until fever resolves.</li><li>● If symptoms, other than fever, are not resolving continue to isolate until symptoms are resolving or until after day 10.</li><li>● Wear a well-fitting mask around others for a total of 10 days, especially in indoor settings (see Section below on masking for additional information)</li></ul> <p>*Antigen test preferred.</p>

### **13. Food service procedures**

- a. LFLCS will maximize physical distance as much as possible while staff and students are eating (especially indoors). LFLCS will use additional spaces outside of the campus building for mealtime seating to help facilitate distancing. LFLCS will arrange for eating outdoors as much as feasible.
- b. LFLCS will clean frequently touched surfaces. Surfaces that come in contact with food will be washed, rinsed, and sanitized before and after meals.
- c. Given very low risk of transmission from surfaces and shared objects, there is no need to limit food service approaches to single use items and packaged meals.

### **14. Vaccination recommendation and verification**

- a.. To inform implementation of prevention strategies that vary by vaccination status (testing, contact tracing efforts, and quarantine and isolation practices), LFLCS will follow the [CDC vaccine verification recommendations](#).

## **15. COVID-19 Safety Planning Transparency**

a. In order to build trust in the school community and support successful return to school, LFLCS will provide transparency to the school community regarding the school's safety plans. LFLCS will post a safety plan, communicating the safety measures in place for 2021-22, on the LEA's website and at the school, and disseminate to families in advance of the start of the school year.

### **Additional considerations or other populations**

#### *Students with disabilities or other health care needs*

- a. LFLCS will carefully consider how to address the legal requirements related to provision of a free appropriate public education and requirements to reasonably accommodate disabilities, which continue to apply.
- b. LFLCS will refer to the CDC K-12 guidance section on "[Disabilities or other health care needs](#)" for additional recommendations.

#### *Visitor procedures*

- a. LFLCS will limit nonessential visitors, volunteers, and activities involving external groups or organizations with people who are not fully vaccinated, particularly when there is moderate-to-high COVID-19 community transmission.
- c. LFLCS will not limit access for direct service providers, but will ensure compliance with school visitor policies.
- d. LFLCS will continue to emphasize the importance of staying home when sick. Anyone, including visitors, who have symptoms of infectious illness, such as flu or COVID-19, should stay home and seek testing and care.

# Continuity of Services

## Background: Our Independent Study Program

Learning for Life Charter School (LFLCS) is a nonclassroom based charter school that offers independent study to high-risk 7<sup>th</sup>—12<sup>th</sup> graders. We are an alternative school with Dashboard Alternative School Status (DASS), and so at least 70% of our students fall into one of 12 high-risk categories (credit deficient, with a high level of transiency, homeless, in the foster care system, truant, pregnant or parenting, a ward of the court, expelled, suspended more than 10 days in a school year, a recovered dropout, or with a 45-day gap in enrollment)

Since 2014, we have provided instruction via a digitally-delivered curriculum. Instruction is delivered asynchronously via Edgenuity, a web-based curriculum provider. Students can work from home, at our school site, or anywhere else they can access a WiFi signal.

## Access to Devices and Connectivity

Upon enrollment, all students are provided a managed Chromebook, and students who need it are provided Wi-Fi access via a hotspot. Students and families are provided access to Google communication tools, including email and text.

## Supports

We operate a campus where students can come to get support for academics, wellness, and meeting basic needs. These supports are also available virtually.

To support students academically, LFLCS provides access to live tutors who are employees of LFLCS, virtual tutors within the Edgenuity workspace, and teachers with content-area specialties. We have remedial and accelerated courses available to students to support their access of the California Standards.

All staff are trained to provide Trauma Informed Care. During the COVID pandemic, we increased our counselor and school psychologist to full time, in order to provide more service to students with mental health and wellness needs. We also hired a full-time school social worker to better support students meeting their basic needs.

## Pupil Participation and Progress

Teachers monitor student progress through live contacts and the monitoring of synchronous and asynchronous instructional minutes. We utilize the procedures established for independent study programs to measure participation and determine the time value of pupil work.

