



# COVID SAFETY PLAN

July 29, 2021

The COVID Safety Plan (CSP) incorporates the District's COVID Protection Plan (CPP). Board  
Approved <Inserted After Approval>

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## REDUCING STIGMA

It is important to remember that people – including those of Asian descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans.

- Public health emergencies, such as the outbreak of coronavirus disease 2019 (COVID-19), are stressful times for people and communities. Fear and anxiety about a disease *can lead to social stigma* toward people, places, or things. For example, stigma and discrimination can occur when people associate a disease, such as COVID-19, with a population or nationality, even though not everyone in that population or from that region is specifically at risk for the disease. Stigma can also occur after a person has been released from COVID-19 quarantine even though they are not considered a risk for spreading the virus to others.
- Some groups of people who may be experiencing stigma because of COVID-19 include:
  - Persons of Asian descent
  - People who have traveled
  - Emergency responders or healthcare professionals
- Stigma hurts everyone by creating fear or anger towards other people.
- Stigmatized groups may be subjected to:
  - Social avoidance or rejection
  - Denials of healthcare, education, housing or employment
  - Physical violence.
- Stigma affects the emotional or mental health of stigmatized groups and the communities they live in. Stopping stigma is important to making communities and community members resilient.
- Everyone can help stop stigma related to COVID-19 by knowing the facts and sharing them with others in your community.
  - Helping yourself and others cope with stress can make your community stronger. Learn about [Coping With Stress](#) during the COVID-19 outbreak.
- Communicators and public health officials can help counter stigma during the COVID-19 response.
  - Maintain privacy and confidentiality of those seeking healthcare and those who may be part of any contact investigation.
  - Quickly communicate the risk or lack of risk from associations with products, people, and places.
  - Raise awareness about COVID-19 without increasing fear.
  - Share accurate information about how the virus spreads.
  - Speak out against negative behaviors, including negative statements on social media about groups of people, or exclusion of people who pose no risk from regular activities.
  - Be cautious about the images that are shared. Make sure they do not reinforce stereotypes.
  - Engage with stigmatized groups in person and through media channels including news media and social media.
  - Thank healthcare workers and responders. People who have traveled to areas where the COVID-19 outbreak is happening to help have performed a valuable service to everyone by helping make sure this disease does not spread further.
  - Share the need for social support for people who have returned from China or are worried about friends or relatives in the affected region.

### **Confronting COVID-19 Related Harassment in Schools**

Harassment and other discrimination stemming from prejudice and unfounded fears about the coronavirus (COVID-19) is wrong and can have devastating effects on students and their families.

During the pandemic, false information and harmful statements about Asian American and Pacific Islander (AAPI) communities have led to increasing acts of intolerance across the nation—from verbal harassment to violence. In schools around the country, AAPI students have reported bullying and harassment by classmates because of their race or national origin, including their ethnicity, ancestry, and language.

Public elementary and secondary schools as well as colleges and universities have a responsibility to investigate and address discrimination, including harassment, targeting students because of their race or national origin. When schools fail to take appropriate steps, the Educational Opportunities Section of the Civil Rights Division (CRT) at the U.S. Department of Justice and the Office for Civil Rights (OCR) at the U.S. Department of Education can help by enforcing federal laws that protect students from discrimination.

- If you believe a student has been treated unfairly—for example, treated differently, harassed, bullied, or retaliated against—because of their race or national origin, there are a number of actions you can take:
  - Notify a school leader (for example, a principal or student affairs staff) immediately. If you don't get the help you need, file a formal complaint with the school, school district, college, or university. Keep records of responses you receive.
  - Write down the details about what happened, where and when the incident happened, who was involved, and the names of any witnesses. Do this for every instance of discrimination and keep copies of any related documents or other information.
  - Ask the school or college/university to translate its documents (like a complaint form) and messages into a language you understand. Ask for an interpreter if you need help speaking with school staff in a language other than English.
  - If the school or college/university does not take steps to address your complaint or the discrimination continues, consider filing a complaint with the Civil Rights Division of the U.S. Department of Justice at [civilrights.justice.gov](https://civilrights.justice.gov), or with the Office for Civil Rights at the U.S. Department of Education at <https://www2.ed.gov/ocr/complaintintro.html> (to file a complaint in English) or <https://www2.ed.gov/about/offices/list/ocr/docs/howto.html> (to file a complaint in a non-English language).

## SCREENING

### Daily Home Screening for Students

Parents/guardians will screen their child every day prior to leaving for school using the below Home Screening Checklist.

#### SECTION 1: Symptoms

If your child has any of the following symptoms, that indicates a possible illness that may decrease the student's ability to learn and also put them at risk for spreading illness to others. Please check your child for these symptoms:

- ☐ Temperature 100.4 degrees Fahrenheit or higher when taken by mouth;
- ☐ Sore throat;
- ☐ **New** uncontrolled cough that causes difficulty breathing (for students with chronic allergic/asthmatic cough, a change in their cough from baseline);
- ☐ Diarrhea, vomiting, or abdominal pain; or
- ☐ New onset of severe headache, especially with a fever.

