

COVID-19 Prevention Program (CPP) for Care To Stay Home

This CPP is designed to control exposures to the SARS-CoV-2 virus that may occur in our workplace.

Date: December 07, 2020

Authority and Responsibility

The President, Vice-President and Directors of Care To Stay Home have overall authority and responsibility for implementing the provisions of this CPP in our workplace. In addition, all managers and supervisors are responsible for implementing and maintaining the CPP in their assigned work areas and for ensuring employees receive answers to questions about the program in a language they understand.

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

Identification and Evaluation of COVID-19 Hazards

We will implement the following in our workplace:

- 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** or other forms 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 evaluating and reporting any workplace hazards to Care To Stay Home Management. Please use the **Appendix A: Identification of COVID-19 Hazards** to report any and all workplace hazards to Care To Stay Home. **Appendix A: Identification of COVID-19 Hazards** form may be found in the Care To Stay Home Care Plan Book, on Care To Stay Home's Website at: <https://caretostayhome.com/covid-19-employee-resources/> or is available upon request from Care To Stay Home Management. Appendix A will also be emailed to all employees and is available as a part of this policy.

Employee screening

We screen our employees by: having each employee self monitor for any signs, symptoms or potential exposure to COVID-19 according to the California Department of Public Health guidelines. Employees shall be educated on the signs and symptoms of COVID-19. Employees may use their own personal thermometer, or if access to a personal thermometer is not readily available, Care To Stay Home may provide a thermometer to employees. Employees shall notify Care To Stay Home if they do not have



access to a personal thermometer that can be used to monitor their temperature. In addition to self monitoring by employees, we are asking our clients and their family members, third party vendors or other individuals who may enter the workspace if they or anyone they know of has signs or symptoms of COVID-19.

Employees will be instructed to verify their condition prior to reporting to work. Reporting may occur via phone, text message or through the Agency's secure online mobile clocking application "eRSP Mobile Connect".

- All Employees should self-check for signs and symptoms of illness prior to reporting to work. Every employee should monitor their own condition and evaluate their own health prior to reporting to work. Employees with signs and symptoms of COVID-19 should not report to work and MUST contact the Care To Stay Home immediately. Employees who miss work due to COVID-19 may be eligible for additional sick pay.
 - Employees will be educated about the signs and symptoms of COVID-19 which may include:
 - Fever
 - Cough
 - Difficulty Breathing
 - Sore Throat
 - Chills or Chills with Repeated Shaking
 - Muscle Pain
 - Headache
 - Loss of Taste or Smell
- Employees who present with the above mentioned signs are required to report them immediately to Care To Stay Home. Any information reported will be kept secure and confidential, unless such information is required to be released under local, state or federal guidelines.
- Employees shall also monitor and report any of the above mentioned signs and symptoms if they are noted or detected by any person at the worksite. This includes, but is not limited to the client, spouse, family members or any visitors who come into the worksite or home setting wherever care is being provided.
- Employees who report to Care To Stay Home's office location must complete the screening forms, take their temperature and attest to being symptom free prior to entering the office. Any visitors or other personnel will follow the same protocol. Employees will be required to wear a mask, practice social distancing and follow the disinfection protocol while working in the office.

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:

1. Identify the severity of the hazard and assess the time frames to correct or mitigate the hazard.
2. Identify the person or individual responsible for managing the hazard correction.
3. Set a timeframe on when hazards shall be corrected.
4. Care To Stay Home Management will follow up to ensure corrections have been made in a timely manner.



Control of COVID-19 Hazards

Physical Distancing

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

- Asking employees who may be able to work remotely, to do so at the guidance and direction of their manager, director or supervisor.
- Notifying the Client, visitors or other persons in the workplace of the need to be physically distant while on site.
- Practice Social Distancing in the home environment - remain at least 6 feet away from other persons in the workspace.
- Reducing the number of persons in an area at one time, including visitors when possible and remind clients and their families of the need to practice social distancing.
- Limit visitors to the home and practice Social Distancing with any and all visitors at the worksite.
- Staggered arrival, departure, work, and break times.
- Adjusted work processes or procedures, such as reducing production speed, to allow greater distance between employees.
- Limit physical contact with clients when possible and engage in physical distancing while working in the client's place of residence.
- Limit physical contact with clients to activities necessary to the care and well being of the client.
- Avoid close contact with (maintain physical distancing from) people who are sick.
- Try to always keep a distance of at least six (6) feet between yourself and other people in the client's home and when on errands for clients.
- Individuals will be kept as far apart as possible when there are situations where six (6) feet of physical distancing cannot be achieved.