## Supports for Students with Unique Needs

LFLCS is its own LEA for the purpose of Special Education and is a member of the Sonoma County Charter SELPA. LFLCS provides a full continuum of services to students with disabilities. Most commonly, we provide SAI, individual counseling and speech and language instruction to our students. These services are provided in person or virtually as preferred by the students and their families.

LFLCS also provides supports to students in foster care and who are experiencing homelessness. These supports may include additional supplies and materials, food, as well as assistance finding housing, medical care, legal assistance, and other services.

#### Continuity of instruction

When the Shelter in Place orders were issued, since LFLCS was already providing learning at a distance and accounting for ADA via independent study procedures, we did not close the school, but we did shutter our campus. We switched to providing all supports virtually, including Special Education. Students who needed assistance with basic needs were supported virtually and in person, either through “touchless” contacts on campus or via home visits. Students were already fully equipped to work from home. Prior to the shelter-in-place orders, all staff had worked from campus, so they were not equipped to work from home. We consequently equipped teachers, tutors, our Education Specialist, psychologist, counselor, and all other staff to work from home. Once working from home, the staff provided new structured and unstructured opportunities for students to gather online with staff and each other, in addition to continuing weekly student/parent/teacher meetings, tutoring and counseling appointments, and group learning activities (art class, guitar lessons, and more).

If conditions require us to return to remote learning, LFLCS will return to the procedures we implemented during the Shelter in Place period to ensure continuity of instruction.

# COVID-19 Prevention Program (CPP) for Learning for Life Charter School

This CPP is designed to control employees' 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

Date: January 27, 2022

## **Authority and Responsibility**

The Executive Director 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 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.

## **Identification and Evaluation of COVID-19 Hazards**

We implement the following in our workplace:

- Conduct workplace-specific evaluations using the Appendix A: Identification of COVID-19 Hazards form.
- Document the vaccination status of our employees by using Appendix E: Documentation of Employee COVID-19 Vaccination Status, which is maintained as a confidential medical record.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Develop COVID-19 policies and procedures to respond effectively and immediately to individuals at the workplace who are a COVID-19 case to prevent or reduce the risk of transmission in the workplace. See Health and Safety Measures for LFLCS, above.
- 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 using the Appendix B: COVID-19 Inspections form as needed to identify and evaluate unhealthy conditions, work practices, and work procedures related to COVID-19 and to ensure compliance with our COVID-19 policies and procedures.

## **Employee participation**

Employees are encouraged to participate in the identification and evaluation of COVID-19 hazards by communicating with the Executive Director.

## **Employee screening**

We screen our employees and respond to those with COVID-19 symptoms as described in the Health and Safety Measures for LFLCS, above.

### **Correction of COVID-19 Hazards**

Unsafe or unhealthy work conditions, practices or procedures are documented on the Appendix B: COVID-19 Inspections form, and corrected in a timely manner based on the severity of the hazards, as described in the Health and Safety Measures for LFLCS, above.

### **Control of COVID-19 Hazards**

#### ***Face Coverings***

We provide clean, undamaged face coverings and ensure they are properly worn by employees that are not fully vaccinated when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH).

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

- When an employee is alone in a room or a vehicle.
- While eating or drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent feasible.
- Employees are required to wear respirators in accordance with our respirator program that meets section 5144 requirements.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees will wear an effective, non-restrictive alternative, such as a face shield with a drape on the bottom, if their condition permits it. If their condition does not permit it, then the employee will be at least six feet apart from all other persons and either fully vaccinated or tested at least weekly for COVID-19.
- Specific tasks that cannot feasibly be performed with a face covering. This exception is limited to the time in which such tasks are being performed.

Any employee not wearing a required face covering or allowed non-restrictive alternative, will be at least six feet apart from all other persons unless the unmasked employee is either fully vaccinated or tested at least weekly for COVID-19.

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

Face coverings will also be provided to any employee that requests one, regardless of their vaccination status.

#### **Engineering controls**

For indoor locations, using Appendix B, we identify and evaluate how to maximize, to the extent feasible, ventilation with outdoor air using the highest filtration efficiency compatible with our existing ventilation system, and whether the use of portable or mounted High Efficiency Particulate Air (HEPA) filtration units, or other air cleaning systems, would reduce the risk of transmission as described in the Health and Safety Measures for LFLCS, above.