#### SECTION 2: Close Contact/Potential Exposure

- ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with a person with confirmed COVID-19; OR
  - ☐ Had close contact (within 6 feet of an infected person for at least 15 minutes) with person under quarantine for possible exposure to SARS-CoV-2; OR
  - ☐ Traveled to or lived in an area where the local, Tribal, territorial, or state health department is reporting large numbers of COVID-19 cases as described in the [Community Mitigation Framework](#)
  - ☐ Live in areas of high community transmission (as described in the [Community Mitigation Framework](#)) while the school remains open
- If the student/parent/caregiver answers YES to any question in Section 1 but NO to any questions in Section 2, the student would be excused from school in accordance with existing school illness management policy (e.g., until symptom-free for 24 hours without fever reducing medications).
  - If the student or parent or caregiver answers YES to any question in Section 1 and YES to any question in Section 2, the student should be referred for evaluation by their healthcare provider and possible testing.
  - Students diagnosed with COVID-19 or who answer YES to any question in Section 1 and YES to any question in Section 2 without negative test results should stay home, isolate themselves from others, monitor their health, and follow directions from their state or local health department. Students and their families should be advised that the local health department may contact the family for contact tracing. If contacted, families should notify the contract tracer that the student attended school.

### Staff and Volunteer Screening

- Staff and essential volunteers will conduct a daily check-in via Facilitron prior to having any contact with students and staff.
- “Non-Essential” Volunteers will be restricted from all campuses.

### **Visual Inspection Symptoms**

Make a visual inspection of the student for signs of illness which could include flushed cheeks, rapid breathing or difficulty breathing (without recent physical activity), fatigue, or extreme fussiness.

- Visual inspections do not have to be scheduled but can be done by all staff. [CDC: Symptoms of Coronavirus](#). If a student is experiencing symptoms they should be sent to the school nurse in the designated isolation room.
  - Fever or chills
  - Cough
  - Shortness of breath or difficulty breathing
  - Fatigue
  - Muscle or body aches
  - Headache
  - New loss of taste or smell
  - Sore throat
  - Congestion or runny nose
  - Nausea or vomiting
  - Diarrhea
- Symptom screenings will identify only that a person may have an illness, not that the illness is COVID-19. Many of the symptoms of COVID-19 are also common in other childhood illnesses like the common cold, the flu, or seasonal allergies. The table below illustrates some of the overlap between the symptoms of COVID-19 and other common illnesses.

## FACE COVERINGS

Masks are one of the most effective and simplest safety mitigation layers to prevent in-school transmission of COVID-19 infections and to support full time in-person instruction in K-12 schools. SARS-CoV-2, the virus that causes COVID-19, is transmitted primarily by aerosols (airborne transmission), and less frequently by droplets. Physical distancing is generally used to reduce only droplet transmission, whereas masks are one of the most effective measures for source control of both aerosols and droplets. Therefore, masks best promote both safety and in-person learning by reducing the need for physical distancing. Additionally, under the new guidance from the CDC, universal masking also permits modified quarantine practices under certain conditions in K-12 settings, further promoting more instructional time for students.

### Masks Requirements

K-12 students are required to mask indoors, with exemptions per CDPH face mask guidance. Vaccinated and unvaccinated adults in K-12 school settings are required to mask in indoor settings.

- Persons younger than two years old, anyone who has trouble breathing, anyone who is unconscious or incapacitated, and anyone who is otherwise unable to remove the face covering without assistance are exempt from wearing a face covering.
- Masks are optional outdoors for all in K-12 school settings.
- A cloth face covering, or face shield should be removed for meals, snacks, naptime, or outdoor recreation, or when it needs to be replaced. When a cloth face covering is temporarily removed, it should be placed in a clean paper bag (marked with the student's name and date) until it needs to be put on again.
- Students who inadvertently fail to bring a face covering to school will be provided one by the school. Students who have been excluded from campus for non-compliance of this guidance will be offered an alternative educational opportunity by the school.
- All staff must use face coverings in accordance with CDPH guidelines unless Cal/OSHA standards require respiratory protection.
- Workers or other persons handling or serving food must use gloves in addition to face coverings.
- The school site will provide masks to those individuals who need them.
- PGUSD will continue to provide an Independent Study option for families. Please contact your school site's Principal or the District Office for more information and how to enroll.

### Clear Masks

Clear masks or cloth masks with a clear plastic panel are an alternative type of mask for people who interact with

- People who are deaf or hard of hearing.
- Young children or students learning to read.
- Students learning a new language.
- People with disabilities.
- People who need to see the proper shape of the mouth for making appropriate vowel sounds (for example, when singing).
- If you use this type of mask, make sure.
  - You can breathe easily.
  - Excess moisture does not collect on the inside of the mask.



- You remove the mask before sleeping, since the plastic part could form a seal around your mouth and nose and make it hard to breathe.










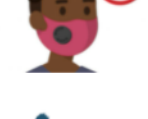


### **Face Shields**

CDC does not recommend using face shields or goggles as a substitute for masks. Goggles or other eye protection may be used in addition to a mask. Do NOT put a plastic face shield (or a mask) on newborns or infants. Face shields and goggles are primarily used to protect the eyes of the person wearing it. Goggles do not cover the nose and mouth. Face shields are not as effective at protecting you or the people around you from respiratory droplets. Face shields have large gaps below and alongside the face, where your respiratory droplets may escape and reach others around you and will not protect you from respiratory droplets from others. However, wearing a mask may not be feasible in every situation for some people. People who interact with those who are deaf or hearing impaired may find that a face shield is better than a mask when communicating. If you must wear a face shield instead of a mask:

- Choose a face shield that wraps around the sides of your face and extends below your chin or a hooded face shield. This is based on the limited available data that suggest these types of face shields are better at preventing spray of respiratory droplets.
- Wash your hands after removing the face shield. Avoid touching your eyes, nose, and mouth when removing it.
- Clean and disinfect reusable face shields according to the manufacturer's instructions or by following CDC face shield cleaning instructions. If you use a disposable face shield, wear it once and throw it away according to the manufacturer's instructions.

