Las Gallinas Valley Sanitary District

COVID-19 Prevention Program

August 26, 2021

Prepared by

Las Gallinas Valley Sanitary District

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1.0 SCOPE

This section applies to all Las Gallinas Valley Sanitary District (herein referred to as “LGVSD”) employees and places of employment, including the Administrative Offices at 101 Lucas Valley Road, Suite 300 San Rafael, CA and the Plant location at 300 Smith Ranch Rd, San Rafael, CA (including the separate administrative building, lab, operator building, and construction site) with the following exceptions:

i. Places of employment with one employee who does not have contact with other persons.

ii. Employees working from home.

iii. Employees when covered by section 5199 (Aerosol Transmissible Diseases)

Nothing in this section is intended to limit more protective or stringent state or local health department mandates or guidance.

2.0 REFERENCES

a) CalOSHA Title 8, Section 3205
   a. 3205.1, Multiple COVID-19 Infection and COVID-19 Outbreaks
   b. 3205.2, Major COVID-19 Outbreaks
b) Section 142.3, Labor Code. Reference: Sections 142.3 and 144.6, Labor Code.
c) CalOSHA Title 8, Section 3203
d) CalOSHA Title 8, Section 330
e) CalOSHA Title 8, Section 5144
f) CalOSHA Title 8, Section 5199
g) Centers for Disease Control

3.0 DEFINITIONS

“COVID-19” means coronavirus disease, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

“COVID-19 case”

- Means a person who:
  - Has a positive “COVID-19 test” as defined in this section;
  - Is subject to a COVID-19-related order to isolate issued by a local or state health official; or
  - Has died due to COVID-19, in the determination of a local health department or per inclusion in the COVID-19 statistics of a county.

- A person is no longer a “COVID-19 case” in this section when a licensed health care professional determines that the person does not have COVID-19, in accordance with recommendations made by the California Department of Public Health (CDPH) or the local health department pursuant to authority granted under the Health and Safety Code or Title 17, California Code of Regulations to CDPH or the local health department.
“COVID-19 exposure” means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the “high-risk exposure period” defined by this section. This definition applies regardless of the use of face coverings.

“COVID-19 hazard” means exposure to potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, sneezing, or procedures performed on persons which may aerosolize saliva or respiratory tract fluids, among other things. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.

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

“COVID-19 test” means a viral test for SARS-CoV-2 that is: (A) Approved by the United States Food and Drug Administration (FDA) or has an Emergency Use Authorization from the FDA to diagnose current infection with the SARS-CoV-2 virus; and (B) Administered in accordance with the FDA approval or the FDA Emergency Use Authorization as applicable.

“Exposed workplace” means any work location, working area, or common area at work used or accessed by a COVID-19 case during the high-risk period, including bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The exposed workplace does not include buildings or facilities not entered by a COVID-19 case.

- Effective January 1, 2021, the “exposed workplace” also includes but is not limited to the “worksite” of the COVID-19 case as defined by Labor Code section 6409.6(d)(5).
- Separate “workplaces” can be considered the administration building, plant offices, lab offices, plant operations building

“Face covering” means a tightly woven fabric or non-woven material with no visible holes or openings, which covers the nose and mouth.

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

- For persons who develop COVID-19 symptoms: from two days before they first develop symptoms until 10 days after symptoms first appeared, and 24 hours have passed without fever, without the use of fever-reducing medications, and symptoms have improved; or
- For persons who test positive who never develop COVID-19 symptoms: from two days before until ten days after the specimen for their first positive test for COVID-19 was collected.
4.0 AUTHORITY AND RESPONSIBILITIES

4.1 ADMINISTRATOR

The General Manager 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.

a) Establish, implement, and maintain this program.
b) Identification of "at-risk" employees (conducted through risk assessment).
c) Conduct on-site PPE hazard assessments and ensure PPE is available and distributed.
d) Provide employees with accurate and up-to-date information from the CDC and/or County Health Dept.
e) Assess the general public’s accessibility to employee work area breathing zones (within 6 feet of an employee), how the virus could be transferred and what precautions can be established to prevent the virus from being transmitted to others. These precautions include:
   • Engineering controls: physical barriers between employees and the public. For example, plexiglass barriers or deep countertops.
   • Provide sanitizer: alcohol wipes, cleaning solution of diluted bleach or hand sanitizer with at least 60% alcohol, etc.
f) Ensure the implementation of all Work Practice Controls and Procedures.