Face Coverings

We provide clean, undamaged face coverings and ensure they are properly worn by employees over the nose and mouth when indoors, and when outdoors and less than six feet away from another person, including non-employees, and where required by orders from the California Department of Public Health (CDPH) or local health department. The following are exceptions to the use of face coverings in our workplace:

- When an employee is alone in a room.
- While eating and drinking at the workplace, provided employees are at least six feet apart and outside air supply to the area, if indoors, has been maximized to the extent possible.
- Employees wearing respiratory protection in accordance with CCR Title 8 section 5144 or other safety orders.
- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person.



Alternatives will be considered on a case-by-case basis.

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

Engineering controls

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

- Individuals are required to wear a face covering at all times while on duty and are expected to follow the State of California guidelines during the declared State of Emergency due to COVID-19.
- Individuals are required to sanitize frequently touched surfaces before and after use.
- Use of air filtrations systems in rooms that are used by 1 or more persons at the same time.

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

- Keeping doors and windows open, weather and air quality permitting.
- Use of fans to circulate fresh air throughout the workspace.
- Use air cleaners and air scrubbers to circulate fresh, clean air.
- Circumstances may prevent fresh air from outside the workplace from coming into the workplace, such as heat, cold or wildfire smoke.
- Employees shall use ventilation systems available at the workplace to cycle fresh air throughout the workspace when possible.

Cleaning and disinfecting

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

- Enhance cleaning and disinfection in the home consistent with CDC guidance (see [Environmental Cleaning and Disinfection Recommendations](#)). Encourage flu vaccination for those who have not had it this season to reduce illnesses.
 - Clean and disinfect frequently touched objects and surfaces daily, or more often, following the manufacturer's guidance. Frequently touched surfaces include, but are not limited to, commodes, toilets, faucets, hand and/or bed railings, telephones, door handles and knobs, computer equipment, tv remotes, and kitchen food preparation surfaces. See [CDC's Cleaning And Disinfecting Your Home](#) Guide.
 - Clean and disinfect rooms after each use by an HCA and client, if there is a reason to suspect exposure to COVID-19 or other contagious illness.
 - Use all cleaning products according to the directions on the label.
 - Management of laundry, kitchen items and utensils, and medical waste should be performed in accordance with routine procedures.
 - Employees shall monitor and ensure adequate supplies exist in the workspace to clean



and disinfect the home.

- Employees shall report any lack of supplies or deficiencies to Care To Stay Home or the client in a timely manner
- Employees shall leave adequate time during their shift for the proper cleaning and disinfection procedures to take place during each shift.

COVID-19 in the Workplace

Should we have a COVID-19 case or a suspected COVID-19 case in our workplace, we will implement the following procedures for those working directly with the COVID-19 Case:

- Following any local, state, or federal guidelines during the pandemic including all instructions in this policy.
- Implement source control measures, (i.e., placing a facemask over the client's nose and mouth, opening windows and doors to let fresh air in the workspace, turn on HVAC unit to filter air, etc.).
- Use the provided Personal Protective Equipment (PPE) when working with the COVID-19 Client. Refer to the use of PPE as outlined in this policy. **Document any additional PPE items needed and report those needs to Care To Stay Home at the end of each shift.**
- Inform the Agency's Care Manager/designee of the client's condition on a daily basis.
- Separate persons with COVID-19 or suspected infection from others in the household.
- Instruct the client and family on hand hygiene (including how to wash hands, use of hand sanitizer, and avoid touching eyes, nose and mouth with unwashed hands), proper disposal of tissues, etc.
- Instruct the client and family on cleaning all "high-touch" surfaces every day such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- Clean any and all "high-touch" surfaces on a daily basis, or more frequently when needed.
- Clean any and all services, areas, materials and/or equipment used by a COVID-19 Positive case during the High-Risk Exposure period.

Shared tools, equipment and personal protective equipment (PPE)

PPE must not be shared, e.g., gloves, goggles and face shields. Employees shall use separate bags to store their PPE when not in use and shall write their name on the outside of the bag for all others to see. Employees shall not use any PPE that has been used by another staff member.

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 using the recommended disinfection procedures to clean and sanitize any times that are shared between 1 or more employees.

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.



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. Worksites with a "COVID-19 Case" shall be provided with Personal Protective Equipment for each employee. PPE shall not be shared between staff members.

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.

We provide and ensure use of eye protection and respiratory protection in accordance with section 5144 when employees are exposed to procedures that may aerosolize potentially infectious material such as saliva or respiratory tract fluids.