### ***Cleaning and disinfecting***

We implement the cleaning and disinfection measures for frequently touched surfaces and objects, such as doorknobs, elevator buttons, equipment, tools, handrails, handles, controls, phones, headsets, bathroom surfaces, and steering wheels described in the Health and Safety Measures for LFLCS, above.

Should we have a COVID-19 case in our workplace, we will implement the procedures described in the Health and Safety Measures for LFLCS, above.

### ***Hand sanitizing***

To implement effective hand sanitizing procedures, we will implement the procedures described in the Health and Safety Measures for LFLCS, above.

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

We evaluate the need for PPE (such as gloves, goggles, and face shields) as required by section 3380, and provide and ensure use of such PPE as needed.

Upon request, we provide respirators for voluntary use to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person.

We provide and ensure use of respirators in compliance with section 5144 when deemed necessary by Cal/OSHA.

We also provide and ensure use of eye and respiratory protection when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids

### ***Testing of symptomatic employees***

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

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

We have developed effective procedures to investigate COVID-19 cases that include seeking information from our employees regarding COVID-19 cases, close contacts, test results, and onset of symptoms. This is accomplished by using the Appendix C: Investigating COVID-19 Cases form.

We also ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, except for COVID-19 cases who were allowed to return to work per our return-to-work criteria and have remained free of symptoms for 90 days after the initial onset of symptoms, or for cases who never developed symptoms, for 90 days after the first positive test.

- The information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to these employees.
- Written notice within one business day of our knowledge of a COVID-19 case that people at the worksite may have been exposed to COVID-19. This notice will be provided to all employees (and their authorized representative), independent contractors and other employers on the premises at the same worksite as the COVID-19 case during the high-risk exposure period. These notifications will meet the requirements of T8CCR section 3205(c)(3)(B) and Labor Code section 6409.6(a)(4); (a)(2); and (c).
- We consider a “close contact” that meets the definition as described in section 3205(b)(1) definition; “high-risk exposure period” meets the section 3205(b)(10) definition; and “worksite” meets the section 3205(b)(12) definition]

### **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, and that it includes the following information:

- Employees should report COVID-19 symptoms, possible close contacts and hazards to the COVID-19 Liaison by phone, email, text or other means of communication.
- That employees can report symptoms, possible close contacts and hazards without fear of reprisal.
- How employees with medical or other conditions that put them at increased risk of severe COVID-19 illness can request accommodations.
- Access to COVID-19 testing when testing is required.
- The COVID-19 hazards employees (including other employers and individuals in contact with our workplace) may be exposed to, what is being done to control those hazards, and our COVID-19 policies and procedures.

### **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.

### **Exclusion of COVID-19 Cases and Employees who had a Close Contact**

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

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees that had a close contact from the workplace until our return-to-work criteria have been met, with the following exceptions:
  - Employees who were fully vaccinated before the close contact and who do not develop COVID-19 symptoms, provided they wear a face covering and maintain six feet of physical distance from others in the workplace for 14 days following the last date of close contact.
  - COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms do not need to be excluded from the workplace for 90 days after the initial onset of COVID-19 symptoms, provided they wear a face covering and maintain six feet of distance from others in the workplace for 14 days following the last date of close contact.
  - COVID-19 cases who returned to work per our return-to-work criteria who never developed COVID-19 symptoms do not need to be excluded from the workplace for 90 days after the first positive test, provided they wear a face covering and maintain six feet of distance from others in the workplace for 14 days following the last date of close contact.
- If we do not exclude an employee who had a close contact as permitted by the above three exceptions, we will provide the employee with information about any applicable precautions recommended by CDPH for individuals with close contact.
- For employees excluded from work, continuing, and maintaining employees' earnings, wages, seniority, and all other employees' rights and benefits.
- Providing employees at the time of exclusion with information on available benefits.

## Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases and outbreaks at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with section 3203(b).
- Make our written COVID-19 Prevention Program available at the workplace to employees, authorized employee representatives, and to representatives of Cal/OSHA immediately upon request.
- Use the Appendix C: Investigating COVID-19 Cases form to keep a record of and track all COVID-19 cases.