4.2 DEPARTMENT HEADS, DIVISION MANAGERS

a) Enforce the workplace safety provisions specified in this program. Oversight of departmental compliance.
b) Completing department-specific sections of this program and communicate worksite protocols to all employees.
c) Storing this program in an accessible location.
d) Communicating the program location to all at-risk employees

e) Reviewing and updating department-specific sections annually or earlier if conditions or work processes change.
f) Notifying the Administrator immediately after an employee is hired or assigned to an at-risk occupation.
g) Help communicate administrative, engineering and PPE control measures regularly – multiple times daily if needed.
h) Ensure PPE required (masks, gloves, disinfectant materials) are available and provided to employees when needed.
i) Report any employee who exhibits COVID-19 symptoms, reports a positive COVID-19 diagnosis, or reports close contact with a confirmed COVID-19 case immediately to the Administrator. Assist with incident report and contact identification, if necessary.
j) Ensuring that new hires do not engage in activities with potential exposure until they have had the introductory training.
k) Allowing employees to attend training during regular work hours.
l) Maintaining training records for all program participants.

4.3 EMPLOYEES

Employees at risk of occupational exposure to infectious disease has the following compliance responsibilities and functions:

a) Compliance with the LGVSD’s safety and health policy.
b) Compliance with this Plan.
c) Wearing PPE, as assigned.
d) Complete daily symptom check self-certification and temperature screening, when appropriate (Appendix G).
e) Report any COVID-19 symptoms, or close contacts with confirmed COVID-19 cases, to your supervisor immediately.
f) Avoid non-essential work related travel and comply with all State and County guidelines and Health Orders at work and outside of work.

4.4 CONTRACTORS

Contractors performing project work shall be informed of the requirements of this program by receiving a copy of the program during pre-bid and/or pre-construction meetings, or by contacting the Administrator. In addition, contractors should be:

a) Informed of the presence of hazards in or near the work area.
b) Informed about the LGVSD’s requirements related to various safety and health programs.
c) Aware of the LGVSD’s expectations regarding safety compliance and the control of worksite hazards.

5.0 IDENTIFICATION AND EVALUATION OF COVID-19 HAZARDS

We implement the following in our workplace:

- Document the vaccination status of our employees and maintain this document 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.
- 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.

5.1.1 Employee participation

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

- Providing information to management when asked on workplace-specific evaluations, report potential workplace exposures, suggest additional COVID-19 prevention controls.

Employee screening

We screen our employees and respond to those with COVID-19 symptoms by having them self-screen according to CDPH guidelines and performing a COVID-19 Daily Safety Assessment by reviewing the COVID-19 Daily Safety Assessment Form (Appendix F).

6.0 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 follows:

- The severity of the hazard will be assessed by department managers and correction time frames assigned, accordingly.
- Department managers, working with Du-All Safety and other contract services, are responsible for timely correction.
- Follow-up measures will be taken to ensure timely correction.

7.0 CONTROL OF COVID-19 HAZARDS

7.1.1 Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by all employees when they are indoors or in vehicles, and where required by orders from the California Department of Public Health (CDPH) or Marin County Health & Human Services Department.
i. Masks are required inside ALL buildings unless you are eating or in an office alone with the door closed. All doors of occupied offices shall be closed. Masks are not required outdoors but are strongly recommended in crowded environments.

ii. Disposable face coverings may be found in the in the central area of the administration building and plant office. Employees are allowed to take what they need. If an employee prefers to have administration provide face coverings outside of the office, that is allowed and will be coordinated by administrative staff via USPS, FedEx, or other delivery method to avoid having employee come to the office.

iii. Employees are responsible to ask for replacements when the face coverings are grossly contaminated or deformed.

iv. LGVSD does not launder cloth face coverings. Employees are encouraged to regularly clean their own cloth face coverings if they chose to use them over disposable face coverings.

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.
• 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.

7.1.2 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.
We implement the following measures for situations where we cannot maintain at least six feet between individuals:

- Workstations are a minimum of 6’ apart where possible in all locations.
- Partitions are installed where there may be close contact including the front desk at the administrative offices.