Employees shall use the PPE provided to protect themselves while at the workplace. Employees must report any missing PPE or shortages of PPE to Care To Stay Home immediately. PPE will be supplied to workplaces where a COVID-19 Case exists.

How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practicing this procedure is critical. Below is one example of donning and more information can be found on the CDC website and on the attached flyer [Use Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19](#)

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct.
2. Perform hand hygiene using hand sanitizer.
3. Put on an isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should be extended under the chin. Both your mouth and nose should be protected. Do not wear respirator/facemask under your chin or store in scrubs pocket between patients.
 - a. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
 - b. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If the mask has loops, hook them appropriately around your ears.
5. Put on a face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover the cuff (wrist) of gown.
7. Healthcare personnel may now enter the patient room.

How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of doffing.



1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. *
3. Healthcare personnel may now exit patient room.
4. Perform hand hygiene.
5. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
6. Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.*
 - a. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
 - b. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
7. Perform hand hygiene after removing the respirator/face mask and before putting it on again if your workplace is practicing reuse.

Please see the [“Use of Personal Protective Equipment \(PPE\) When Caring for Patients with Confirmed or Suspected COVID-19”](#) PDF printout from the Centers for Disease Control and Prevention.

Hand sanitizing

In order to implement effective hand sanitizing procedures, we follow the CDC guidelines for when to use an Alcohol-Based Hand Sanitizer and when to wash using soap and water. Employees shall use the following tools to help identify when to use an Alcohol-Based Hand Sanitizer or when to Wash hands with Soap and Water:

- Alcohol-based hand sanitizers are the most effective products for reducing the number of germs on the hands of healthcare providers.
- Alcohol-based hand sanitizers are the preferred method for cleaning your hands in most clinical situations.
- Wash your hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.

Multiple opportunities for hand hygiene may occur during a single care episode. Following are the clinical indications for hand hygiene:

Use an Alcohol-Based Hand Sanitizer

- Immediately before touching a patient
- Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
- Before moving from work on a soiled body site to a clean body site on the same

patient

- After touching a patient or the patient's immediate environment
- After contact with blood, body fluids or contaminated surfaces
- Immediately after glove removal



Wash with Soap and Water

- When hands are visibly soiled
- After caring for a person with known or suspected infectious diarrhea
- After known or suspected exposure to spores (e.g. *B. anthracis*, *C difficile* outbreaks)

The CDC [Guideline for Hand Hygiene in Healthcare Settings pdf icon \[PDF – 1.3 MB\]](#) recommends:

- When cleaning your hands with soap and water, wet your hands first with water, apply the amount of product recommended by the manufacturer to your hands, and rub your hands together vigorously for at least 15 seconds, covering all surfaces of the hands and fingers.
- Rinse your hands with water and use disposable towels to dry. Use a towel to turn off the faucet.
- Avoid using hot water, to prevent drying of skin.
- Other entities have recommended that cleaning your hands with soap and water should take around 20 seconds.
- Either time is acceptable. The focus should be on cleaning your hands at the right times.

Key Times to Wash Hands

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 and after 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 person 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

Investigating and Responding to COVID-19 Cases

This will be accomplished by using the **Appendix C: Investigating COVID-19 Cases** form or other systems to keep track of COVID-19 Investigations. Employees shall monitor their own symptoms and shall monitor the symptoms of Clients and/or any visitors or relatives who come to the worksite.

Employees who had potential COVID-19 exposure in our workplace will be:

- Notified of the potential workplace exposure within 1 business day.



- Employees shall be offered COVID-19 testing at no cost during your normal work hours. If a testing site is not available during your normal working hours, then an alternative option will be provided to receive no cost testing at a time that works for all parties involved.
- Employees shall also be provided information about the information on benefits described in Training and Instruction, and Exclusion of COVID-19 Cases, below, will be provided to them.

System for Communicating

Our goal is to ensure that we have effective two-way communication with our employees, in a form they can readily understand, and that it includes the following information:

- Employees should report COVID-19 symptoms and possible hazards to Care To Stay Home management when they are noticed. All communication will be documented. Communication from the Agency to personnel may come in the form of an email, text message, telephone call, or voicemail. All communications will be kept secure and confidential.
- Employees monitor, evaluate and report COVID-19 symptoms at the workplace. This includes, but is not limited to COVID-19 symptoms with a client, family member, visitor or any other person that may visit the worksite for longer than 15 minutes in any 24-hour period.
- Care To Stay Home prohibits retaliation against any employee, client or third party who reports any information related to COVID-19. Care To Stay Home will accommodate any request for reassignment due to concerns over COVID-19. Employees with any other medical conditions or other items that may put them at higher risk will be prioritized for reassignment.
- Where testing is not required, employees can access COVID-19 testing through local testing sites. For more information on where to find testing, please visit <https://covid19.lacounty.gov/testing/> or <https://occovid19.ochealthinfo.com/covid-19-testing-locations-map>, For more information, please contact your local health department or insurance provider for testing locations and requirements.
- In the event we are required to provide testing because of a workplace exposure or outbreak, we will communicate the plan for providing testing and inform affected employees of the reason for the testing and the possible consequences of a positive test.
- 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.