## Return-to-Work Criteria

- **COVID-19 cases with symptoms** will not return to work until all the following have occurred:
  - At least 24 hours have passed since a fever of 100.4 °F. or higher has resolved without the use of fever-reducing medications, and
  - COVID-19 symptoms have improved, and
  - At least 10 days have passed since COVID-19 symptoms first appeared.
- **COVID-19 cases who tested positive but never developed symptoms** will not return to work until a minimum of 10 days have passed since the date of specimen collection of their first positive COVID-19 test.
- A negative COVID-19 test will not be required for an employee to return to work once the requirements for “cases with symptoms” or “cases who tested positive but never developed symptoms” (above) have been met.
- Persons who had a close contact may return to work as follows:
  - Close contact but never developed symptoms: after 14 days have passed since the last known close contact unless either of the following exceptions apply:
    - Ten days have passed since the last known close contact and the person wears a face covering and maintains six feet of physical distance from others while at the workplace for 14 days following the last date of close contact.
    - Seven days have passed since the last known close contact; the person tested negative for COVID-19 using a COVID-19 test with the specimen taken at least five days after the last known close contact; and the person wears a face covering and maintains six feet of physical distance from others while at the workplace for 14 days following the last date of close contact.
  - Close contact with symptoms: when the “COVID-19 cases with symptoms” criteria (above) have been met.
- If an order to isolate, quarantine, or exclude an employee is issued by a local or state health official, the employee will not return to work until the period of isolation or quarantine is completed or the order is lifted.

Kenneth Lawrence-Emanuel

Kenneth Lawrence-Emanuel, Executive Director

January 27, 2022

Date

## 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, trainings, 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 stationary work.

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

## Appendix B: COVID-19 Inspections

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

Date: [enter date]

Name of person conducting the inspection: [enter names]

Work location evaluated: [enter information]

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

\*Identify and evaluate how to maximize ventilation with outdoor air; the highest level of filtration efficiency compatible with the existing ventilation system; and whether the use of portable or mounted HEPA filtration units, or other air cleaning systems, would reduce the risk of COVID-19 transmission. Review applicable orders and guidance from the State of California and local health departments related to COVID-19 hazards and prevention have been reviewed, including the CDPH Interim Guidance for Ventilation, Filtrations, and Air Quality in Indoor Environments and information specific to your industry, location, and operations. We maximize the quantity of outside air provided to the extent feasible, except when the United States Environmental Protection Agency (EPA) Air Quality Index is greater than 100 for any pollutant or if opening windows or maximizing outdoor air by other means would cause a hazard to employees, for instance from excessive heat or cold.

## 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

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: Documentation of Employee COVID-19 Vaccination Status - **CONFIDENTIAL**

Employee Name	Fully or Partially Vaccinated <sup>[1]</sup>	Method of Documentation <sup>[2]</sup>

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[1] Update, accordingly and maintain as confidential medical record. T8CCR section 3205(b)(9) definition of “fully vaccinated” will be applied.

[2] Acceptable options include:

- Employees provide proof of vaccination (vaccine card, image of vaccine card or health care document showing vaccination status) and employer maintains a copy.
- Employees provide proof of vaccination. The employer maintains a record of the employees who presented proof, but not the vaccine record itself.
- Employees self-attest to vaccination status and employer maintains a record of who self-attests.

## **Additional Consideration #1**

### Multiple COVID-19 Infections and COVID-19 Outbreaks

[This addendum will need to be added to your CPP if three or more employee COVID-19 cases within an exposed group visited the workplace during their high-risk exposure period at any time during a 14-day period. Reference section 3205.1 for details.]

This addendum will stay in effect until there are no new COVID-19 cases detected in the exposed group for a 14-day period.

### COVID-19 testing

•We provide COVID-19 testing at no cost to all employees, during paid time, in our exposed group except for:

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

•COVID-19 testing consists of the following:

- All employees in our exposed group are immediately tested and then again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine, isolation, or exclusion period required by, or orders issued by, the local health department.
- After the first two COVID-19 tests, we continue to provide COVID-19 testing once a week of employees in the exposed group who remain at the workplace, or more frequently if recommended by the local health department, until there are no new COVID-19 cases detected in our workplace for a 14-day period.
- We provide additional testing when deemed necessary by Cal/OSHA.