### Types of Masks

Some masks work better than others to help slow the spread of the virus that causes COVID-19. Note: N95 respirators approved by CDC's National Institute for Occupational Safety and Health (NIOSH) should be prioritized for healthcare personnel

Recommended	Not Recommended
 <p>Medical procedure masks (sometimes referred to as surgical masks or disposable face masks)</p>	 <p>Masks that do not fit properly (large gaps, too loose or too tight)</p>
 <p>Masks that fit properly (snugly around the nose and chin with no large gaps around the sides of the face)</p>	 <p>Masks made from materials that are hard to breathe through (such as plastic or leather)</p>
 <p>Masks made with breathable fabric (such as cotton)</p>	 <p>Masks made from fabric that is loosely woven or knitted, such as fabrics that let light pass through</p>
 <p>Masks made with tightly woven fabric (i.e., fabrics that do not let light pass through when held up to a light source)</p>	 <p>Masks with one layer</p>
 <p>Masks with two or three layers</p>	 <p>Masks with exhalation valves or vents</p>
 <p>Masks with inner filter pockets</p>	 <p>Wearing a scarf/ski mask</p>

Certain types of facial hair, like beards, can make mask fitting difficult. People with beards can

- Shave their beards.
- Trim their beards close to the face.
- Use a mask fitter or brace.
- Wear one disposable mask underneath a cloth mask that has multiple layers of fabric. The second mask should push the edges of the inner mask snugly against the face and beard.



## Wear your Face Covering Correctly

- Wash your hands before putting on your face covering
- Put it over your nose and mouth and secure it under your chin
- Try to fit it snugly against the sides of your face
- Make sure you can breathe easily



## Use the Face Covering to Protect Others

- Wear a face covering to help protect others in case you're infected but don't have symptoms
- Keep the covering on your face the entire time you're in public
- **Don't** put the covering around your neck or up on your forehead
- **Don't** touch the face covering, and, if you do, wash your hands



## Take Off Your Cloth Face Covering Carefully, When You're Home

- Untie the strings behind your head or stretch the ear loops
- Handle only by the ear loops or ties
- Fold outside corners together
- Place covering in the washing machine (learn more about [how to wash cloth face coverings](#))
- Be careful not to touch your eyes, nose, and mouth when removing and wash hands immediately after removing.

Cloth face coverings should be washed after each use. It is important to always remove face coverings correctly and wash your hands after handling or touching a used face covering.

### Washing Machine

- You can include your face covering with your regular laundry.
- Use regular laundry detergent and the warmest appropriate water setting for the cloth used to make the face covering.



### Washing by Hand

- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3rd cup) household bleach per gallon of room temperature water or
  - 4 teaspoons household bleach per quart of room temperature water
- Check the label to see if your bleach is intended for disinfection. Some bleach products, such as those designed for safe use on colored clothing, may not be suitable for disinfection. Ensure the bleach product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser.
- Soak the face covering in the bleach solution for 5 minutes.
- Rinse thoroughly with cool or room temperature water.



**Make sure to completely dry cloth face covering after washing.**

### Dryer

- Use the highest heat setting and leave in the dryer until completely dry



### Air Dry

- Lay flat and allow to completely dry. If possible, place the cloth face covering in direct sunlight.



### **Shared tools, equipment and personal protective equipment (PPE)**

- PPE must not be shared, e.g., gloves, goggles and face shields.
- Items that employees come in regular physical contact with, such as phones, headsets, desks, keyboards, writing materials, instruments and tools must also not be shared, to the extent feasible. Where there must be sharing, the items will be disinfected between uses.

- Employees will be responsible for disinfecting the items with a district issued disinfectant and microfiber or disinfecting wipes.
  - Employees will be trained to use disinfectant and take the DPR training.
- Sharing of vehicles will be minimized to the extent feasible, and high-touch points (for example, steering wheel, door handles, seatbelt buckles, armrests, shifter, etc.) will be disinfected between users.

## PHYSICAL DISTANCING

Recent evidence indicates that in-person instruction can occur safely without minimum physical distancing requirements when other mitigation strategies (e.g., masking) are implemented.

## VENTILATION









Ventilation is one component of maintaining healthy environments and is an important COVID-19 prevention strategy for schools and childcare programs. Wearing a well-fitting, multi-layer mask helps prevent virus particles from entering the air or being breathed in by the person wearing a mask. Good ventilation is another step that can reduce the number of virus particles in the air. Along with other preventive actions, ventilation can reduce the likelihood of spreading disease.

- Doors and windows will be opened during school hours and when rooms are occupied. Even just cracking open a window or door helps increase outdoor airflow, which helps reduce the potential concentration of virus particles in the air.
- HVAC systems have been adjusted to bring in the maximum amount of outdoor air. Thermostats have been programmed to be running during all occupied hours. During non-instructional hours thermostats have been programmed so staff can manually turn them on.
- If rooms do not have the ability to bring in fresh air through the HVAC system.
  - A portable HEPA filter has been provided.
  - Fans have been installed at windows to bring fresh air in.
- Demand Control Ventilation Controls have been disabled.
- MERV-8 filters have been sized and installed according to manufacturer's instructions. Filters have been sprayed with Nano Technology to kill any live viruses on contact. Filters will be replaced at the end of each Semester.