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, including a copy of this policy that will be provided to all staff and available on our website at: <https://caretostayhome.com/covid-19-employee-resources/>.
- 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 face coverings.
- 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.
- **Appendix D: COVID-19 Training Roster and/or other internal documentation systems will be used to document this training.**

Exclusion of Employee Based COVID-19 Cases

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

- Ensuring that COVID-19 cases are excluded from the workplace until our return-to-work requirements are met.
- Excluding employees with COVID-19 exposure from the workplace for 14 days after the last known COVID-19 exposure to a COVID-19 case.
- Continuing and maintaining an employee's benefits, seniority, and all other employee rights and benefits whenever we've demonstrated that the COVID-19 exposure is work related. This will be accomplished by evaluating the benefits available to each employee impacted by COVID-19 exposure. Providing employees at the time of exclusion with information on available benefits.

Reporting, Recordkeeping, and Access

It is our policy to:

- Report information about COVID-19 cases 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 and/or other systems 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.

Return-to-Work Criteria

- COVID-19 cases with COVID-19 symptoms will not return to work until all the following have occurred:
 - At least 24 hours have passed since a fever of 100.4 or higher has resolved without the use of fever-reducing medications.
 - COVID-19 symptoms have improved.
 - At least 10 days have passed since COVID-19 symptoms first appeared.
- COVID-19 cases who tested positive but never developed COVID-19 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.
- If an order to isolate or quarantine 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. If no period was specified, then the period will be 10 days from the time the order to isolate was effective, or 14 days from the time the order to quarantine was effective.

An outline from the CDC of the minimum criteria for Return to Work can be found below:



Workers	Minimum Criteria for Return to Work <i>(As of July 24, 2020)</i>	CDC Reference Page <i>(Consult the most recent CDC guidance prior to allowing the worker to return to work)</i>
Symptomatic Positive Workers with symptoms who are laboratory confirmed to have COVID-19	At least 1 day (24 hours) has passed since last fever, defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); and , at least 10 days have passed since symptoms first appeared.	For worker cases who did not require hospitalization For worker cases who required hospitalizations
Asymptomatic Positive Workers who never had symptoms and are laboratory confirmed to have COVID-19	A minimum of 10 days has passed since the date of their first positive COVID-19 test. If they develop symptoms, then the criteria for laboratory confirmed cases with symptoms apply.	Discontinuation of Isolation
Symptomatic Negative	Use the same criteria for return to work as laboratory confirmed cases.	



Workers	Minimum Criteria for Return to Work <i>(As of July 24, 2020)</i>	CDC Reference Page <i>(Consult the most recent CDC guidance prior to allowing the worker to return to work)</i>
Asymptomatic Negative Workers who never had symptoms but were tested due to close contact with a laboratory-confirmed case patient and were negative	Workers should quarantine at home for 14 days after the last known close contact with the case patient. Symptoms can develop even after testing negative within 14 days after exposure. The LHD may consider allowing earlier return to work only for an worker in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the worker and no alternate staff can perform the same role.*	
Symptomatic Untested Workers who had symptoms of COVID-19 but were not tested	Testing is highly recommended. If the worker cannot be tested, use the same criteria for return to work as laboratory confirmed cases.	



Workers	Minimum Criteria for Return to Work <i>(As of July 24, 2020)</i>	CDC Reference Page <i>(Consult the most recent CDC guidance prior to allowing the worker to return to work)</i>
<p>Asymptomatic Untested</p> <p>Workers who had close contact to a laboratory-confirmed case patient at work, home, or in the community and do not have symptoms.</p> <p>OR</p> <p>Workers who refuse or are unable to be tested after close contact with a laboratory-confirmed case, despite recommendation for testing from LHD or healthcare provider, and do not have symptoms.</p>	<p>Workers should be quarantined at home for 14 days after the last known close contact with the case patient. Testing is highly recommended; if testing has not occurred, the LHD may consider allowing an worker who had close contact to a confirmed case to continue to work only in a critical infrastructure industry in which the essential operations of the workplace would be compromised by quarantine of the worker and no alternate staff can perform the same role.*</p> <p>Workers who develop symptoms of COVID-19 while in quarantine should contact their healthcare provider. Even if they are not tested, the same criteria for return to work should be used as laboratory-confirmed cases.</p>	<p>For worker cases who did not require hospitalization</p>