We maximize, to the extent feasible, the quantity of outside air for our buildings with mechanical or natural ventilation systems by:

i. In circumstances where the amount of outside air needs to minimized due to other hazards, such as heat and wildfire smoke, the HVAC filters will be changed as recommended by servicing HVAC company.
ii. The ventilation system will be properly maintained and adjusted by our HVAC servicing company.
iii. The filtration efficiency will be kept at the highest level compatible with the existing ventilation system as determined by our servicing HVAC company.

### 7.1.3 Cleaning and disinfecting

We implement the following cleaning and disinfection measures for frequently touched surfaces:

i. We provide adequate supplies and adequate time for disinfection by employees to be done properly before and after the use of frequently touched surfaces.
ii. Employees and authorized employee representatives are notified of the frequency and scope of cleaning and disinfection.
iii. A janitorial company performs sanitizing of the administration building common areas bathrooms and lunchrooms, per our lease agreement with lessor, nightly. A separate janitorial company is contracted to clean the plant buildings twice a week. Employees are responsible for cleaning of their work areas, keyboards, phones, and desks; sanitizer and wipes are made available.

Should we have a COVID-19 case in our workplace, we will call a third-party contractor and nobody will be allowed in the affected building until disinfected.

### 7.1.4 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 by employees before and after each use. The janitorial company will provide additional cleaning of the offices and equipment upon special
request. 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 before and after each use.

7.1.5 **Hand sanitizing**

In order to implement effective hand sanitizing procedures, we implement the following policies/procedures:

i. Hand washing facilities have been evaluated by Du-All Safety and will continue to be monitored to ensure adequate supplies.

ii. The facilities for hand washing have been determined to be adequate in number.

iii. Employees are encouraged to wash hands frequently and are allowed adequate time for this task.

iv. Employees are provided effective hand sanitizer, and hand sanitizers that contain methanol (i.e. methyl alcohol) are prohibited.

v. Employees are directed to wash hands for at least 20 seconds frequently throughout the day and before eating and advised to avoid touching their face.

7.1.6 **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 CCR Title 8, section 3380, and provide such PPE as needed.

Anti-fog coatings for PPE goggles are available and provided as needed. Goggles that are close-fitting and indirectly vented with a manufacturer’s anti-fog coating provide reliable and practical eye protection against splashes, sprays and respiratory droplets.

When it comes to respiratory protection, we evaluate the need in accordance with CCR Title 8 section 5144 when the physical distancing requirements are not feasible or maintained in accordance with:

“(C) Any employee not wearing a face covering, face shield with a drape or other effective alternative, or respiratory protection, for any reason, shall be at least six feet apart from all other persons unless the unmasked employee is tested at least twice weekly for COVID-19. Employers may not use COVID-19 testing as an alternative to face coverings when face coverings are otherwise required by this section.”

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. Employees that request a respirator for voluntary use will be encouraged to use them in compliance with section 5144(c)(2) and will be provided with a respirator of the correct size, and provided the information required by Appendix D of section 5144.]
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.

### 7.1.7 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. Molecular polymerase chain reaction (PCR) test is required after onset of COVID-19 symptoms with a negative test result required before being allowed to return to work.

### 7.1.8 Physical Distancing

Where possible, we ensure at least six feet of physical distancing between individuals in our workplace by:

i. Spacing desks in open areas at least 10’ apart.

ii. Relocating administrative workers to individual private office spaces.

iii. Reducing the number of persons in an area at one time, including visitors.

iv. Where possible maintain a minimum 6’ clearance between individuals while indoors, except as may be intermittently required to work or walk past other staff members. Employees are mindful that not everyone will be comfortable decreasing their personal space with relaxed physical distancing recommendations.

v. No non-employee passengers are allowed in District vehicles, if more than one person is in a vehicle face coverings must be worn and windows must be open following CSD and County Health Guidelines.

### 8.0 Investigating and Responding to COVID-19 Cases in the Workplace

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

We ensure the following is implemented:

- Employees that had a close contact are offered COVID-19 testing at no cost during their working hours, excluding:
  - Employees who were fully vaccinated before the close contact and do not have symptoms.
  - COVID-19 cases who were allowed to return to work per our return-to-work criteria and have
remained free of symptoms for 90 days after the initial onset of symptoms, or for cases whenever 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 employees.