## STAYING HOME WHEN SICK AND GETTING TESTED

Students, teachers, and staff who have symptoms of infectious illness, such as influenza (flu) or COVID-19, should stay home and be referred to their healthcare provider for testing and care. Staying home when sick with COVID-19 is essential to keep COVID-19 infections out of schools and prevent spread to others. It also is essential for people who are not fully vaccinated to quarantine after a recent exposure to someone with COVID-19.

CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19. During the COVID-19 pandemic it is essential that parents keep children home if they are showing signs and symptoms of COVID-19 and get them tested.

Symptoms of COVID-19	Strep Throat	Common Cold	Flu	Asthma	Seasonal Allergies
FEVER 	✓		✓		
COUGH 		✓	✓	✓	✓
SORE THROAT 	✓	✓	✓		✓
SHORTNESS OF BREATH 				✓	
FATIGUE 		✓	✓	✓	✓
DIARRHEA OR VOMITING 	✓		✓		
RUNNY NOSE 		✓	✓		✓
BODY/ MUSCLE ACHES 	✓	✓	✓		

✓ Symptom of illness



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

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**Stay Home and Monitor Your Health**

- Watch for fever (100.4°F), cough, shortness of breath, or other symptoms of COVID-19
- If possible, stay away from others, especially people who are at higher risk for getting very sick from COVID-19.

**Returning to Work and School**

- At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; and
- Other symptoms have improved; and
- 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.

**Immunocompromised**

- For individuals that have a weakened immune system (immunocompromised) due to a health condition or medication. [CDC Groups at Higher Risk](#)
  - People with conditions that weaken their immune system might need to stay home longer. Talk to your healthcare provider for more information. If testing is available in your community, it may be recommended by your healthcare provider.
    - Asthma (moderate-to-severe)
      - COVID-19 can affect your respiratory tract (nose, throat, lungs), cause an asthma attack, and possibly lead to pneumonia and serious illness.
    - Chronic kidney disease being treated with dialysis
      - Dialysis patients are more prone to infection and severe illness because of weakened immune systems; treatments and procedures to manage kidney failure; and coexisting conditions such as diabetes.
    - Chronic lung disease
      - Based on data from other viral respiratory infections, COVID-19 might cause flare-ups of chronic lung diseases leading to severe illness.
    - Diabetes, including type 1, type 2, or gestational,
      - People with diabetes whose blood sugar levels are often higher than their target are more likely to have diabetes-related health problems. Those health problems can make it harder to overcome COVID-19.
    - Hemoglobin Disorders
      - Living with a hemoglobin disorder can lead to serious multi-organ complications, and underlying medical conditions (such as heart disease, liver disease, diabetes, iron overload, kidney disease, viral infections, or weakened immune system) may increase the risk of severe illness from COVID-19
    - Immunocompromised
      - People with a weakened immune system have reduced ability to fight infectious diseases, including viruses like COVID-19. Knowledge is limited about the virus that causes COVID-19, but based on similar viruses, there is concern that immunocompromised patients may remain infectious for longer than other COVID-19 patients.



- Liver disease, including cirrhosis
- People aged 65 years and older
  - Although COVID-19 can affect any group, the older you are, the higher your risk of serious disease. Eight out of 10 deaths reported in the U.S. have been in adults 65 years or older; risk of death is highest among those 85 years or older. The immune systems of older adults weaken with age, making it harder to fight off infections. Also, older adults commonly have chronic diseases that can increase the risk of severe illness from COVID-19.
- Serious heart conditions
  - Serious heart conditions, including heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension, may put people at higher risk for severe illness from COVID-19. COVID-19, like other viral illnesses such as the flu, can damage the respiratory system and make it harder for your heart to work. For people with heart failure and other serious heart conditions this can lead to a worsening of COVID-19 symptoms.
- Severe obesity
  - Severe obesity increases the risk of a serious breathing problem called acute respiratory distress syndrome (ARDS), which is a major complication of COVID-19 and can cause difficulties with a doctor's ability to provide respiratory support for seriously ill patients. People living with severe obesity can have multiple serious chronic diseases and underlying health conditions that can increase the risk of severe illness from COVID-19

### Testing

- Testing is available at the District Office (435 Hillcrest Ave) every Monday 8:00am-4:00pm. This testing is free to employees.
- Testing is available at various locations throughout Monterey County. Please click for [Monterey County Testing Locations](#) or call 1-888-634-1123.

**Screening and Testing Recommendations****Table 1. Screening Testing Recommendations for K-12 Schools by Level of Community Transmission**

	Low Transmission <sup>1</sup> Blue	Moderate Transmission Yellow	Substantial Transmission Orange	High Transmission Red
Students	Do not need to screen students.	Offer screening testing for students who are not fully vaccinated at least once per week.		
Teachers and staff	Offer screening testing for teachers and staff who are not fully vaccinated at least once per week.			
High risk sports and activities	Recommend screening testing for high-risk sports <sup>2</sup> and extracurricular activities <sup>3</sup> at least once per week for participants who are not fully vaccinated.		Recommend screening testing for high-risk sports and extracurricular activities twice per week for participants who are not fully vaccinated.	Cancel or hold high-risk sports and extracurricular activities virtually to protect in-person learning, unless all participants are fully vaccinated.
Low- and intermediate-risk sports	Do not need to screen students participating in low- and intermediate-risk sports. <sup>2</sup>	Recommend screening testing for low- and intermediate-risk sports at least once per week for participants who are not fully vaccinated.		