Kraig Nakano, President

Date



Appendix A: Identification of COVID-19 Hazards

All persons, regardless of symptoms or negative COVID-19 test results, will be considered potentially infectious. Particular attention will be paid to areas where people may congregate or come in contact with one another, regardless of whether employees are performing an assigned work task or not. For example: transition times between shifts, common areas such as the kitchen, bathroom and other spaces in the home, break or eating areas and other common spaces used by employees, clients or others, etc.

Evaluation of potential workplace exposure will be to all persons at the workplace or who may enter the workplace, including co-workers, 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. Please complete and return this form to Care To Stay Home Management.

Person conducting the evaluation: _____

Date: _____ **Location (Client's Home/ Facility):** _____

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

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

Care To Stay Home Employees shall routinely evaluate their workspace for potential COVID-19 hazards. This form shall be used to report COVID-19 hazards to Care To Stay Home. Review the information available at www.dir.ca.gov/dosh/coronavirus/ for additional guidance on what to regularly inspect for. Contact Care To Stay Home if you have any questions on how to complete this form.

Date:

Name of person conducting the inspection:

Work location evaluated:

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Additional controls in use:			
Additional controls in use:			
Administrative			
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			
Additional controls in use:			
Additional controls in use:			
PPE (not shared, available and being worn)			



Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
Additional controls in use:			



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:

Name of person conducting the investigation:

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):	



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		Date:	



department notified?			
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*Should an employer be made aware of a non-employee infection source COVID-19 status.



Appendix D: COVID-19 Training Roster

Date:

Person that conducted the training:

Employee Name	Signature



Multiple COVID-19 Infections and COVID-19 Outbreaks

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 offered COVID-19 testing at 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 in accordance with our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 investigation, review and hazard correction

In addition to our CPP **Identification and Evaluation of COVID-19 Hazards** and **Correction of COVID-19 Hazards**, 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.
- [describe other applicable controls].

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.



Major COVID-19 Outbreaks

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 comply with the requirements of our CPP **Investigating and Responding to COVID-19 Cases**.

COVID-19 hazard correction

In addition to the requirements of our CPP **Correction of COVID-19 Hazards**, 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**.



Additional Consideration #4

COVID-19 Prevention in Employer-Provided Transportation to and from Work

[This section will need to be added to your CPP if there is employer-provided motor vehicle transportation to and from work, which is any transportation of an employee, during the course and scope of employment, provided, arranged for, or secured by an employer including ride-share vans or shuttle vehicles, car-pools, and private charter buses, regardless of the travel distance or duration involved. Reference section 3205.4 for details.]

This section does not apply:

- If the driver and all passengers are from the same household outside of work, such as family members.
- To employer-provided transportation when necessary for emergency response, including firefighting, rescue, and evacuation, and support activities directly aiding response such as utilities, communications and medical operations.]

Assignment of transportation

We will prioritize shared transportation assignments in the following order:

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

Physical distancing and face coverings

We will ensure that the:

- Physical distancing and face covering requirements of our CPP **Physical Distancing and Face Coverings** are followed for employees waiting for transportation.
- Vehicle operator and any passengers are separated by at least three feet in all directions during the operation of the vehicle, regardless of the vehicle's normal capacity. Vehicle operator and any passengers are provided and wear a face covering in the vehicle as required by our CPP **Face Coverings**.

Screening

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

Cleaning and disinfecting

We will ensure that:

- All high-contact surfaces (door handles, seatbelt buckles, armrests, etc.) used by passengers are cleaned and disinfected before each trip.
- All high-contact surfaces used by drivers, such as the steering wheel, armrests, seatbelt buckles, door handles and shifter, are cleaned and disinfected between different drivers.
- We provide sanitizing materials, training on how to use them properly, and ensure they are kept in adequate supply.



Ventilation

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

- The vehicle has functioning air conditioning in use and the outside temperature is greater than 90 degrees Fahrenheit.
- The vehicle has functioning heating in use and the outside temperature is less than 60 degrees Fahrenheit.
- Protection is needed from weather conditions, such as rain or snow.
- The vehicle has a cabin air filter in use and the U.S. EPA Air Quality Index for any pollutant is greater than 100.

Hand hygiene

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