- Written notice within 1 day of your 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 at the worksite 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), and in a form readily understandable by employees and can be anticipated to be received by the employee.

9.0 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:

i. Employees should report COVID-19 symptoms and possible hazards to their respective manager, who will then work with the Administrative Services Manager. Employees are free to call, text or email at any time.

ii. Employees are encouraged to report symptoms and hazards without fear of reprisal.

iii. Employees with medical or other conditions that put them at increased risk of severe COVID-19 illness are directed to avoid public or client interaction as much as possible. No employee will be disciplined for refusing “face to face” interaction if they feel unsafe.

iv. Where testing is not required, employees can access COVID-19 testing through their healthcare provider.

v. In the event we are required to provide testing because of a workplace exposure or outbreak, we will immediately call and inform affected employees of the reason for the testing and the possible consequences of a positive test. If necessary, any scheduled work will be suspended or re-scheduled until the employee has an opportunity to get tested and receive their results.

vi. Information about 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.

vii. Refresher meetings with 6’ distancing.

viii. Signs (wash hands, masks required, Stop Signs, etc.) indicating COVID-19 rules and procedures are posted throughout the facilities.

10.0 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.

11.0 EXCLUSION OF COVID-19 CASES

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.

○ COVID-19 cases who returned to work per our return-to-work criteria and have remained free of COVID-19 symptoms, for 90 days after the initial onset of COVID-19 symptoms, or for COVID-19 cases who never developed COVID-19 symptoms, for 90 days after the first positive test.

i. For employees excluded from work, continuing, and maintaining employees’ earnings, wages, seniority, and all other employees’ rights and benefits. This will be accomplished by continuing and maintaining an employee’s earnings, seniority, and all other employee rights and benefits as required by law whenever it’s been demonstrated that the COVID-19 exposure is work related. If an employee is exposed through the course of employment, LGSVD will pay the employee for the days in quarantine by applying any COVID-specific sick time or unused/accrued sick time before use of any other continuing wages such as vacation or administrative leave. The employee will be offered COVID testing at no cost to him/her. If an employee would otherwise be able to work (no symptoms or is not “ill”), LGVSD will maintain the employee’s seniority, benefits, and other rights – including the right to their former job status.

• Quarantine is not necessarily incapacitating unless the employee is actually ill – and exposed does not automatically mean unable to work – just unable to work at the usual workplace. If the employee can effectively work from home, that is allowable as long as the employee not utilizing sick time but is able to work and is paid regular wages. The General Manager has the final determination on whether the ability to work from home during quarantine is feasible and mutually beneficial to the employee and the District.

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

### 12.0 REPORTING, RECORDKEEPING, AND ACCESS

It is our policy to:

i. 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.

ii. 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.

iii. Maintain records of the steps taken to implement our written COVID-19 Prevention Program in accordance with CCR Title 8 section 3203(b).

iv. 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.

v. 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,
**13.0 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: when 10 days have passed since the last known close contact.
  - Close contact with symptoms: when the “cases with symptoms” criteria (above) have been met, unless the following are true:
    - The person tested negative for COVID-19 using a polymerase chain reaction (PCR) COVID-19 test with specimen taken after the onset of symptoms; and
    - At least 10 days have passed since the last known close contact, and
    - The person has been symptom-free for at least 24 hours, without using fever-reducing medications.

- 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.

- Symptomatic persons who test negative may return to work or the job site upon showing proof of a negative test.

**14.0 § 3205.1 MULTIPLE COVID-19 INFECTIONS AND COVID-19 OUTBREAKS**

*This section applies if our 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 our workplace within a 14-day period.*

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.

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.

15.0 § 3205.2 MAJOR COVID-19 OUTBREAKS

This section applies should our workplace experience 20 or more COVID-19 cases within a 30-day period.

This section 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 section, 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 section, 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.

- 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.