## QUARANTINE

### Who Needs to Quarantine?

- People who have tested positive for COVID-19 within the past 3 months and recovered do not have to quarantine or get tested again as long as they do not develop new symptoms.
- People who develop symptoms again within 3 months of their first bout of COVID-19 may need to be tested again if there is no other cause identified for their symptoms.
- People who have been in close contact with someone who has COVID-19 are not required to quarantine if they have been fully vaccinated against the disease and show no symptoms.

### What Counts as Close Contact

- You were within 0-6 feet of someone who has COVID-19 more than 15 minutes over a 24-hour period indoors.
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

### Vaccinated Close Contacts

For the purposes of this guidance, people are considered fully vaccinated for COVID-19: two weeks or more after they have received the second dose in a 2-dose series (Pfizer-BioNTech or Moderna), or two weeks or more after they have received a single-dose vaccine (Johnson and Johnson [J&J]/Janssen ).

- CDC guidance provides that people who are fully vaccinated and do not have COVID-19 symptoms do not need to quarantine or get tested after an exposure to someone with COVID-19.

### Unvaccinated Students and Staff for Exposures When Both Parties Were Wearing a Mask

- When both parties were wearing a mask in the indoor classroom setting, unvaccinated students and staff who are close contacts (more than 15 minutes over a 24-hour period within 0-6 feet indoors) may undergo a modified 10-day quarantine as follows. They may continue to attend school for in-person instruction if they:
  - Are asymptomatic;
  - Continue to appropriately mask, as required;
  - Undergo at least twice weekly testing during the 10-day quarantine; and
  - Continue to quarantine for all extracurricular activities at school, including sports, and activities within the community setting.

### Unvaccinated Close Contacts Who Were Not Wearing Masks or for Whom the Infected Individual was not Wearing a Mask During the Indoor Exposure; or Unvaccinated Students as Described Above.

- For these contacts, those who remain asymptomatic, meaning they have NOT had any symptoms, may discontinue self-quarantine under the following conditions:

- Quarantine can end after Day 10 from the date of last exposure without testing; OR
- Quarantine can end after Day 7 if a diagnostic specimen is collected after Day 5 from the date of last exposure and tests negative.
- To discontinue quarantine before 14 days following last known exposure, asymptomatic close contacts must:
  - Continue daily self-monitoring for symptoms through Day 14 from last known exposure; AND
  - Follow all recommended non-pharmaceutical interventions (e.g., wearing a mask when around others, hand washing, avoiding crowds) through Day 14 from last known exposure.
- If any symptoms develop during this 14-day period, the exposed person must immediately isolate, get tested and contact their healthcare provider with any questions regarding their care.

### Siblings

When a student tests positive for COVID-19 and they have a sibling in another classroom.

- Typically the sibling's classroom will not be quarantined unless, any members of the sibling's cohort was considered a close contact of an individual with a positive COVID-19 test result.
- Public health will determine who needs to be quarantined.

## ISOLATION

Isolation: separates those infected with a contagious disease from people who are not infected.

Quarantine: restricts the movement of persons who were exposed to a contagious disease in case they become infected.

- The California Department of Public Health (CDPH) recommends a symptom-based strategy to determine the duration of isolation for people with COVID-19 who are symptomatic, meaning they have symptoms. Persons with COVID-19 who have symptoms and were instructed to care for themselves at home may discontinue self-isolation under the following conditions:
  - At least 10 days have passed since symptom onset; AND
  - At least 24 hours have passed since resolution of fever without the use of fever-reducing medications; AND
  - Other symptoms have improved
- The symptoms-based strategy will prevent most, but not all, instances of secondary transmission. Increasing evidence suggests people with mild to moderate COVID-19 remain infectious no longer than 10 days after symptom onset. However, a very limited number of persons with severe illness or who are severely immunocompromised may warrant extending duration of isolation for up to 20 days after symptom onset. Consider consulting with local infectious disease experts when making decisions about discontinuing isolation of persons who are likely to remain infectious longer than 10 days.
- For persons with COVID-19 who are asymptomatic, meaning that they have NOT had any symptoms, CDPH recommends that these individuals be instructed to care for themselves at home. They may discontinue isolation under the following conditions:
- At least 10 days have passed since the date of the first positive COVID-19 diagnostic (federally approved Emergency Use Authorized molecular assay) test. If they develop symptoms, then the strategies for discontinuing isolation for symptomatic persons (see above) should be used.

## FOOD SERVICE

- Meals will be served outdoors or group dining rooms where practicable.
- Food service workers and staff in routine contact with the public will wear gloves and facial coverings.
  - Staff will wash hands and disinfect surfaces often.
  - Staff will wash hands and change gloves often.
  - Staff will maintain social distancing while working together in the kitchen.
- Staff will conduct daily self-health checks and will record in District employee health form.
- 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.

## TRANSPORTATION

Transportation includes Home-to-School, School-to-Home, Field Trips (bus and auto), and any school sponsored extra-curricular trips (bus or auto).