We continue to comply with the applicable elements of our CPP, as well as the following:

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

### COVID-19 investigation, review, and hazard correction

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

The investigation and review is documented and includes:

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

#### Buildings or structures with mechanical ventilation

We will filter recirculated air with Minimum Efficiency Reporting Value (MERV) 13 or higher efficiency filters, if compatible with the ventilation system. If MERV-13 or higher filters are not compatible, we will use filters with the highest compatible filtering efficiency. We will also evaluate whether portable or mounted High Efficiency Particulate Air (HEPA) filtration units or other air cleaning systems would reduce the risk of transmission and, if so, implement their use to the degree feasible.

## **Additional Consideration #2**

### **Major COVID-19 Outbreaks**

[This addendum will need to be added to your CPP should 20 or more employee COVID-19 cases in an exposed group visit your workplace during the high-risk exposure period within a 30-day period. Reference section 3205.2 for details.]

This addendum will stay in effect until there are fewer than three COVID-19 cases detected in our exposed group for a 14-day period.

We continue to comply with the Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, except that the COVID-19 testing, regardless of vaccination status, is made available to all employees in the exposed group twice a week, or more frequently if recommended by the local health department.

In addition to complying with our CPP and Multiple COVID-19 Infections and COVID-19 Outbreaks addendum, we also:

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

## **Additional Consideration #3**

### COVID-19 Prevention in Employer-Provided Transportation

[This addendum will need to be added to your CPP if there is employer-provided motor vehicle transportation, which is any transportation of an employee, during the course and scope of employment, including transportation to and from different workplaces, jobsites, delivery sites, buildings, stores, facilities, and agricultural fields provided, arranged for, or secured by an employer, regardless of the travel distance or duration involved. Reference section 3205.4 for details.

This addendum does not apply:

- If the driver and all passengers are from the same household outside of work, such as family members, or if the driver is alone in the vehicle.
- To employer-provided transportation when necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications and medical operations.
- To employees with occupational exposure as defined by section 5199.
- To vehicles in which all employees are fully vaccinated.
- To public transportation]

### Assignment of transportation

To the extent feasible, we reduce exposure to COVID-19 hazards by assigning employees sharing vehicles to distinct groups and ensuring that each group remains separate from other such groups during transportation, during work activities, and in employer-provided housing. We prioritize shared transportation assignments in the following order:

- Employees residing in the same housing unit are transported in the same vehicle.
- Employees working in the same crew or workplace are transported in the same vehicle.
- Employees who do not share the same household, work crew or workplace are transported in the same vehicle only when no other transportation alternatives are feasible.

### Face coverings and respirators

We ensure that the:

- Face covering requirements of our CPP Face Coverings are followed for employees waiting for transportation, if applicable.
- All employees who are not fully vaccinated are provided with a face covering, which must be worn unless an exception under our CPP Face Coverings applies.
- Upon request, we provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees in the vehicle who are not fully vaccinated.

### Screening

We develop, implement, and maintain effective procedures for screening and excluding drivers and riders with COVID-19 symptoms prior to boarding shared transportation.

### Cleaning and disinfecting

We ensure that:

- All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned to prevent the spread of COVID-19 and are cleaned and disinfected if used by a COVID-19 case during the high-risk exposure period, when the surface will be used by another employee within 24 hours of the COVID-19 case.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned to prevent the spread of COVID-19 between different drivers and are disinfected after use by a COVID-19 case during the high-risk exposure period, if the surface will be used by another employee within 24 hours of the COVID-19 case.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.

### Ventilation

We ensure that vehicle windows are kept open, and the ventilation system is set to maximize outdoor air and not set to recirculate air. Windows do not have to be kept open if one or more of the following conditions exist:

- The vehicle has functioning air conditioning in use and excessive outdoor heat would create a hazard to employees.
- The vehicle has functioning heating in use and excessive outdoor cold would create a hazard to employees.
- Protection is needed from weather conditions; such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

### Hand hygiene

We provide hand sanitizer in each vehicle and ensure that all drivers and riders sanitize their hands before entering and exiting the vehicle. Hand sanitizers with methyl alcohol are prohibited.