- 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 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.
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: ______________________
Date: ______________

Name(s) of employee and authorized employee representative that participated: _____________

<table>
<thead>
<tr>
<th>Interaction, area, activity, work task, process, equipment and material that potentially exposes employees to COVID-19 hazards</th>
<th>Places and times</th>
<th>Potential for COVID-19 exposures and employees affected, including members of the public and employees of other employers</th>
<th>Existing and/or additional COVID-19 prevention controls</th>
</tr>
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(12/30/2020)
Appendix B: COVID-19 Inspections

Date: _______________

Name of person conducting the inspection: _______________

Work location evaluated: _______________

<table>
<thead>
<tr>
<th>Exposure Controls</th>
<th>Status</th>
<th>Person Assigned to Correct</th>
<th>Date Corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Engineering</strong></td>
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<tr>
<td>Barriers/partitions</td>
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<tr>
<td>Ventilation* (amount of fresh air and filtration maximized)</td>
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<td></td>
</tr>
<tr>
<td>Additional room air filtration*</td>
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<td></td>
<td></td>
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<tr>
<td><strong>Administrative</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical distancing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surface cleaning and disinfection (frequently enough and adequate supplies)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hand washing facilities (adequate numbers and supplies)</td>
<td></td>
<td></td>
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<tr>
<td>Disinfecting and hand sanitizing solutions being used according to manufacturer instructions</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td><strong>PPE (not shared, available and being worn)</strong></td>
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<tr>
<td>Face coverings (cleaned sufficiently often)</td>
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<tr>
<td>Gloves</td>
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<td></td>
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<tr>
<td>Face shields/goggles</td>
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<td></td>
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<tr>
<td>Respiratory protection</td>
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</tbody>
</table>

*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 COVID-19 case – suspected/confirmed - became known to LGVSD: ______________
Name of person conducting the investigation: ________________________

<table>
<thead>
<tr>
<th>Employee (or non-employee*) name and contact information:</th>
<th>Occupation (if non-employee, why they were in the workplace):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locations where the COVID-19 case was present in the workplace during the high-risk exposure period, and activities being performed:</td>
<td>Date investigation was initiated:</td>
</tr>
<tr>
<td>Was COVID-19 test offered?</td>
<td>Names of employees/representatives involved in the investigation:</td>
</tr>
<tr>
<td>Date and time the COVID-19 case was last present and excluded from the workplace:</td>
<td>Date of the positive or negative test and/or diagnosis:</td>
</tr>
<tr>
<td>Date the case first had one or more COVID-19 symptoms, if any:</td>
<td>Information received regarding COVID-19 test results and onset of symptoms (attach documentation):</td>
</tr>
</tbody>
</table>

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 were fully vaccinated before the close contact and do not have symptoms.
- They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.
- The names of those that were excluded per our Exclusion of COVID-19 Cases and Employees who had a Close Contact requirement.
- The names of those exempt from exclusion requirements because:
  - They were fully vaccinated before the close contact and did not develop COVID-19 symptoms.
  - They returned to work per our return-to-work criteria and have remained symptom free for 90 days or, for those that never developed symptoms, for 90 days after the initial positive test.

<table>
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<th>(Enter or attach information):</th>
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</table>

1. All employees who were in close contact and their authorized representatives (If applicable, the notice required by Labor Code section 6409.6(a)(2) and (c)).

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

| Names of employees that were notified and names of their authorized representatives: |

Independent contractors and other employers present at the workplace during the high-risk exposure period.

<table>
<thead>
<tr>
<th>Date:</th>
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</table>

<p>| Names of individuals that were notified: |</p>
<table>
<thead>
<tr>
<th>What were the workplace conditions that could have contributed to the risk of COVID-19 exposure?</th>
<th>What could be done to reduce exposure to COVID-19?</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
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</table>

*If we are made aware of a non-employee COVID-19 case in our workplace.*
Appendix D: Hand Washing: Clean Hands Save Lives

https://www.cdc.gov/handwashing/when-how-handwashing.html

Handwashing is one of the best ways to protect yourself and your family from getting sick. Learn when and how you should wash your hands to stay healthy.

Wash Your Hands Often to Stay Healthy

You can help yourself and your loved ones stay healthy by washing your hands often, especially during these key times when you are likely to get and spread germs:

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- Before and after treating a cut or wound
- After using the toilet
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage

Follow Five Steps to Wash Your Hands the Right Way

Washing your hands is easy, and it is 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.

Follow these five steps every time.

1. **Wet** your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. **Lather** your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. **Scrub** your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. **Rinse** your hands well under clean, running water.
5. **Dry** your hands using a clean towel or air dry them.
Use Hand Sanitizer When You Cannot Use Soap and Water

You can use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

Washing hands with soap and water is the best way to get rid of germs in most situations. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol. You can tell if the sanitizer contains at least 60% alcohol by looking at the product label.