- Face Coverings are required. See [Face Coverings](#) in this document.
- Maximum of two persons per seat
- Windows will be open or cracked if doing so does not pose a safety risk.
- Students who show symptoms of COVID-19 will not be allowed on the bus.
  - Driver will notify the site the student attends so parents can be notified to pick student up from the bus stop.

## HEALTHY HYGIENE PRACTICES

Wash hands often with soap and water. If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.

### Hand Washing

Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community—from your home and workplace to childcare facilities and hospitals.



- Teach and reinforce washing hands, avoiding contact with one's eyes, nose, and mouth, and covering coughs and sneezes among students and staff.
  - Students and staff should wash their hands before and after eating; after coughing or sneezing; after being outside; and before and after using the restroom.
  - Students and staff should wash their hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single use cloth towels) to dry hands thoroughly.
  - Staff should model and practice handwashing. For example, for lower grade levels, use bathroom time as an opportunity to reinforce healthy habits and monitor proper handwashing.
  - Students and staff should use fragrance-free hand sanitizer when handwashing is not practicable. Sanitizer must be rubbed into hands until completely dry. Note: frequent handwashing is more effective than the use of hand sanitizers.
  - Ethyl alcohol-based hand sanitizers are preferred and should be used when there is the potential of unsupervised use by children. Isopropyl hand sanitizers are more toxic and can be absorbed through the skin.
  - Children under age 9 should use hand sanitizer under adult supervision. Call Poison Control if consumed: 1-800-222-1222.

- Portable handwashing stations have been installed throughout the sites and near classrooms to minimize movement and congregations in bathrooms to the extent practicable.

## ROUTINE CLEANING AND DISINFECTING

In general, cleaning once a day is usually enough to sufficiently remove potential virus that may be on surfaces. Disinfecting (using disinfectants on the U.S. Environmental Protection Agency COVID-19 list) removes any remaining germs on surfaces, which further reduces any risk of spreading infection.

- Daily site cleaning
  - Custodial cleaning schedules will revert to pre-COVID cleaning with the exception of daily disinfection. TK-K, restrooms, kitchens, indoor lunch areas will be cleaned and disinfected daily while 1<sup>st</sup>-12<sup>th</sup> restrooms will be cleaned every other day but disinfected daily.
- If a facility has had a sick person with COVID-19 within the last 24 hours, clean AND disinfect the spaces occupied by that person during that time.
  - Close off areas used by the individuals with COVID-19 and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets. Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection.
  - Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
- Cleaning and disinfecting toys/manipulatives and PE equipment
  - Toys that cannot be cleaned and sanitized should not be used.
  - Toys that children have placed in their mouths or that are otherwise contaminated by body secretions or excretions should be set aside until they are cleaned by hand by a person wearing gloves. Clean with water and detergent, rinse, sanitize with an EPA-registered disinfectant, rinse again, and air-dry. You may also clean in a mechanical dishwasher. Be mindful of items more likely to be placed in a child's mouth, like play food, dishes, and utensils.
  - Machine washable cloth toys should be used by one individual at a time or should not be used at all. These toys should be laundered before being used by another child.
  - Do not share toys with other groups of infants or toddlers, unless they are washed and sanitized before being moved from one group to the other.
  - Set aside toys that need to be cleaned. Place in a dish pan with soapy water or put in a separate container marked for "soiled toys." Keep dish pan and water out of reach from children to prevent risk of drowning. Washing with soapy water is the ideal method for cleaning. Try to have enough toys so that the toys can be rotated through cleanings.
  - Children's books, like other paper-based materials such as mail or envelopes, are not considered a high risk for transmission and do not need additional cleaning or disinfection procedures.
  - Use bedding (sheets, pillows, blankets, sleeping bags) that can be washed. Keep each child's bedding separate, and consider storing in individually labeled bins, cubbies, or bags. Cots and mats should be labeled for each child. Bedding that touches a child's skin should be cleaned weekly or before use by another child.
- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.



- Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 external icon and that are suitable for porous surfaces.
- Electronics
  - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or sprays containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Linens, Clothing, and Other Items That Go in the Laundry
  - In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
  - Wash items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry that has been in contact with an ill person can be washed with other people's items.
  - Clean and disinfect hampers or other carts for transporting laundry according to the guidance for hard or soft surfaces

## CONTACT US

- [www.pgusd.org](http://www.pgusd.org)
- District Office – (831) 646-6553
- Pacific Grove High School – (831) 646-6590
- Pacific Grove Middle School – (831) 646-6568
- Forest Grove Elementary – (831) 646-6560
- Robert Down Elementary – (831) 646-6540
- Community High School – (831) 646-6535
- Pacific Grove Adult School – (831) 646-6580

## IDENTIFICATION AND EVALUATION OF COVID-19 HAZARDS

- Conduct workplace-specific evaluations using the **Appendix A: Identification of COVID-19 Hazards** form.
- Evaluate employees' potential workplace exposures to all persons at, or who may enter, our workplace.
- Review applicable orders and general and industry-specific guidance from the State of California, Cal/OSHA, and the local health department related to COVID-19 hazards and prevention.
- Evaluate existing COVID-19 prevention controls in our workplace and the need for different or additional controls.
- Conduct periodic inspections 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.

### **Employee participation**

Employees and their authorized employees' representatives are encouraged to participate in the identification and evaluation of COVID-19 hazards by:

- Employees will contact their immediate supervisor to inquire into participation.

### **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:

- The severity of the hazard will be assessed by administration.
- A written correction plan will be developed that includes deadlines, assigned responsibilities, and follow-up measures.

## TRAINING AND INSTRUCTION

We will provide effective training and instruction that includes:

- Our COVID-19 policies and procedures to protect employees from COVID-19 hazards.
- Information regarding COVID-19-related benefits 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.
- Methods of physical distancing of at least six feet and the importance of combining physical distancing with the wearing of facecoverings.
- The fact that particles containing the virus can travel more than six feet, especially indoors, so physical distancing must be combined with other controls, including face coverings and hand hygiene, to be effective.
- The importance of frequent hand washing with soap and water for at least 20 seconds and using hand sanitizer when employees do not have immediate access to a sink or hand washing facility, and that hand sanitizer does not work if the hands are soiled.
- Proper use of face coverings and the fact that face coverings are not respiratory protective equipment - face coverings are intended to primarily protect other individuals from the wearer of the face covering.
- COVID-19 symptoms, and the importance of obtaining a COVID-19 test and not coming to work if the employee has COVID-19 symptoms.
- All staff will take a Keenan online training
- Appendix D: COVID-19 Training Roster will be used to document this training.

## REPORTING, RECORDKEEPING, AND ACCESS

It is our policy to:

- Report information about COVID-19 cases at our workplace to the local health department whenever required by law, and provide any related information requested by the local health department.
- Report immediately to Cal/OSHA any COVID-19-related serious illnesses or death, as defined under CCR Title 8 section 330(h), of an employee occurring in our place of employment or in connection with any employment.
- Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 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. The information will be made available to employees, authorized employee representatives, or as otherwise required by law, with personal identifying information removed.

## 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

## 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>Engineering</b>			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
<b>Administrative</b>			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
<b>PPE</b> (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			

## APPENDIX C: INVESTIGATING COVID-19 CASES

All personal identifying information of COVID-19 cases or symptoms will be kept confidential. All COVID-19 testing or related medical services provided by us will be provided in a manner that ensures the confidentiality of employees, with the exception of unredacted information on COVID-19 cases that will be provided immediately upon request to the local health department, CDPH, Cal/OSHA, the National Institute for Occupational Safety and Health (NIOSH), or as otherwise required by law.

All employees' medical records will also be kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace, with the following exceptions: (1) Unredacted medical records provided to the local health department, CDPH, Cal/OSHA, NIOSH, or as otherwise required by law immediately upon request; and (2) Records that do not contain individually identifiable medical information or from which individually identifiable medical information has been removed.

Date: **[enter date]**

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

### COVID-19 Case Investigation Information

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

## COVID-19 Case Investigation Information

Results of the evaluation of the COVID-19 case and all locations at the workplace that may have been visited by the COVID-19 case during the high-risk exposure period, and who may have been exposed (attach additional information):			
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:			
All employees who may have had COVID-19 exposure and their authorized representatives.	Date:		
	Names of employees that were notified:		
Independent contractors and other employers present at the workplace during the high-risk exposure period.	Date:		
	Names of individuals that were notified:		
What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?		What could be done to reduce exposure to COVID-19?	
Was local health department notified?		Date:	



## APPENDIX D: COVID-19 TRAINING ROSTER

Date: [enter date]

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

Employee Name	Signature

## APPENDIX E: SAMPLE LETTER TO STAFF

To:

From:

Re:

Date:

On <Date>, one of our staff members tested positive for COVID-19. They were exposed to COVID-19 <inside/outside> of the workplace and has quarantined for the recommended amount of time according to the CDC guidelines.

According to the Monterey County Public Health Guidance, <Site> may remain open for staff and others. We will continue to follow all guidelines as directed by the California Department of Public Health and the CDC. I will stay in contact and provide information to you in a timely manner as is necessary.

The safety and well-being of our students and staff are a top priority. This information is confidential and should not be discussed with others outside of our organization. If you have any questions please do not hesitate to contact me.

Out of an abundance of caution please take the time to review the information on the next page regarding COVID-19, how it is spread, and how best to protect yourself and others.

### Some general guidelines for you and working at school -

- During this time of increased COVID-19 spread, it is very important that we all do our part to keep everyone safe.
- If you have any symptoms (see below) and can work from home please do so.
- In your workspace at school keep windows and doors open as much as possible.
- Limit contact with others on campus.
- Minimize areas on campus that you have to access.
- Maintain six feet of distance when at all possible.
- Always wear a mask properly.
- Contact Barbara or Eric if you become ill or have questions or concerns.

Provided for you below is information about COVID-19, how it is spread, and how you can best protect yourself and others from contracting the disease.

Information about this disease:

Per the Centers for Disease Control, the disease is spread by:

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet for 15 minutes or longer in a 24-hour period).
- Respiratory droplets produced when an infected person coughs, sneezes, or talks.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- COVID-19 may be spread by people who are not showing symptoms.