Sanitizers can quickly reduce the number of germs on hands in many situations. However,

- Sanitizers do not get rid of all types of germs.
- Hand sanitizers may not be as effective when hands are visibly dirty or greasy.
- Hand sanitizers might not remove harmful chemicals from hands like pesticides and heavy metals.

Caution! Swallowing alcohol-based hand sanitizers can cause alcohol poisoning if more than a couple of mouthfuls are swallowed. Keep it out of reach of young children and supervise their use.

How to use hand sanitizer

- Apply the gel product to the palm of one hand (read the label to learn the correct amount).
- Rub your hands together.
- Rub the gel over all the surfaces of your hands and fingers until your hands are dry. This should take around 20 seconds.
Appendix E: Links to County COVID-19 Pages and Other Resources

CDPH/OSHA/Executive Order

- COVID-19 Quarantine (ca.gov)
- OSHA Publications | Occupational Safety and Health Administration
- Hazard Communication for Disinfectants Used Against Viruses | NIOSH | CDC
- Guidance on Preparing Workplaces for COVID-19 (osha.gov)
- Temporary Enforcement Guidance – Tight-Fitting Powered Air Purifying Respirators (PAPRs) Used During the Coronavirus Disease 2019 (COVID-19) Pandemic | Occupational Safety and Health Administration (osha.gov)

County Health Orders

- “Health Orders In Effect For Marin County”

Other Resources

- Coronavirus Disease 2019 (COVID-19) | CDC
- Guidance for Face Coverings June 18, 2020 (ca.gov)
- COVID-19 (ca.gov)
- Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case Is Identified | CDC
- Employees: How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic | CDC
- Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation | CDC
- Disposition of Non-Hospitalized Patients with COVID-19 | CDC
- Print Resources | CDC
- Is Your Hand Sanitizer on FDA’s List of Products You Should Not Use? | FDA
Appendix F: COVID-19 Daily Safety Assessment

**EMPLOYEES SELF-ASSESS USING DAILY EMPLOYEE ASSESSENT AS GUIDE FOR COVID-19 SYMPTOMS BUT ARE NOT REQUIRED TO PRINT OR COMPLETE FORM DAILY.**

**VISITORS ARE REQUIRED TO FILL OUT THE DAILY ASSESSMENT AS PART OF OUR CONTRACT TRACING REQUIREMENTS.**
Appendix G: COVID-19 Transmission, Signs/Symptoms

Transmission

It is important to understand how infectious microorganisms get into the body to choose the proper engineering controls, administrative controls, or PPE when there is the potential for exposure to disease. The routes of disease transmission, with definitions, are listed below:

1. Injection: Introduction of material directly into the bloodstream. Injection exposure may be from needle stick or cut/puncture from any sharp object.
2. Inhalation: Introduction of material into the respiratory tract via aerosolization or spray of the material near the breathing zone.
3. Ingestion: Introduction of material into the gastrointestinal tract via aerosolization or spray of material near the face, or any activity that brings dirty or gloved hands near the face. Such activity can include eating, smoking, applying makeup or lip balm, scratching the face, chewing on pens or pencils.
4. Absorption: Introduction of material through intact skin or through mucous membranes. This route of exposure is more common with a chemical exposure since infectious microorganisms are typically too large to pass through intact skin. These organisms CAN pass through the mucous membranes lining the nose, mouth, or eyelids.

Person-to-person spread of COVID-19 is thought to occur mainly via respiratory droplets. With droplet transmission, virus released in the respiratory secretions when a person with infection coughs, sneezes, or talks can infect another person if it makes direct contact with the mucous membranes; infection can also occur if a person touches an infected surface and then touches his or her eyes, nose, or mouth. Droplets typically do not travel more than six feet (about two meters).

Signs and Symptoms

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. People with these symptoms may have COVID-19:

- 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

This list does not include all possible symptoms

**When to Seek Emergency Medical Attention**

Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately

• Trouble breathing
• Persistent pain or pressure in the chest
• New confusion
• Inability to wake or stay awake
• Bluish lips or face

*This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.

Call 911 or call ahead to your local emergency facility: Notify the operator that you are seeking care for someone who has or may have COVID-19.