### **The virus spreads easily between people**

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

### **The virus that causes COVID-19 is spreading very easily and sustainably between people.**

Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

### **The virus may be spread in other ways**

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

### **Symptoms of COVID-19:**

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Symptoms may include the following:

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

### **COVID-19 can be prevented by:**

- Washing hands often
- Avoiding close contact
- Covering mouth and nose with a cloth face cover when around others
- Covering coughs and sneezes

- Cleaning disinfecting frequently touched surface daily
- Monitoring your health daily

**What we are doing:**

- Disinfecting all classrooms and other frequently-touched areas.
- Notifying families of any student or staff who has come in contact or tests positive for COVID-19 and provide information about the disease.
- Continuing to practice proper handwashing several times per day and wearing face coverings.

**What you can do at home:**

- Practice routine cleaning and disinfecting of frequently touched surfaces
- Wash hands often; use a hand sanitizer that contains at least 60% alcohol if soap and water are not readily available and hands are not visibly dirty
- For a person who is sick:
  - Keep separate bedroom and bathroom
  - Eat (or be fed) in their room if possible
  - Dedicate a lined trash can for the person who is sick, if possible

If you have any symptoms of this COVID-19, call your doctor to find out what to do. Be sure to tell your doctor about this notice. If you do not have a regular doctor contact your local health department for instructions on how to find a doctor. If you have any questions, please contact: Katrina Powley, PGUSD Nurse (831) 275-5396 [kpowley@pgusd.org](mailto:kpowley@pgusd.org)

## APPENDIX F: MULTIPLE COVID-19 INFECTIONS AND COVID-19 OUTBREAKS

[This section will need to be added to this CPP if the workplace is identified by a local health department as the location of a COVID-19 outbreak, or there are three or more COVID-19 cases in your workplace within a 14-day period. Reference section [3205.1](#) for details.]

*This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.*

### COVID-19 Testing

- We will provide COVID-19 testing to all employees in our exposed workplace except for employees who were not present during the period of an outbreak identified by a local health department or the relevant 14-day period. COVID-19 testing will be provided at no cost to employees during employees' working hours.
- COVID-19 testing consists of the following:
  - All employees in our exposed workplace will be immediately tested and then tested again one week later. Negative COVID-19 test results of employees with COVID-19 exposure will not impact the duration of any quarantine period required by, or orders issued by, the local health department.
  - After the first two COVID-19 tests, we will continue to provide COVID-19 testing of employees who remain at the workplace at least once per week, 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 will provide additional testing when deemed necessary by Cal/OSHA.

### Exclusion of COVID-19 cases

- We will ensure COVID-19 cases and employees who had COVID-19 exposure are excluded from the workplace in accordance with our CPP Exclusion of COVID-19 Cases and Return to Work Criteria requirements, and local health officer orders if applicable.

### Investigation of workplace COVID-19 illness

- We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak.

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

- In addition, we will immediately perform a review of potentially relevant COVID-19 policies, procedures, and controls and implement changes as needed to prevent further spread of COVID-19.
- The investigation and review will be documented and include:
  - Investigation of new or unabated COVID-19 hazards including:
  - Our leave policies and practices and whether employees are discouraged from remaining home when sick.
  - Our COVID-19 testing policies.
  - Insufficient outdoor air.
  - Insufficient air filtration.
  - Lack of physical distancing.

- Updating the review:
  - 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 will consider:
  - Moving indoor tasks outdoors or having them performed remotely.
  - Increasing outdoor air supply when work is done indoors.
  - Improving air filtration.
  - Increasing physical distancing as much as possible.
  - Respiratory protection.

**Notifications to the local health department**

- Immediately, but no longer than 48 hours after learning of three or more COVID-19 cases in our workplace, we will contact the local health department for guidance on preventing the further spread of COVID-19 within the workplace.
- We will provide to the local health department the total number of COVID-19 cases and for each COVID-19 case, the name, contact information, occupation, workplace location, business address, the hospitalization and/or fatality status, and North American Industry Classification System code of the workplace of the COVID-19 case, and any other information requested by the local health department. We will continue to give notice to the local health department of any subsequent COVID-19 cases at our workplace.

## APPENDIX G: - MAJOR COVID-19 OUTBREAKS

[This section will need to be added to the CPP should the workplace experience 20 or more COVID-19 cases within a 30-day period. Reference section [3205.2](#) for details.]

*This section of CPP will stay in effect until there are no new COVID-19 cases detected in our workplace for a 14-day period.*

### COVID-19 testing

- We will provide twice a week COVID-19 testing, or more frequently if recommended by the local health department, to all employees present at our exposed workplace during the relevant 30-day period(s) and who remain at the workplace. COVID-19 testing will be provided at no cost to employees during employees' working hours.

### Exclusion of COVID-19 cases

- We will ensure COVID-19 cases and employees with COVID-19 exposure are excluded from the workplace in accordance with our CPP Exclusion of COVID-19 Cases and Return to Work Criteria, and any relevant local health department orders.

### Investigation of workplace COVID-19 illnesses

- We will immediately investigate and determine possible workplace-related factors that contributed to the COVID-19 outbreak.

### COVID-19 hazard correction

- In addition, we will take the following actions:
  - In 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 with the ventilation system, 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 implement their use to the degree feasible.
  - We will determine the need for a respiratory protection program or changes to an existing respiratory protection program under CCR Title 8 section 5144 to address COVID-19 hazards.
  - We will evaluate whether to halt some or all operations at our workplace until COVID-19 hazards have been corrected
  - Implement any other control measures deemed necessary by Cal/OSHA.

### Notifications to the local health department

- We will comply with the requirements of our Multiple COVID-19 Infections and COVID-19 Outbreaks-Notifications to the Local Health Department.